



“Suicide Story”

The Story Behind ‘the Story’ ...

helping people be strong against suicide sharing our stories & understanding

Speech given by Life Promotion Manager, Laurencia Grant, at the launch of Suicide Story at the Alice Springs Town Council on Wednesday, 3 March 2010



TODAY I want to tell you what Suicide Story is, how and why it came to be, who helped put it together, what the next step is and how can Northern Territorians get access to it.

Suicide Story is not a collection of stories about Aboriginal people’s struggles with suicide in their own lives. However, all of the contributors to Suicide Story have a personal interest in this issue. Suicide Story is a training tool for Indigenous people to have more knowledge, more understanding and more skills to deal with suicide. More skills to know how to seek further support also. It took time to develop because it took time to find people willing to talk.

Early days ...

I first started working in the area of suicide prevention here in Alice Springs back in 2004 and I was told that Aboriginal people don’t want to talk about suicide because it’s too hard to go there. The title of our Program, ‘Life Promotion,’ is a good one because it promotes life and resilience and it was coined in Yarrabah in North Qld. It is also in some ways a disguise for a program that is really about suicide prevention.

The previous Life Promotion Officer Raymond Campbell told me he wanted time out from focusing on this issue because it had caused too much pain. If no one was going to talk to me about the issue, it was going to make my job really hard.

Occasionally my attempts to talk up about suicide were met with anger driven by pain by Aboriginal people. We tried holding information sessions in one remote community and no one turned up.

This training can saves lives. Many people who try to end their lives have said that they didn’t really want to die; they just wanted their pain to go away.

In 2005 we held the first ceremony in Alice Springs for World Suicide Prevention Day. A spokesperson for Lhere Artepe felt that this was not an issue that they wished to be involved in. The following year Lhere Artepe agreed to provide an acknowledgment to country and a few Aboriginal people were present in the audience. The next year and the year after that Janet Turner provided a welcome and a smoking ceremony for this event and a larger group of Indigenous people attended.

Last year (2009), for the first time two Aboriginal men were courageous enough to tell their personal stories about their struggles with suicide and what it was that helped them through.

An NT police officer told me he remembered the first suicide he attended in this region was in 1980. It seemed that suicide among Indigenous people was a recent problem. This fact helped because new problems take time to grapple with and to make sense of within the culture.



the people who have the relationships are best placed to gain the trust of a suicidal person to have them open up and to work on a safety plan



Everyone is affected ...

It would be fairly true to say that there is not one Aboriginal family in the NT that has been spared the loss of a family member by suicide. Some people have witnessed a death by hanging in their communities.

The most recent Australian Bureau of Statistics data for 2008 indicates that the rate of suicide in the Northern Territory was 20.4 per 100,000 compared to a national rate of 9.8. This is the highest rate of any State or Territory in Australia

In my role, I receive notification of every death that occurs by suicide in Central Australia. On average 10 to 12 deaths occur each year and approximately 80 per cent of these deaths are of Aboriginal men between the ages of 20 and 40 years. I would read the report and notice that most deaths were triggered by a fight or a relationship break-up and fuelled by alcohol.

I learnt that there were cultural beliefs that seemed to be particular to Aboriginal people that were related to suicide. Allocating blame for a death was necessary. There was talk of a Spirit Man entering the community of Tennant Creek contributing to a high incidence of suicide one year. There was talk after some deaths of the person being sung to die. Or the person being 'put up there' by someone else. Punishment for a death by suicide can occur and can deter people from interfering when someone is at risk.

I learnt that while many Aboriginal people don't wish to talk about suicide, others use the word carelessly and the manipulative and dangerous practise of threatening suicide in order to get or keep something that is wanted (such as drugs, money, the keys to the car or a wife who wants to leave) is extremely common. This fact hinders any attempts to ensure that suicidal talk is taken seriously.

This information helped. It didn't mean we were any less confused about

the issue, but it helped us to know that what was happening here was different.

