

## **SUMMARY OF RESULTS FROM INDIGENOUS SUICIDE PREVENTION PROGRAMS DELIVERED BY INDIGENOUS PSYCHOLOGICAL SERVICES**

**Westerman, 2007**

Studies continue to point to the escalating number of suicides amongst Aboriginal populations with rates of suicide at least double that experienced by non-Aboriginal people. The state of Western Australia has particularly high rates of suicide amongst Indigenous people with the Kimberley and Goldfields experiencing rates estimated at 2.3 times more than the rest of the State (Hillman et al., 2000; Hunter, 2002; Westerman, 2003). When these statistics are coupled with anecdotal information from the within the Aboriginal community which suggests that suicidal behaviours were so entrenched that they had become a 'normal' rather than maladaptive response to life stressors, the picture is somewhat bleak. In the face of all of this distress the families were attempting to cope with mental illnesses within families and without adequate assistance from the health system. The reality has been that despite the fact that Indigenous Australians have amongst the highest suicide rates in the world (Westerman, 2003), intervention programs to address this issue at a whole of community level have not been forthcoming. There are multiple reasons for this which has a common theme of the marginalisation of Indigenous people to the point that escalating rates of illness are effectively ignored if one compares the level of interventionist services with the extent of need.

To this end, this summary report describes the development, implementation and evaluation of the only Indigenous specific whole of community suicide intervention forums by Indigenous Psychological Services (IPS). IPS is a private company that exists without operational funding by government. It was founded by Dr Tracy Westerman of the Nyamal people of the North West of Western Australia in 1998. Dr Westerman has a PhD in Clinical Psychology and developed IPS to address the paucity of specialist mental health services for Indigenous people, despite the obvious need for these. IPS is Indigenous specific and provides a range of specialist mental health services. All products and services are unique to the field and are based on substantial research and cultural validation. The forums described are based on the PhD research of Dr Westerman which explored (amongst other things) the unique nature of mental illness in an Indigenous context – suicidal behaviours being a primary focus. The forums therefore represent unique content that has been empirically and culturally validated.

Despite the unique nature of these forums and overwhelming results achieved, they have yet to attract ongoing funding at a national level. The current average waiting period for IPS' community prevention programs is three years. The forums have so far been delivered into seven distinct Aboriginal communities across three different states by Indigenous Psychological Services between June 2002 and November 2006. The following represents a summary of results from these forums.

### **Overview of program**

Indigenous Psychological Services has been involved in the development, delivery and review of Aboriginal specific suicide prevention forums since 2002 with the aim of addressing the disproportionate rates of Indigenous suicide in rural and remote Aboriginal communities. These forums are unique in a number of ways. First, the forums have been designed to emphasise a whole-of-community approach to intervention. This means that forums are delivered to three separate groups identified by research (see Westerman, 2003) as being pivotal to the provision of 'first line' intervention to suicidal individuals within Indigenous communities. The forums are therefore delivered to service providers, community members (parents, elders, etc) and most importantly, Aboriginal youth (aged 15 to 25 years) themselves. This represents both indicated and selected components to the prevention program. This means that IPS have had to develop training content that is not only relevant to the Indigenous context but also able to be delivered in different modalities across different language groups, capacities (including language and skill based training) as well as environmental and cultural contexts. It should be noted that this has not been able to be achieved with any intervention program in Australia thus far, despite the

reality that the escalating rates of suicide in Indigenous communities has been of concern for the past thirty years (see Hunter, 1989).

Second, the training packages have been empirically and culturally validated by IPS over a period of seven years. This is both through ongoing research into population risk indicators specific to suicidal Aboriginal people (see Westerman, 2003) as well as through the delivery of training programs, evaluation of these and refinement of particular aspects of the content based on critical feedback. This makes these training packages unique in the field.

