



Aboriginal  
Health & Medical  
Research Council  
of NSW

LET'S **WALK** TOGETHER  
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## 2021 NSW Aboriginal Suicide Prevention Symposium Report

## **Acknowledgement of Country**

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The Aboriginal Health and Medical Research Council (AH&MRC) of New South Wales would like to acknowledge the Bidjigal and Gadigal clans, which traditionally occupy the lands of the Sydney Coast. We recognise their continuing connection to land, water and community and pay our respects to Elders, past, present, and emerging.

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## Aboriginal Suicide Prevention: Let's Walk Together and Let's Talk Together Symposium 2021

In 2020, the Aboriginal Health and Medical Research Council for NSW (AH&MRC) partnered with the New South Wales Government to address alarming suicides in Aboriginal communities across NSW. The NSW Government's Towards **Zero** Suicides Initiative seeks to provide leading best practice crisis care and support and build on local community resilience. Under this initiative, AH&MRC will support our **12 Aboriginal Community Controlled Health Services** to design and deliver culturally appropriate suicide prevention project/s focused on building strong community resilience.

The symposium was a response from the 12 Aboriginal Community Controlled Health Services to share experiences and ideas on different approaches to suicide prevention work in their communities. This Let's Walk Together and Let's Talk Together report summarises the two-day symposium and includes recommended actions identified by participants who attended the symposium. In addition, participants who engaged through the symposium would form a part of an ongoing peer to peer network.

## Let's Walk Together and Let's Talk Together Overview

In Sydney, May 2021 the Aboriginal Health and Medical Research Council (AH&MRC) hosted a two-day Aboriginal suicide prevention symposium entitled '**Let's Walk Together and Let's Talk Together**'. The symposium name came from a cultural perspective of sharing this journey, you are not alone, 'Let's Walk Together' and coming together and yarning to seek solutions to problems occurring 'Let's Talk Together'. The main objective of the two-day symposium in Sydney was to engage frontline workers in the Aboriginal Community Controlled Health Services (ACCHS) to discuss how to strengthen existing projects and activities in suicide prevention across NSW and to hear from key experts in the space to generate discussions around building community resilience.

More than 50 Aboriginal frontline workers, policymakers, researchers and community members travelled to Sydney to participate in the symposium and contributed by sharing their experiences working in Aboriginal communities in NSW and their approaches to building community resilience in the context of suicide prevention. The two days provided an opportunity for participants to be involved in in-depth discussions about opportunities, challenges, and potential strategies to strengthen current work in Aboriginal communities.

Throughout the symposium, seven guest speakers from different backgrounds provided a range of presentations from policy work to lived experiences, supplemented by real-time questions and feedback from participants. Summary of the presentations is a chapter in this report.

Discussions spanned, emphasising Aboriginal lived experiences, workforce development, community-based solutions, policy direction, and the importance of data collection.

Several key themes emerged from the two-day symposium, including:

- 🗨️ Building Aboriginal Community Resilience and Wellbeing.
- 🗨️ Strengthen local response to suicide and suicidal behaviour in Aboriginal communities.
- 🗨️ Supporting ACCHS in clinical services and care.
- 🗨️ Enhance local collaborative, coordinated and integrated approaches in Aboriginal communities.
- 🗨️ Improve evaluation of Aboriginal programs and services.

## Keynote Speakers



### National Mental Health Commission: Policy Direction

**Ms Christine Morgan**  
Chief Executive Officer, National Mental Health Commission

Ms Christine Morgan is the CEO of the National Mental Health Commission and National Suicide Prevention Adviser to Prime Minister Scott Morrison. Ms Morgan is a passionate leader in mental health care reform, committed to listening and responding to the voice and needs of those with lived experience. Ms Morgan brings connection and passion to mental health reform, built on the networks she established in the corporate world, her broad legal expertise, her extensive not-forprofit experience, and her strong ability to demonstrate to people how their contribution can make a real difference.

