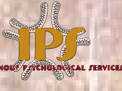
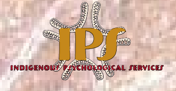
Suicide Prevention in Aboriginal Communities: A Best Practice Model of Community Driven Prevention



Dr Tracy Westerman and Sharon Hillman
Indigenous Psychological Services, Perth, Western Australia



BACKGROUND

Summary

This poster describes the development and evaluation of a state-wide initiative into the prevention of Aboriginal suicide in Western Australia. This project has been funded by the Office of Aboriginal Health (HDWA) and developed by Indigenous Psychological Services (IPS), a private consultancy service based in Perth, Western Australia. Importantly, this project was developed in response to community need identified by local young people and community in Derby. This project involves the implementation of suicide prevention training forums in three rural areas, Roebourne, Derby and Kalgoorlie. These forums ascribe to a community development approach and are conducted with service providers, young people and local Aboriginal community members. Evaluation data will be presented on the forums held in Roebourne and Derby. The forum planned for Kalgoorlie will take place later this year.

Why are Suicide Prevention Forums Needed?

Aboriginal Australians have the highest rates of suicide in Australia, with the Goldfields and Kimberley having at least 2.3 times the rate of non-Indigenous West Australians (Hillman et al, 2000). Over the fifteen year period 1986 to 2000, Aboriginal males completed suicide at over twice the rate of non-Aboriginal males in WA. Aboriginal males had an Age Standardised Rate (ASR) of 47.8 per 100,000 population (LCI: 39.7 – UCI: 56.0), while non-Aboriginal males had an ASR of 20.2 per 100,000 population (LCI: 19.4 – UCI: 21.0). The rates for Aboriginal males have also risen dramatically over this time as indicated by the dotted linear trend line on this chart (see Figure 1).

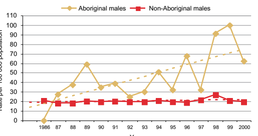


Figure 1. Rates of Suicide in WA, 1986 - 2000
Source: Coroner's Database on Suicide in WA. Unpublished data (2003).

The lack of culturally appropriate and clinically sound training and intervention packages has contributed to this escalation, and more importantly, high need communities continue to struggle to gain access to services that are commensurate with need. Access problems are further exacerbated by the remoteness of many of the regions affected by escalating rates of suicide, cultural and language differences across Aboriginal groups, and access to culturally and clinically appropriate services.

THE SUICIDE PREVENTION FORUMS

What do the Forums Aim to Do?

The forums have a number of aims, with the overall long-term goal being a reduction in the number of Aboriginal people attempting and completing suicide. In order to work towards this goal, the project has delineated the following objectives;

1) An increase in the core skills of local service providers,
2) Increase knowledge of depression & suicidal behaviours amongst service providers, community members and young people,
3) Increase in community members and young people's ability to recognise, support and link in suicidal and depressed community members with appropriate services,
4) Increase likelihood of community members, young people and service providers to provide assistance to Aboriginal local people who are depressed or suicidal,
5) The development of local community "Gatekeepers".

What do the forums involve?

The forums began by conducting an analysis of local community needs. Training in suicide intervention and prevention, developed specifically for Aboriginal people was then implemented. The provision of clinical support, counselling and advocacy was also provided as needed throughout the time of the forums.

The forums involved four phases.

Phase One (1) involved consultation regarding local community needs. This ensured that the forums were tailored to the needs of each community, and were locally relevant.

Phase Two (2) involved introductory training for all stakeholders (service providers, community members and young people separately). IPS undertook a skills assessment of all training participants prior to the forum commencement. The introductory forums conducted with service providers included the provision of information on;

- Your beliefs about suicide – cultural and community values,
- Suicide Myths,
- What causes our Aboriginal people to take such drastic action?,
- "Aboriginal" Depression – cultural and community factors,
- The role of depression in suicide,
- The signs to look for,
- The issue of self-harm – the role of culture,
- Predicting and assessing suicide risk in Aboriginal people,
- What am I looking for?,
- The Westerman Aboriginal Symptom Checklist – Youth (WASC-Y) as an assessment tool for Aboriginal workers,
- Conducting risk assessments in Aboriginal communities,
- Responding to suicide risk,
- Dealing with culturally related suicidal behaviours,
- The role of culture in suicide and depression,
- Some basic counselling techniques – "Aboriginal way",
- Raising the question, Aboriginal way,
- Postvention – what to do after a suicide occurs,
- Preventing copycat suicides in Aboriginal communities,
- Community responses to a suicide, and
- Looking after myself as a part of the community.

Forums with community members were also conducted and involved a modified version of the training presented above, taking place over two days.