A third aspect of the uniqueness of the forums is that IPS has adopted a longitudinal approach to the forum design. This means that the forums are delivered over three phases including an Introductory phase, Follow-Up phase (approximately six months later), and a Skills Consolidation phase (approx 12 months out from initial introductory phase). The rationale for a longitudinal approach is to ensure that remote areas are able to receive assistance to build on the foundation of skills and knowledge gained over time. An important aspect of the whole-of-community approach involves the consultation of community members across both the planning and implementation stages. This process ensures the culturally appropriateness and safety of training content. It also ensures that the training is delivered at the appropriate timing and pace for the community.

Fourth, IPS has evaluated all training outcomes utilising an evaluation protocol developed specifically to monitor the effectiveness of the forums. Including outcome evaluations has helped guide and refine the implementation of the forums and it has also contributed to the evidence-base supporting this approach to prevention.

## **Methodology**

### **Training Objectives**

At each of the three phases identified above, IPS has run workshops for service providers, community and youth. *Service providers* refer to those who work in the area of mental health and who provide support to Aboriginal people experiencing depression and suicidal behaviours. The service provider's forum focuses on the latest research and best-practice models of culturally appropriate service provision for Aboriginal clients. In these workshops, there is a focus on the signs and symptoms of depression and suicidal behaviour, as well as the key risk indicators. Basic counselling skills and engagement strategies are also covered with an emphasis on adapting these techniques to ensure they are culturally appropriate.

*Community members* include parents and elders of the local community. This workshop focuses on developing skills based on the "natural gate-keeper" model of prevention. The term natural gatekeeper refers to the important support role played by those who are often the first port-of-call for people at risk – i.e., the community themselves.

*Aboriginal youth* (aged 15-25 years) workshops take a psycho-educational approach offering information on the nature of depression and suicide (and the relationship between the two) as well as life coping skills (with particular emphasis on managing difficult emotions) that have a demonstrated association with increased suicide risk. There is also a focus on engendering peer support networks that encourage youth to develop concrete suicide prevention crisis management strategies. Delivery of suicide prevention training to youth does not occur in standard suicide intervention packages. Most of the reason for this that there is concern regarding the capacity of youth to be able to relate to the complexity of suicidality in a manner that is able to be readily applied within day to day contexts. However, the reality of the extent of suicidal behaviours in Indigenous communities has led to a different reality than we are seeing in the non-Indigenous communities (from which almost all of the preventative research has occurred). That being, that youth have more often than not been exposed to suicidal behaviours

– that being, threats, attempts and death by suicide at a level that the failure to provide an appropriate level of intervention becomes part of the risk for future generations.

### **Delivery Formats**

As discussed, IPS deliver its whole of community suicide intervention workshops over three phases for optimal results. However, the reality of being a privately run organisation without government funding has meant that communities who approach IPS for these services are often only able to afford forums as ‘one-off’ activities. This is despite the fact that IPS either reduces or waives its fees for non-government and community based organisations. It is also the case that for those communities engaging IPS to deliver these forums, there is an average waiting period of three years due mostly to funding constraints and IPS’ capacity to be able to respond to the enormous demand placed on its services.

### **Evaluation Protocols**

Two structured questionnaires were utilised in these forums at pre and post training levels. These evaluation questionnaires have been utilised for over seven years and validated with over one thousand participants across three different states of Australia<sup>1</sup>. The first for service providers and community was based on a similar approach to a questionnaire utilised by (Capp, Deane et al. 2001). Participants were assessed for mean shifts at pre and post training levels across the areas of; (1) overall knowledge and skills in the area of depression and suicidal behaviours specific to Aboriginal people; (2) skills relating to working with depressed and suicidal Aboriginal people; (3) intentions to help an Aboriginal person who is suicidal; including beliefs about whether suicide is preventable.

The youth questionnaire was developed based on a version of the Westerman Aboriginal Symptom Checklist – Youth (WASC-Y, 2003) that specifically addressed (1) factual knowledge of suicide and depression; (2) internal coping skills relative to risk for depression and suicidal behaviours; (3) external coping skills, and (4) intentions to help a friend who may be unhappy; (4) beliefs that suicide is preventable.