Key theme discussion  
National Approach Suicide Prevention

A whole government model to guide suicide prevention in Australia. A focus on shared understanding through lived experience knowledge, improved collation of data, and a comprehensive evaluation of evidence. Seeking a balance in the benefits of longer-term prevention approaches with immediate opportunities to better respond to those seeking support. Ms Christine Morgan and her team focus on policy responses that address social and economic drivers of distress. Solutions to current issues will be sought through cross-agency collaboration and coordinated response to suicide.



### Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention

**Professor Pat Dudgeon**  
University of Western Australia

Pat Dudgeon is from the Bardi people in Western Australia. She is a psychologist and professor at the Poche Centre for Aboriginal Health and the School of Indigenous Studies at UWA. Her area of research includes Indigenous social and emotional wellbeing and suicide prevention. She is the director of the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention at UWA. She is also the lead chief investigator of a national research project, Transforming Indigenous Mental Health and Wellbeing, aiming to develop approaches to Indigenous mental health services that promote cultural values and strengths and empower users.

Key theme discussion  
Transforming Indigenous Mental Health and Wellbeing

Aboriginal and Torres Strait Islander culture is vital to mental health. The Centre is exploring social and health indicators to determine how the government needs to continue making investments. Housing, health, and education are pivotal. Suicide prevention and factors that contribute to suicide, including historical political events. Statistics around Aboriginal suicide and contributing factors. Discussion around self-harm and access gap to mental health service. Self-determination is required to prevent Aboriginal suicide.



## Gayaa Dhuwi (Proud Spirit) Australia

### Mr Thomas Brideson

**Chief Executive Officer, Gayaa Dhuwi (Proud Spirit)**

Tom is a Kamilaroi/Gomeroi man born in Gunnedah, north-west NSW and a Red Chief Local Aboriginal Land Council member. In April 2020, Tom was appointed Chief Executive Officer of Gayaa Dhuwi (Proud Spirit) Australia – the culmination of more than 25-years' work in Indigenous mental health and health policy; social and emotional wellbeing; clinical mental health care; suicide prevention; education and mental health leadership.

Key theme discussion  
Government strategies for Aboriginal mental health

Government inquiries, policies, and strategies into mental health and related area workforces and how to put them into action. Why we need to advocate for the broad emerging mental health professional workforces across all health and human services, Tom believes that to build solutions to the wellbeing and mental health challenges facing many Indigenous people in Australia, the country needs practical jurisdictional cooperation, an improved evidence base, and a fit for purpose workforce to meet their unique cultural and other needs.



## Aboriginal Lived Experience and Research

### Ms Leilani Darwin

**Director Aboriginal and Torres Strait Islander Strategy, Black Dog Institute**

Leilani Darwin is a proud Quandamooka woman whose ancestral home is Stradbroke Island. She has been touched personally many times by suicide and mental illness. Through her own experience and work within the sector, Leilani is a powerful advocate for Aboriginal and Torres Strait Islander led, culturally informed practices within mainstream services. In 2016, Leilani received the LiFE Award for Excellence in Aboriginal and Torres Strait Islander Suicide Prevention across Australia.

Key theme discussion  
Aboriginal Youth Suicide

Statistics of Aboriginal youth are alarming. Leilani provided valuable information and an overview of how we are losing our youth to suicide. Her presentation provided discussion around youth empowerment, overcoming racism, and seeking support through culture. Leilani spoke about communication and the importance of opening the hard conversations with our youths; we need to provide the support they want.







## Enemy Within

**Mr Joe Williams**  
**Enemy Within Motivational**  
**Enemy Within Motivational Speaking**

Joe Williams is a Wiradjuri/Wolgalu, First Nations man who forged a successful professional sporting career over 15 years. Alongside this success, Joe has battled most of his life with suicidal ideation and Bi-Polar Disorder. Joe is now a motivational speaker recognised for his contribution and dedication to Aboriginal communities through multiple awards, including Wagga Citizen of the Year in 2015 and Suicide Prevention Australia's highest honour in 2018.

Key theme discussion  
**The impacts of a colonised trauma**

After a suicide attempt in 2012, Joe felt his purpose was to help people who struggle with suicide ideologies, cultural trauma, and mental illness. Through his personal experience, the Enemy Within was born. Joe shared his experiences and struggles as an Aboriginal man living his culture in a colonised world. Focusing on how the community can work together to support those struggling with suicide, Joe inspired the audience to end Aboriginal suicide.