Phase Two – Young People's Forums

The Young People's Forum took place over two half days. All young people involved in the Youth Forum were screened using the Westerman Aboriginal Symptom Checklist – Youth (WASC-Y) (Westerman, 2003b) prior to undertaking the training, which allowed for the identification of Aboriginal young people at higher risk to be made. These young people were referred to local services for support.

The components of the forum delivered to young people were presented as a psycho educational package aimed at enhancing young peoples coping skills and developing strategies to address high risk situations and factors. These included;

- Building cultural resiliency
- Cultural identity
- Acculturation and
- Acculturative stress

The intervention with young people also included a number of additional components in order to ensure the safety of the participants. These included;

- Clinical interviews with young people,
- Clinical intervention with young people determined as exhibiting risk following screening, and
- Linking in those identified as at risk with local supports.

At the completion of the forums two days were spent with the local community with IPS offering debriefing, counselling, support and advocacy services for community members. People identified at risk or who wanted further assistance were linked in with appropriate local services and/or supports.

- **Phase Three (3)** involved follow up and skills consolidation training. It also provided participants with the opportunity to apply the skills taught in Phase 2.
- **Phase Four (4)** involved both process and impact evaluations. This data will be presented in this poster.

What is Unique about These Forums?

There are a number of unique components to these forums, all of which address concerns expressed within the field regarding the efficacy of existing mainstream programs to address the issue of suicide amongst the Aboriginal population. These components are;

- Culturally Appropriate Program Content and Delivery - The training package developed by IPS exists as the only Aboriginal-specific suicide prevention and depression-training package in Australia.
- Targeting all Stakeholders - By targeting community and youth (rather than just service providers in isolation) the programme validates the very important role that these people continue to play in providing crisis support and intervention to suicidal individuals.
- A Community Development Focus – This project has focused on the need to build community capacity in order for change to occur.
- Recognising the Importance of local Aboriginal young people in prevention - Culturally appropriate suicide prevention and early intervention training has yet to occur with Aboriginal young people as a focus. The current forums have a holistic focus and have been specifically developed to target this important cohort (see Figure 2). Including youth was important to;

1. Recognise the reality that youth were often in the position of being aware that friends, cousins and family were contemplating, or engaging in suicidal behaviours,
2. The psycho-educational focus of the youth forum also recognised the reality that Aboriginal youth are considered at risk for suicidal behaviours,
3. The current program is also unique in utilising the only culturally validated assessment tool in Australia for recognising internalising disorders (depression, suicide and anxiety) in Aboriginal youth, the Westerman Aboriginal Symptom Checklist –Youth (WASC-Y).

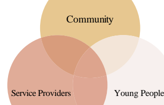


Figure 2. The holistic model of community intervention utilised in the forums

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EVALUATION RESULTS

Who has Been Involved?

A total of 212 people from the Kimberley and North West regions of Western Australia have been involved in the forums to date. Of these, 85% have identified themselves as Aboriginal.

Results from the Forum's Evaluation

Evaluation of each forum was conducted in each location. The evaluation covered several domains including;

1. Overall knowledge and skills in the area,
2. Knowledge of depression and suicidal behaviours,
3. Skills relating to working with depressed and suicidal Aboriginal people, and
4. Intentions to help.

Overall Knowledge and Skills

The results of this data show that both community members and service providers in Roebourne felt that their knowledge about these topics had improved after participating in the forums (see Figure 3). Of particular interest is that while community members did not feel that had very much knowledge about depression and suicide prior to the forum, afterwards they rated their level of knowledge similarly to the service providers.

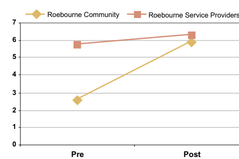

Figure 3. Improvement in participant's knowledge about depression and suicide prevention

Roebourne participants were also asked about how confident they felt in referring a suicidal Aboriginal client to a local service. Community members level of confidence in doing this improved quite dramatically however, service providers confidence in being able to do this fell slightly (see Figure 4). Service providers reported a lack of appropriate local services, appropriately skilled professionals and waiting lists as reasons for this.

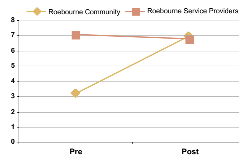

Figure 4. Levels of confidence in referring people to appropriate local services

Tied in with the previous question somewhat was the question of whether Roebourne participants felt that had enough professional supports around them in order to assist them in helping an Aboriginal person who was depressed or suicidal. Community members reflected little change in the pre and post data on this question while service providers certainly felt more comfortable with the level of professional support available to them after the forum (see Figure 5). The forums offered a useful time for service providers to network with other workers and agencies in the local area and these results are suggestive that this was indeed a helpful component of the forum.

