
# WA PRIMARY HEALTH ALLIANCE SUBMISSION TO THE EDUCATION AND HEALTH STANDING COMMITTEE INQUIRY INTO ABORIGINAL YOUTH SUICIDES

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The WA Primary Health Alliance (WAPHA) welcomes the Inquiry into Aboriginal Youth Suicides and is pleased to present its submission in response to the Terms of Reference.

WAPHA serves a population of approximately 2.57 million people, across the entire State of Western Australia through its three Primary Health Networks (PHNs) – North Metropolitan, South Metropolitan and Country WA. The WA PHNs are responsible for commissioning Commonwealth funded suicide prevention services across the State and there has been significant focus on Aboriginal youth suicide in the needs assessment and activity planning phases undertaken by the Country WA PHN.

## Country WA PHN Needs Assessment Findings

The Country WA PHN is very cognisant of the high suicide rates in some of its regions, most notably in the Kimberley and Goldfields, which are the highest in Australia. The Kimberley and Wheatbelt regions had a high average annual aged standardised rate (ASR) per 100,000 deaths from suicide and self-inflicted injuries – significantly above the State average.

A combination of social isolation, lack of available services in rural and remote areas may be contributing factors to the higher suicide rates. Social stigma remains a major barrier preventing people from seeking help in many rural and remote communities.

Young people in Country WA die of suicide at three times the rate of their counterparts in greater Perth. There has been an alarming fall in the age of children taking, or attempting to take, their own life – some as young as eight.

In remote areas of the State, there is significantly less access to services, to mental health practitioners, GPs and general health services. This, combined with social isolation, higher youth unemployment and a lack of social connectivity has a great impact on the increasing numbers of suicides among Aboriginal youth in remote areas of Western Australia.

The suicide rates for Indigenous 15-17 year old males (37.8 per 100,000 persons) and females (16.1) are around four times that for non-Indigenous males (10.1) and females (4.0). Researcher and suicide prevention worker, Gerry Georgatos, has said that Aboriginal youth under 14 years of age are eight times more likely to die from suicide than non-Aboriginal youth the same age.

Stakeholders in regional areas indicate there are large gaps in health professionals offering suicide prevention services. Distances are prohibitive to accessing services and 24 hour access requirements makes engaging suicidal clients difficult for private practitioners.

Unique aspects to regional and rural areas contribute to high suicide rates, including economic and financial hardship, easier access to means that lead to immediate death, social isolation, a strong sense of self-sufficiency leading to less help seeking, decreased access to support services, or a combination of several factors combining to increase the risk of suicidal behavior.

The following issues were identified by the Country WA PHN through consultation with community, consumers, clinicians and service providers:

- Lack of Psychologists offering suicide prevention services. Anecdotal evidence suggests a lack of willingness to undertake such work, particularly in isolation or after hours due to the inherent risk.
- Crisis situations have a high impact on the local mental health workforce due to the interconnected nature of small communities.

- Access to psychological services in rural and remote areas is 25% less than in major cities. Stakeholder feedback indicates long waiting lists in regions where services are available.
- There is limited community support for people following acute episodes and discharge from tertiary services.
- High utilisation of hospital services, including Emergency Departments, is evidenced across the regions.
- Lack of post-vention and rehabilitation services has been identified through consultation with community, consumers, clinicians and service providers.
- Delays in accessing treatment result in issue escalation or progression and the need for alternative services and response such as crisis or hospitalisation.
- Access to services is compromised by barriers that are exacerbated in regional and remote environments including distance to services, lack of transport, cost, availability of appropriate services and lack of follow-up services and support.

Effective interventions for suicidality focus on promoting health and wellbeing and community resilience, rather than focusing on illness. Providing social supports for those at high risk of suicide is vital, as well as ensuring that community networks are skilled and alert to those that may be showing signs of distress or despair. Community involvement in the design of programs is critical to ensure that design is best tailored to their community nuances and allows for maximum opportunity for success. Practical components can include community education and awareness raising, financial planning and a focus on addressing family relationship issues such as violence and drug and alcohol abuse. Consideration can be given to involving and upskilling agencies beyond the traditional health services to assess suicidal risk and provide practical component training.

Models should focus on working with existing agencies operating within the regions to enhance communication, inter-agency collaboration and outcome based approaches.

The WA Country PHN undertook a specific services analysis in the Leonora area and explored the effects of service degradation and withdrawal in small communities. The impacts felt by the local community are now critical as they experience:

- Escalating levels of anti-social behaviour and violence, particularly domestic violence. There are currently no refuges, safe houses or shelters available.
- Widespread alcohol and drug abuse throughout the region. The contract for the one drug and alcohol counsellor was not renewed post February 2016 and no alternative services are in place.
- A dramatic increase in youth suicides over recent months (4 suicides and 7 attempted suicides recorded) yet there are no permanent mental health counsellors living or working in the area.
- The remaining health workforce is being put at risk and is struggling to provide adequate and quality care in the given circumstances. The Drive in / Drive out mental health practitioners from Kalgoorlie are challenged in providing the necessary continuity of care.