## Walkabout Barber

**Mr Brian Dowd**  
**Walkabout Barber**

Brian Dowd is the founder of Walkabout Barber. Brian is a qualified Trauma Counsellor who has lived in the Newcastle area for most of his life. Besides his Warners Bay barbershop, he also runs a mobile barbershop. He goes out to Aboriginal communities, giving haircuts and providing trauma counselling.

Key theme discussion  
**The Importance of Communication in reducing Aboriginal male suicide**

Walkabout Barber is a program Brian developed through lived experience that enables the complicated conversation to get started around how men feel. Brian highlights the importance of correcting the societal error that men should not express how they feel. Walkabout Barber allows engagement and the opportunity to ask how you are? Are you doing ok, brother? Brian has found this provides a safe space for men, young men, and boys to talk about what might be bothering them and provide solutions through this personal trauma counselling.





## Journey through lived experience

### Ms Taliah King

**Australian National University**

Taliah is a proud young Aboriginal woman of the Yuin Nation. Through a personal lived experience of grief and loss, Taliah found the importance of sharing postvention experiences. Taliah is now in her final year as a psychology student and advocates for postvention care for family and loved ones living with suicide.

Key theme discussion

#### **Suicide Postvention Life**

Taliah has personal experience in understanding suicide and postvention care after losing a loved one to suicide. As someone with lived experience, Taliah shares her story of love, grief, loss, and learnings. She combined storytelling and evidence-based knowledge to shed light on postvention care and the impact it can have on those working through the effects of suicide. In her presentation Taliah discussed the potential benefits of having a grief secretary.

# Recommendation

The following recommendations from the list of actions from the 'Let's Walk Together and Let's Talk Together' symposium.

## Priority 1 Building Aboriginal Community Resilience and Wellbeing

### Rationale

Participants identified the importance of a solid connection to culture, community belonging and inclusion, contributing to Aboriginal community resilience and wellbeing. Solutions need to adapt to cultural and community connections to support recovery and a sense of belonging.

### Discussion

Participants discussed that connection to Country is central to providing delivery programs to build community resilience and wellbeing. They also identified that services focus on the clinical aspects of trauma, suicide, grief and loss. Participants are frustrated with services; not acknowledging connection between country and traditional culture is key to treatment. They expressed that community-based programs neglected the element of codesign with the local Aboriginal community and Elders. Participants mentioned that service providers are often mainstream and are fly-in and fly-out services. Support programs to build life skills and interpersonal skills for young people were mentioned by participants as well.



**Resilience is a bunch of skills that you get taught**

**Disconnected country culture family, poverty, homelessness**

**Are there services in areas – FLY IN AND =FLY OUT never see same person**

### Recommendations

- 1.1 Embed local Aboriginal culture and practices into social-emotional and wellbeing programs and to other support services.
- 1.2 Engage more with Aboriginal Elders to provide cultural wisdom and guidance in programs and services.
- 1.3 Embed programs that build the confidence of young people in Aboriginal communities.
- 1.4 Ensure programs and services are inclusive and culturally safe for Aboriginal people.
- 1.5 Increase funding to programs and services that offer cultural education activities.



## Priority 2 Strengthen local response to suicide and suicidal behaviour in Aboriginal commu-

### Rationale

Participants identified the need for Aboriginal people with lived experience to be included in all forms of consultation and planning associated with servicing the needs of local response to suicide and suicide-related behaviour. Central to the local response is the need for community-based education to increase knowledge and awareness of early intervention, prevention and response strategies for at-risk behaviours associated with suicide and self-harm.

### Discussion

Participants discussed the gap in consultation and planning, including Aboriginal people with a lived experience. They also discussed community-based education programs that focused on self-care, crisis response and support services that lacked co-designed from Aboriginal people, particularly young people. Participants mentioned the need to develop culturally secure information resources and support networks targeted to local Aboriginal communities. Participants expressed those generalised approaches are not practical to each Aboriginal community.