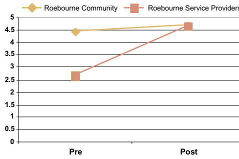

Figure 5. Participants level of comfort with the amount of professional support available to them

Improvements in Knowledge

Participants were also pre and post tested on a variety of questions relating to the content of the forums to determine whether or not the information presented improved their knowledge of depression and suicide amongst Aboriginal people. This included their level of understanding of the; signs and symptoms of depression for Aboriginal people, the link between depression and suicide, culturally related behaviours, and the risk assessment process. Both service providers and community members in Derby and Roebourne believed their knowledge in this area improved (see Figure 6). The possible range of scores was 0-60, with 60 being the highest (Roebourne). In Derby service providers also recorded an improvement with the possible range of scores being 0-30.

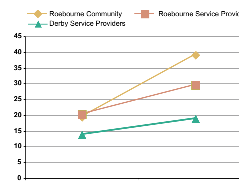

Figure 6. Improvement in knowledge of depression and suicide prevention after the forum

Improvements in Skills

Participants were also asked questions related to their level of skills before and after the forums. This included questions about; acting as an advocate for an Aboriginal person, appropriately applying culturally related basic counselling skills, assisting in debriefing after crisis in the community, and conducting assessment interviews with clients. Both community members and service providers in Derby and Roebourne reported improvements in their level of skills relevant to responding to and working with Aboriginal people with depression or suicidal behaviours (see Figure 7). The possible range of scores was 0-60, with 60 being the highest (Roebourne) and 0-50 (Derby).

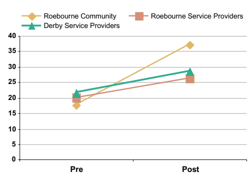

Figure 7. Improvement in skill levels after the forum

Intentions to Help

Participants were also asked about their intentions to help on a number of questions related to suicidal behaviour. We were particularly interested to see whether or not participants felt there were opportunities to offer assistance in instances where other wise they may have not offered to help. Both the community and service provider participants in Roebourne and the service providers in Derby recorded a positive shift in attitude towards helping (see Figure 8). The possible range of scores was 0-40, with 40 being the highest.

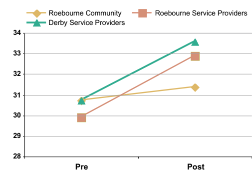

Figure 8. Improvements in participants intention to help

Impact Evaluations

This component of the evaluation included the opportunity for training participants to express whether or not and how, they had benefited from the suicide prevention forum. A sample of comments from training participants follows:

"I have been feeling so helpless to be able to do something to prevent this suicide thing – the training has taught me that I can actually do something" (Roebourne)

"I didn't realise that suicide could be prevented. I feel like I have gained a lot of skills" (Roebourne)

"The cultural knowledge I have gained over these few days has been enormous. I didn't realise what a big factor culture is in preventing suicide" (Roebourne)

"We weren't going to come to the training, because we are usually made to feel shame, or stupid by trainers who don't understand our language and our people. This training made me feel empowered, and that I had something useful to offer. I understood all of it!" (Roebourne)

"I have been to other workshops on suicide, but doing this one I felt free to be involved." (Derby)

"Being here over these few days, I feel I can finally stop blaming myself" (Derby)

Conclusion

In response to the Derby community's identified need a comprehensive suicide and depression prevention package designed specifically for Aboriginal communities and service providers has been implemented in Derby and Roebourne in the North West of WA. Results from evaluation data suggest that these forums have indeed been of benefit to the local community. Community members recorded increases in knowledge and skills regarding suicide risk identification, in their ability to provide support to someone who is suicidal and in acting as an advocate for that person by linking them in with an appropriate local service. Service providers also reported improvements in their knowledge about suicide prevention and depression in Aboriginal people in addition to improvements in their level of skills in working more effectively with Aboriginal people in a culturally appropriate manner.

FOR FURTHER INFORMATION

Who is Indigenous Psychological Services?

Indigenous Psychological Services (IPS) is the only provider of psychology specific services for Indigenous people in Australia. It is headed by Dr. Tracy Westerman, a Psychologist who is the first Aboriginal person to earn a PhD in Clinical Psychology. IPS provides training, research and clinical services to the Indigenous and non-Indigenous community. IPS supports these initiatives with continuing research into the particular needs of Aboriginal people and the ongoing development of resources. The diagram below highlights the major areas where IPS conducts its work (see Figure 9). IPS also provides training to professionals who work with Aboriginal clients. **The next training sessions are being held in Brisbane (July) and Perth (September). See the IPS website for more information – www.indigenouspsychservices.com.au or phone: (08) 9362 2036.**

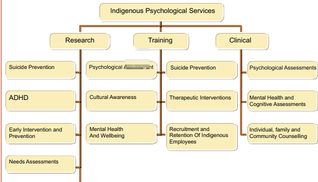

Figure 9. The domains of IPS's work