### **Methodology**

#### **Participant Information**

A total of 997 people<sup>2</sup> have been trained in IPS’ Indigenous specific whole of community suicide prevention forums since July 2002. The whole of community suicide prevention forums have been delivered across all phases (Introductory, Follow-Up and Skills Consolidation) in four distinct regions in Western Australia. This has included Derby in the West Kimberley, Kalgoorlie in the Goldfields, Roebourne in the North West and Wyndham in the West Kimberley. Additional to this, forums have been delivered as ‘one-off’ interventions in Broome, Western Australia, the Northern Territory locations of Alice Springs and Katherine, as well as Echuca in Victoria.

Based on a total participation of 997, IPS has therefore been able to train 231 people annually since July 2002 in its unique Indigenous specific suicide prevention forums with over 85% Indigenous participation. This translates to an impressive average of 62 participants per forum. This participation rate with such a marginalised and minority population is unmatched within the mental health prevention field. It is particularly impressive given the participation of community members and Aboriginal youth from remote and rural locations, many of whom have basic levels of literacy.

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<sup>1</sup> Validity data will be included in the publication which is in preparation (2007)

<sup>2</sup> This is a substantial underestimate of true participant numbers. A large number of participants did not fill out attendance details or complete evaluation questionnaires.

## Results

At each forum, all participants were asked to rate their level of skills and knowledge in the area of suicide prevention in Indigenous communities. This involved, for example, asking participants to rate how confident they are in appropriately responding to depression and suicidal behaviours in their community. Evaluations also looked at changes in peoples' motivations to help/respond to these behaviours.

Youth were also asked to rate (before and after the forums) how confident they felt in coping with difficult emotions such as sadness and anger – and how confident they felt applying the coping skills explored in the workshop. Participants in all groups reported significant gains on a many of the key indices including all those mentioned immediately above.

### A summary of results – “One-off” and Introductory Forums only

IPS has delivered its ‘one-off’ Indigenous specific suicide prevention forums to seven regions across three different states. A summary of results follows:

1. A total of 997 people have attended IPS’ whole of community suicide prevention forums. This includes the whole of community forums (at Introductory, Follow-Up and Skills Consolidation levels) as well ‘one-off’ suicide prevention forums. These forums have been conducted in the communities of Derby, Kalgoorlie, Roebourne, Broome and Wyndham in Western Australia, the Northern Territory locations of Alice Springs and Katherine as well as in Echuca, Victoria,
2. Participants were pre and post tested on a variety of questions relating to improved knowledge and confidence in various areas relevant to helping people with depression and those who may be at risk of suicide. Significant increases in mean scores were observed for all post-training scores when compared to pre-training values. All participants showed overwhelming improvement (with large, medium and statistically significant effect sizes,  $p < .10$ ) on pre and post test scores on questions relating to improved knowledge of depression and suicide amongst Aboriginal people. This can be taken as very positive evidence of improvement in participants’ capacity to assist others who may be experiencing difficulties with suicide and depression,
3. Participants were asked questions related to their level of skill before and after the forum including acting as an advocate for an Aboriginal person, applying culturally related counselling skills, assisting in debriefing after crisis, and conducting risk assessment interviews. Pleasingly, mean improvements were observed at post-training have been consistently achieved for all participants,
4. Participants were asked about their intentions to help on a number of questions related to suicidal behaviour. There was consistently improvement for all items (Hedges  $d = .40$ ,  $p < .10$ ) indicating an increase in participants optimism in being able to help those at risk of suicide as well as an increased perception that suicide is preventable,
5. Participants were also asked to answer ‘true’ or ‘false’ to ‘myths’ about suicidal behaviour. It is a vital aspect of suicide prevention that participants are able to improve the accuracy of their knowledge about the nature and causes of suicidal behaviours. Pleasingly, results showed increases to more correct responses for all statements.