## Country WA PHN Activity Plan Responses

The issues of suicide, trauma, loss, bereavement, crisis intervention and care management impact across all areas of human service delivery, but are particularly exposed when dealing with these issues in remote WA communities.

The Country WA PHN is largely comprised of areas considered to be remote or very remote. The importance of building capacity within communities, agencies and individual providers to respond to needs in an integrated manner has been highlighted by recent national and

international initiatives in these areas, especially within the areas of suicide prevention and bereavement.

The objectives of the PHN mental health funding include encouragement and promotion of a systems based regional response to suicide prevention including community based activities and liaising with Area Health Services and other providers to help ensure appropriate follow up and support arrangements are in place at the regional level for individuals after a suicide attempt, and for people at high risk of suicide, including Aboriginal and Torres Strait Islander people. There is further priority for PHNs to enhance access to, and better integrate, Aboriginal and Torres Strait Islander mental health services at a local level, facilitating a joined-up approach with other closely connected services including social and emotional wellbeing, suicide prevention and alcohol and drug services.

Country WA PHN suicide prevention activity will be evidence-based, occurring within a staged system context and comprising a hierarchy of interventions, from the least to the most intensive, matched to the needs of the individual. The Country WA PHN Clinical Commissioning Committees and Mental Health Expert Advisory Group will provide interdisciplinary expertise. WAPHA is currently establishing a mental health team to provide expertise and support across the PHNs. Led by Dr Danny Rock, this team will include a dedicated suicide prevention Program Lead position with requisite expertise and background.

In developing a longer term mental health and suicide prevention plan, the Country WA PHN will work with key stakeholders including (but not limited to) WA Health, the WA Mental Health Commission, WA Country Health Services, Rural Health West, the WA Association for Mental Health, the WA Mental Health Network, WA Network of Alcohol and Drug Agencies, Aboriginal Medical Services, Regional Aboriginal Health Planning Forums and their mental health subcommittees or working groups, the Aboriginal Health Council of WA, Consumers of Mental Health WA, the Health Consumers Council WA, Helping Minds and Carers WA.

The Country WA PHN will engage with relevant agencies and organisations to ensure that appropriate clinical services are available for Aboriginal people with complex mental illness, particularly those in remote communities where access is problematic. Flexible funding will be used alongside quarantined Aboriginal mental health funding and suicide prevention allocations to develop Aboriginal specific services that reflect local identified needs and realistic objectives.

Current suicide prevention services for people in Country WA are limited to the suicide prevention components of ATAPS and MHSRRA. Some suicide prevention programs funded under the National Suicide Prevention program and Community Suicide Prevention program are available in Country WA, but their reach is limited.

There are two suicide prevention services currently funded under the Commonwealth's Community Suicide Prevention program in Country WA. These are the Kimberley Aboriginal Law and Culture Centre's Yiriman project in the Fitzroy Valley and the Goomburrup Aboriginal Corporation's Benang project in the South West. The aim of these projects is to assist local and at-risk young people and families, seeking to develop culturally appropriate strategies to address issues of self-harm and suicide. The Country WA PHN has extended funding a further 12 months to enable the PHN to develop a detailed understanding of the services, their effectiveness and how they integrate with other services in the regions, and to develop a collaborative plan for integrating mental health and suicide prevention services in the PHN regions. This contract extension is important due to the nature of the services and the vulnerability of the communities serviced.

During the Country WA PHN commissioning phases, opportunities will be explored to commission additional Aboriginal suicide prevention programs. This will be undertaken in

consultation with the PHN Regional Clinical Commissioning Committees, Aboriginal Medical Services, Aboriginal communities and relevant cultural organisations and Regional Aboriginal Health Planning Forums. Areas of significant need identified through the Mental Health Atlas mapping will be considered as locations for services and localised models developed within communities.

The Country WA PHN will explore opportunities to directly negotiate with individual agencies in remote areas where these agencies have the capacity and cultural authority to effectively support Aboriginal people who are at risk of suicide. The PHN will also explore opportunities for taking a family and community centred approach to suicide prevention and to integrating the suicide prevention program and other social and community wellbeing programs, especially within remote communities.

In most areas of the Country WA PHN, dedicated service programs are limited and coordinated responses to suicide in the regions are, at best, ad-hoc, but mostly non-existent. Coordination and capacity building of key stakeholders and relevant community members to ensure that the needs of families and communities affected by suicide in the region are met is essential, and a role that can be facilitated by the PHN.

Timely and coordinated development and dissemination of client pathways and the establishment of partnerships with key providers to support people and communities affected by suicide is a key component of a system wide response to suicide and non-suicidal self-harm in remote communities.