A community issue ...

There is a strategic framework for suicide prevention in Australia. This guides the work that is done in the field of suicide prevention and guides the work of the Life Promotion Program. The key is that it's a community issue and the responsibility of the wider community.

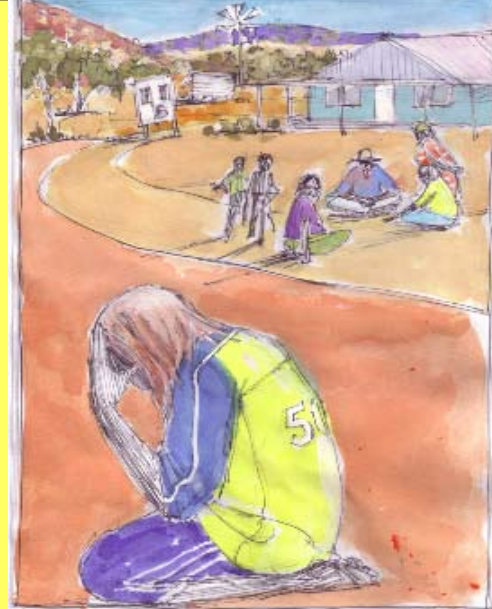
There are also some leading experts in the field of Indigenous mental health and suicide who have informed our learning, such as Ernest Hunter, Colin Tatz, Tracey Westerman and Judy Atkinson.

Suicide prevention is about reducing family violence and sexual abuse; it's about restricting access and supply of alcohol and drugs, and rehabilitating addicts and criminal offenders; it's about effective school education and youth programs; it's about accessible employment and financial stability; it's about early childhood programs, effective child protection and parenting education; it's about opportunities to retain language and culture; it's about affordable housing and it's about an effective mental health system for adults and for young people.

Life Promotions wishes to acknowledge the important partnerships we have made with the services that are delivering services in all of these areas. We've built some strong partnerships with many local NGOs, government departments and church-based organisations. We've relied on the expertise of others, especially those who have built strong relationships with Indigenous people in remote communities: Lifeline, Congress SEWB program, NPY Women's Council ESWB, Anyinginyi, Headspace, Women's Shelter, CAMHS, Waltja, Tangentyere Council, Anglicare NT in the Top End and Mental Health Policy in the Top End.

Making a difference ...

Evidence about the effectiveness of suicide prevention activities is limited. However, there is evidence to show



Artwork developed for *Suicide Story* by Sue McLeod

that some activities make a difference to the rates of suicide. These include restricting access to lethal means of suicide (such as gun control or erecting barriers at places that are common high places where people end their lives, or rolling out opal fuel in regions where petrol sniffing is occurring). The other strategies that have met with some success are the education of physicians in recognition and treatment of depression, and gatekeeper training.

Gatekeeper training is also known as Suicide First Aid intervention. This type of training provides skills to intervene when someone is at immediate risk of suicide. People are trained to notice and to then "stop them at the gate". The most widely known program in the NT is ASIST.

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people who try to end their lives have said that they didn't really want to die; they just wanted their pain to go away. So this type of training isn't about knowing how to solve all their problems but rather to get them through this emergency period to a time when they can think more clearly about their lives.

We know that suicide can be impulsive and sometimes there seems to be only a brief moment from the time an altercation occurs to the time of suicide.

We don't claim to have all the answers but we do know that we have to start having conversations about these incidents and not simply accept the high incidence of suicide among Aboriginal men especially as yet another unfortunate aspect of Indigenous life.

Better resources needed ...

The Life Promotion Program questioned the suitability of the training programs on offer for Central Australia as did workers in other organisations. We were aware that the current training tools and resources needed to be adapted to suit Aboriginal people in this region, especially if we were to train in remote communities. We needed to consider the sourcing of more appropriate material and we needed to consider developing a resource with Aboriginal people.