## Follow-Up and Skills Consolidation Forums Results Summary

The Follow-Up and Skills Consolidation workshops are designed to assess the long-term effectiveness of the broader suicide prevention program. This approach deviates from previous analyses in requiring a comparison across the various phases of the program. As such a greater emphasis has been placed on measures of effect size. Effect size measures the difference between the pre and post test means relative to the combined standard deviation of groups. This means the measure is independent of sample size allowing results from different samples to be compared. Effect sizes of between .2 and .5 are small, between .5 and .8 are medium, and >.8 are large. A summary of results follows:

1. A total of 769 people have attended IPS' whole of community suicide prevention forums across three phases (Introductory, Follow-Up and Skills Consolidation forums). All of these forums have been conducted in Western Australia as a direct result of the funding provided by the Health Department of WA, Office of Aboriginal Health (OAH).
2. Generally, we have found maintenance of skills and knowledge both at follow-up and skills consolidation phases with medium to large effect sizes across all forums. This effect tended to be more pronounced in communities who viewed suicide as a greater priority,
3. Another noticeable finding was increased effect sizes across the follow-up and skills consolidation phases (for all groups). This indicates that subsequent forums are having a greater impact across a greater number of people who attend (relative to earlier forums). This may be due to the forums becoming more efficiently and effectively run over the period IPS have been conducting them. Alternatively, it may be that those who attended more than one workshop over time are showing the benefits of increased exposure to the training. We are currently conducting analyses to further explore these possibilities. However it is worth noting that the effect size increases tended to be greater where there were a higher proportion of participants who had attended previous forums. This fact supports the interpretation that participants are not only showing substantial retention of the information, they are able to build on those gains across follow-up and skills consolidation forums,
4. IPS also conducts impact evaluations (i.e., a more qualitative approach) at each forums conducted. Feedback from participants has been overwhelmingly positive and is consistent with the gains indicated in the quantitative analyses.

### Conclusion / Recommendations:

In sum, the above results demonstrate the value of Indigenous specific intervention programs as a mechanism of increasing community capacity to respond to suicidal behaviours within their communities. IPS delivers the only whole of community Indigenous specific suicide intervention forums in Australia.

Quantitative analysis derived from pre-post outcome evaluations has demonstrated significant gains in participants' self-reported skill- and knowledge-levels across all forums. The forum outcomes clearly reinforces the fact that significant gains can be made with increasing participant understanding of the complexity of suicidal behaviours when training is provided in different phases – it is also clear that participants require a minimum of three phases for these increases to reach optimum levels. As per findings in previous Indigenous specific suicide prevention forums delivered by IPS (see Westerman & Dent, 2004) there appears to be a 'ratchet' effect that occurs at Phase 3 of the suicide prevention forums. That is, participants achieve generally good increases across most areas at Phase 1; these are mostly retained or slightly increase at Phase 2, but tend to greatly improve at Phase 3 of the forums.

It is essential that these programs are made more widely and readily available to ensure that these vital community gatekeepers are maintained in the roles that they fulfil in their communities. An essential component of this is to skill these workers up appropriately – the obvious outcome is

that clients are afforded a better service; however, a further vital outcome is that the workers begin to view themselves as valued and required within their communities and by their funding organisations. This in itself goes a long way to ensuring longer term retention of these workers in the Aboriginal mental health field. The reality however is that there continues to be a lack of resources dedicated to what has effectively become an epidemic within many Indigenous communities. Specifically, resources need to be urgently provided in the following areas:

1. Funding to expand the suicide prevention model into other mental and social health related issues – for example, family and community violence, sexual abuse, alcohol and drug usage and so forth,
2. Funding to ensure training of a greater number of effective Indigenous and non-Indigenous trainers in the delivery of the IPS training packages across remote and rural communities,
3. An allocation of research assistance to utilise the enormous amount of data collected by IPS throughout its suicide prevention forums and other research to ensure that this information is able to be accessed as a wider level and by a greater number of people,
4. Assistance to further develop IPS' training packages to accreditation level as well as in different modalities (i.e. train the trainer, e-learning and the like), and,
5. Access to funding at a national level to ensure that IPS is able to respond at a longer-term (rather than one-off) level to ongoing requests for services from our most marginalised population – remote and rural Indigenous communities.