The establishment of culturally appropriate community responses, dedicated to delivering a comprehensive service for the local community, and building strong relationships with other service providers for referral services will contribute to improved system wide outcomes. The provision of education initiatives and workshops about suicide interventions for other health and social services providers for community members will also raise awareness and community self-responsibility.

Community response will necessarily be broad, ensuring that the most appropriate activities and individuals can assist on a case by case basis – an imperative in terms of culture and gender in the context of remote communities. Locally relevant and culturally appropriate training provided to help communities deal with suicide issues will also increase the frequency of help seeking behavior.

Building sustainable capacity in communities to respond to and support those affected by suicide is long term work, especially in remote communities with a disproportionate number of people variously and continuously affected. Multi-disciplinary approaches are required.

The PHN and WA Mental Health Commission are working closely to align their approaches to suicide prevention in remote areas, particularly with a view to increasing local capacity to prevent suicide and non-suicidal self-harm.

Capacity of local communities will be built through the establishment of collaborative arrangements with other government and non-government organisations to support the development of consolidated response relationships and cooperative process. Such organisations would include WA Police, Department of Child Protection and Family Services, Aboriginal Medical Services, Men's Outreach Services, Mental health and Drug Services (WACHS) and Aboriginal health and wellbeing services.

Trauma Informed Care and Practice (TICP) features in the PHN response. It is understood that individuals who have been exposed to childhood trauma are at much greater risk of adverse health outcomes including increased risk of suicide. Trauma survivors often

experience services as unsafe and disempowering. Failure to provide Trauma Informed Care, lack of expertise and poor access to Trauma Informed Services exacerbate these feelings and escalates the risk of suicide.

WAPHA, in collaboration with the WA Mental Health Commission, is jointly commissioning a WA Mental Health Atlas – a State-wide map of the current mental health system in WA. The Atlas will provide for an increased understanding of the current state of the population mental health needs and the service response in WA, with clear, consistent and comparable data on the scope, capacity and distribution of services. The Mental Health Atlas will allow us to identify gaps, and overlaps, in service provision. It will also enable the development of a comprehensive service directory to help clinicians, consumers, families and carers to more easily navigate the system and connect with local services. The Atlas will support the work of the Country WA PHN in its planning and activity in respect to suicide prevention.

## Recommendations of Previous Inquiries, Investigations and Reports

The WA Ombudsman's *Investigation into Ways State Government Departments and Authorities Can Prevent Suicide by Young People* (April 2014) made 22 recommendations to four Government agencies including the Mental Health Commission, Department of Child Protection and Family Support and the Department of Education. The recommendations focused on agencies sharing information and working together more closely. It was recommended that better sharing of data would lead to ongoing and improved local coordination and case management for people at risk of suicide.

The 2007 Hope Report from a Coroner's Inquiry into 22 suicides across the Kimberley found lack of leadership in service delivery by State and Federal Governments had contributed to disastrous living conditions and high suicide rates linked to alcohol or cannabis use. 27 recommendations were made calling for leadership and accountability in service delivery from two tiers of Government.

The 2001 *Working Together* report made 50 recommendations in the form of a youth suicide prevention plan to reduce suicides in Indigenous youth.

A report from the WA Commissioner for Children and Young People, tabled in Parliament in May 2011, made specific recommendations regarding Aboriginal children and young people. Recommendations 14, 16, 17 and 18 refer, and Recommendation 18 made specific reference to the use of Royalties for Regions funding for the provision of mental health services for children and young people living in regional and remote WA.

The Stokes Review (2012) made a series of recommendations supporting Coroner Alistair Hope's recommendations in respect to child and youth suicide prevention services for children and youth in remote areas of WA. Recommendation 8 refers to the establishment of after-hours services for children and adolescents in rural and remote communities. The Review identified areas with specific impact on mental health workers in rural and remote areas and issues relating to the use of a Fly in / Fly out and Drive in / Drive out mental health workforce in remote WA.

More recently, on 1 February 2016, the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) released its *Kimberley Roundtable Report*. The project sought to obtain specific information about contributing factors to suicide; what works and has not worked for suicide prevention and what strategies are needed to support communities in suicide prevention.

WAPHA also refers to the work of Dr James Fitzpatrick in identifying many of the factors contributing to the high youth suicide figures in remote areas of WA – starting with the early

stages of a child's development. Within this context, Dr Fitzpatrick highlights the importance of accountability, ownership and responsibility for the issues together with structural support in a strategic and long term approach.

The majority of recommendations from these, and other, Reports, Reviews and Inquiries are still to be implemented. WAPHA hopes that the current Education and Health Standing Committee Parliamentary Inquiry will thoroughly assess previous recommendations in the context of the current situation in respect to Aboriginal youth suicides in remote areas of Western Australia. It is understood that State Coroner, Ms Ros Fogliani, will investigate a group of suspected suicide cases in the Kimberley and Pilbara regions. This investigation will undoubtedly further inform the work of the current Parliamentary Committee Inquiry.