Suicide Story is based on the ideas behind gatekeeper or suicide first aid training and we need to acknowledge programs like ASIST. This training emphasises that the people who have the relationships are best placed to notice changes in behaviour and are best placed to gain the trust of a suicidal person to have them open up and to work on a safety plan together.

ASIST is an effective training program developed by Living Works in Canada which provided us with a model that helped us in our learning, and helped us to know that it wasn't quite right for many Indigenous people in this region.

Suicide story is about getting the conversations happening, giving people permission to talk, giving people better tools to know how to handle suicidal behaviour in their families and communities.

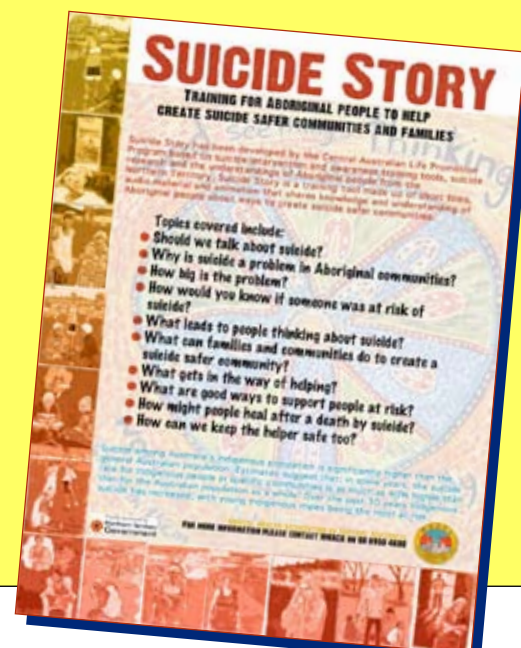
As trainers we were often challenged by people who lived or worked in remote regions or town camps about the difficulty of applying their learnings easily in these settings. Some women from Yuendumu Night Patrol attended ASIST training in Alice Springs one time. They taught me that they needed time to tell their stories; that we couldn't rush through the material; that two full days was difficult; that the language was difficult when English is not a first language; and they needed time to process what was being taught. I've seen Living Works training delivered in remote regions in the Top End in language and it is an effective tool. We hope that Suicide Story can compliment existing training.

Eventually it was clear that the most effective training tool was one that could be developed with local Indigenous people.

Piecing it together ...

Mia Mulladad from Santa Teresa whispered in my ear one day and told me a personal story about suicide. She then presented a story in a painting. It shows us what to watch out for in someone who might be struggling with suicide and how the community and family can support this person. Mia presented this painting to Life Promotion for World Suicide Prevention Day in September 2006. This painting has helped us to brand suicide story and is the image you see on the invitation and the DVD cover and poster. Since this time we've had contributions from artists in Titjikala and Tenant Creek also.

Kristy Schubert needs acknowledgment for the original concept behind this resource and much of the early work that went into it. Using interviews and PowerPoint she began to develop material for the purpose of training. She brought out a small voice recorder one cold desert day during the Indigenous Suicide Prevention Forum held back in 2007. As we huddled around a fire with roo tail cooking, a group of Aboriginal men and women talked about suicide, provided some insight on the issue and said some strong messages of hope for their people. Her creativity and clever translation of ideas and kind and natural way with Indigenous people paved the way for this project and she deserves special acknowledgment for this.



Over the next few years we had the opportunity to talk up the training and learn from groups of Indigenous people—Night Patrol Workers of Tangentyere Council and Julalikari in TCK, Stronger families in Tennant Creek and SEWB program workers in Alice Springs, Batchelor students and CAAC Aboriginal health trainees, Family WellBeing Program participants from Tangentyere Council, Indigenous people in Santa Teresa, Yuendumu, Docker River and Amplitawatja, Kimberley's, Tiwi Islands, North Queensland and East Arnhem.