**Education of mental health, you can never get enough of SEWB**

**Cultural training needs to be recognised specific community-based traumas, localised training**

**Upskilling people in local communities**

### Recommendations

- 2.1 Ensure Aboriginal people with a lived experience are included in program and service development on a local level.
- 2.2 Increase funding for training opportunities to build the capacity of Aboriginal communities to understand suicide, crisis response, self-care and social-emotional and wellbeing.
- 2.3 Engage young Aboriginal people to co-design local suicide prevention strategies.



## Priority 3 Supporting Aboriginal Community Controlled Health Services in SEWB services

### Rationale

Participants identified the need to strengthen ACCHS to deliver their social, emotional and well-being services, primarily when a young person seeks support due to at-risk behaviour, such as suicidal ideation or self-harm. Frontline workers are a vital part of suicide prevention work. There is a need to empower them to provide excellence in clinical care and meaningful engagement with consumers.



### Discussion

Participants discussed the importance of supporting ACCHS in effective social and emotional well-being programs. They also need to address the ongoing vicarious trauma within the current social and emotional well-being, which leads to staff burnout. Funding was a key discussion point among participants. Participants identified the need for government to increase funding for young people accessing social and emotional wellbeing programs through local ACCHS. They also identified cultural language as a critical tool to improve communication barriers and improve mental health literacy in Aboriginal communities.



**Aboriginal clinicians are stuck between a rock and a hard place**

**everyone is overloaded**

**AMS do a good job at providing a wholistic service**

### Recommendations

- 3.1 Increase funding for Social Emotional and Wellbeing Services with ACCHSs, targeted for young people.
- 3.2 Embed healing and self-care programs within ACCHOs to reduce burnout from their Frontline Workers.
- 3.2 Increase funding to ensure that SEWB resources and material are age-appropriate and contain localised content/language.

Priority 4 Enhance local collaborative, coordinated and integrated approach in Aboriginal communities.

Rationale

Participants identified that Aboriginal suicide prevention requires coordinated and combined efforts from all levels of government, ACCHSs and other local agencies. Culture should be emphasised as the centred care for Aboriginal people supported by seamless referrals and support throughout their recovery journey. Community-based suicide prevention should focus on an integrated model, which centred the whole of the community.

Discussion

Coordination and collaboration was a common theme mentioned by participants. They discussed that services within Aboriginal communities are fragmented, and there is no sharing of information between services. Participants expressed their frustration at the lack of coordinated crisis response and postvention services. They also identified a need to reduce the duplication of services that occur in Aboriginal communities



Series of things we do, but I don't know if they are actually effective

Its frustrating for us I cant imagine what it is like for consumers

no government response to individual Aboriginal Tribes/Nations and their communities

Recommendations

- 4.1 Local service providers and ACCHS work collaboratively to run suicide prevention programs and services.
- 4.2 Develop seamless referral and support pathways for Aboriginal people seeking social-emotional and wellbeing services.
- 4.3 Increase the involvement of local Aboriginal Elders in the development of cultural-based suicide prevention models of care.

**Priority 5 Improve evaluation of Aboriginal programs and services.**

**Rationale**

Participants identified the need to improve community-based evaluation, through increased participation from Aboriginal people. In co-designing and implementation of place-based suicide prevention/intervention initiatives underpinned by a collaborative approach with Aboriginal communities, ACCHOs and critical agencies.

**Discussion**

Participants discussed the need to evaluate local community-based programs to demonstrate to the government their effectiveness. They also mentioned that young Aboriginal people should participate in evaluations to build their capacity and confidence. Participants expressed that Aboriginal reference groups should be established within community to provide oversight of local suicide prevention.



**Need strategies that empower our communities**

**Data collection not consistent**

**Referral process need to improve**

**Recommendations**

- 5.1** Establish an Aboriginal reference group within the community to support the development, implementation, and evaluation of suicide prevention programs.
- 5.2** Engage young Aboriginal people to participate in evaluation programs and services to build capacity and confidence.
- 5.3** Services to provide evaluation reports and updates to the community on delivering suicide prevention programs to improve transparency and engagement.

## Notes

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