Charlie Hodgson came on board as the Project Officer for a suicide prevention program with Waltja. His work with Aboriginal men living in remote communities helped to inform what we were doing and helped to link us with people who were willing to contribute to the resource. Gerard Waterford, Chris Wallace and Chris Hawke from Congress and Bush Mob have also played key roles in suicide prevention through their work with men in Santa Teresa and Amoonguna.

Some key issues that informed the development of suicide Story -

- ◆ Indigenous voices, music and art could connect more strongly with the audience and aid learning.
- ◆ Indigenous people have expertise on this subject—having supported members of their family and community who were suicidal, having struggled with this issue in their own lives and having lost family members to suicide.
- ◆ Families play a key role in support and need information and skills to know what they can do.
- ◆ Many suicides and serious suicide attempts can be prevented.

Suicide story is about getting the conversations happening, giving people permission to talk, giving people better tools to know how to handle suicidal behaviour in their families and communities.

Early stages of Suicide Story were shown to larger audiences presented by Charlie Hodgson and myself in Newcastle at the Family and Community Strengths Conference and in Cairns at the Queensland Suicide and Self-harm Prevention Conference in 2008 and late 2009 in Montevideo in Uruguay at the World Congress on Suicide Prevention.

The bigger picture ...

There are few resources to draw on for Indigenous people world wide that are focusing on suicide. So this is new and it's experimental. It's one tool and one strategy to address the high rates of suicide and it needs to be part of the bigger picture.

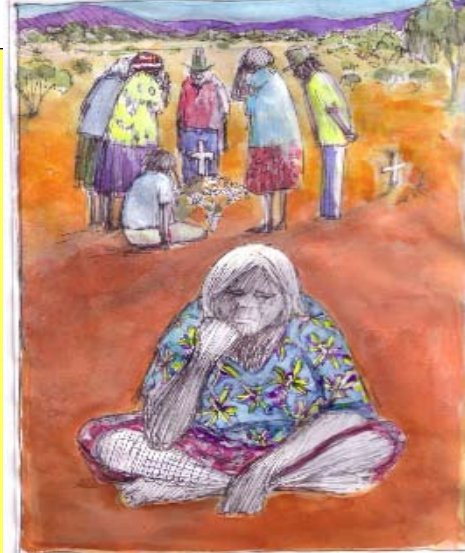
The DVD is just one part of it. We developed information into a DVD to make it easier to deliver. But because suicide is about life or death, programs must be safe and not contribute to unintended consequences that increase the risk of suicide. Initiatives must be informed by research and best practise and they must be evaluated. MHACA has developed a partnership with the Centre for Remote Health to independently evaluate the training resource.

The other part to the DVD is the training component. This training resource requires Indigenous trainers and the payment of cultural consultants in each of the communities we train in so we need investment and funding for the next stage of this resource—a Train the Trainer Program and the roll out of this training

Thank you ...

I'd like to thank MHACA, its Board and its General Manager, Claudia Manu-Preston, who allowed us the freedom to run with a great idea, to be creative, to spend time developing the concept and interviewing people, consulting as we went along and engaging further expertise when we needed it.

This opportunity is a testament to the important work of the non-government sector and community development work that can engage in advocating on behalf of the people we work with and give consideration to



the issues that are raised that we can try and do something about.

Sonja Dare is the brains behind the film technology and the design work for the invitations and DVD covers, the promo you will see today and the final DVD. Sue McLeod contributed 22 original drawings specifically for use in this resource.

We have copyright on the music and we thank Kev Carmody, Richard Frankland, John Singer, Chris Pureka and Kerriane Cox for generously allowing us to use their music

And all those who shared their knowledge and thoughts for suicide story: Ricky Mentha, Brian Macdonald, Sherman Spencer, Mia Mulladad, Charlie Hodgson, Raymond Campbell, Patrick Ah Kit, Valda Shannon, Edna IIses, LT Turner, Paula Turner and Dorothy Wesley—We thank you. ✕

Laurencia Grant

