

17 May 2014

**KALACC Response to the CALL FOR SUBMISSIONS, National Children's Commissioner
examines intentional self-harm and suicidal behaviour in children**

Dear Ms Mitchell

Please find attached the response from the Kimberley Aboriginal Law and Culture Centre [KALACC] to the Commission's Call for Submissions regarding intentional self – harm and suicidal behaviour in children.

You may be aware that Western Australian Coroner, Alistair Hope, has conducted three major Kimberley Coronial Inquests. You may not be aware that the first of these three, and the broadest in its scope, was conducted in response to a request from KALACC in early 2007.

The Coroner has now brought down 35 Recommendations across those three Inquest Reports. The recommendations address the core and fundamental issues underlying suicidal behaviour in the Kimberley.

Despite the Coroner's three Inquest Reports 2008 [2] and 2011 [1], the phenomenon of suicide continues its rampant march across the Kimberley, unabated.

A very recent report by the Western Australian Auditor found that suicide rates in some Kimberley communities were 20 times the state average.

There is considerable focus in Western Australia on this issue at the present time, in the form of:

- 13 November 2013 unanimous resolution of the Western Australian Legislative Assembly calling on Governments to do more to address the tragic suicide situation in the Kimberley;
- May 2014 Report in to Suicide In Western Australia – WA Ombudsman's Office;
- May 2014 Report in to Suicide In Western Australia – WA Auditor's Office

It is pleasing that there is a focus within Western Australia at the present time on the issue of suicide. However, we are deeply concerned that this current focus is extremely narrow and selective and seems not to be informed at all by the clearly articulated views of the National Mental Health Commission, the Productivity Commission of Australia, Suicide Prevention Australia, the Commonwealth Aboriginal Suicide Prevention Advisory Committee, co – Chaired by Tom Calma and Professor Pat Dudgeon, and by respected academics including Professor Michael Chandler and Dr Dave Palmer.

The Western Australian Government has just tabled the State Budget for 2014 – 15. We note the following media statement of Thursday, 8 May 2014 from WA Minister for Mental Health, Helen Morton

<http://www.mediastatements.wa.gov.au/pages/StatementDetails.aspx?listName=StatementsBarnett&StatId=8299> That statement reads in part as follows:

“The State-wide Specialised Aboriginal Mental Health Service has delivered positive early results and the State Government will provide \$29.1million over three years to continue the service and evaluate its benefits

A further \$3million to continue the Suicide Prevention Strategy”

This allocation of \$29.1 million is in addition to an earlier allocation of \$22.47 million for the same program. That is a total of \$51.57 million.

We note that the Coroner brought down three Inquest Reports containing 35 recommendations. Three of the thirty – five recommendations related to clinical mental health. 32 recommendations did not. Yet the State Government has allocated \$51.57 million to clinical mental health services.

KALACC notes the research work of Canadian Professor Michael J Chandler. Professor Chandler, writing in the Canadian context, describes individualised responses to Indigenous suicide as ‘fishing in the wrong pond.’

In December 2013 Professor Michael J Chandler published a paper called *Cultural Wounds*. In that paper, the Professor concludes as follows:

"if suicide prevention is our serious goal, then the evidence in hand recommends investing new moneys, not in the hiring of still more counsellors, but in organized efforts to preserve Indigenous languages, to promote the resurgence of ritual and cultural practices, and to facilitate communities in recouping some measure of community control over their own lives."

KALACC asks, where is the State Government investment of \$51.57 million in to culturally based programs of the kind advocated and endorsed by Professor Chandler?

Of course, there is no such State Government investment and what we continue to see is that suicide rates in the Kimberley are no lower today than when KALACC wrote to Coroner Alistair Hope back in early 2007.

We note that there were 9 areas of particular interest to the Children’s Commission. Of those 9, this current KALAC submission focuses on just two of these areas of interest ie:

1. Why children and young people engage in intentional self-harm and suicidal behaviour.
7. The types of programs and practices that effectively target and support children and young people who are engaging in the range of intentional self-harm and suicidal behaviours. Submissions about specific groups are encouraged, including children and young people who are Aboriginal and Torres Strait Islanders, those who are living in regional and remote communities, those who are gender variant and sexuality diverse, those from culturally diverse backgrounds, those living with disabilities, and refugee children and young people seeking asylum. De-identified case studies are welcome.

KALACC has recently lodged a submission with the National Mental Health Commission. We attach to this current submission a copy of that earlier submission.

In the submission which KALACC made to the National Mental Health Commission we were asked to provide three concrete and tangible actions for the Commission to consider. The three actions which we listed were as follows:

1. In line with the **2014 Closing the Gap Progress and Priorities Report**, Government should fund the **National Aboriginal and Torres Strait Islander Health Plan**. We note in particular the diagram on page 8, which places Culture at the centre of a \$13 billion investment;
2. In line with the **2014 Closing the Gap Progress and Priorities Report**, Government should implement the **National Aboriginal and Torres Strait Islander Suicide Prevention Strategy**;
3. In line with the **2014 Closing the Gap Progress and Priorities Report**, Government should implement the revised and updated Department of Health **Aboriginal and Torres Strait Islander Social and Emotional Well Being Framework**.

KALACC is a small cultural organisation located in the Kimberley. We are not a peak national body. But we are constantly aware that our message of cultural healing is mostly lost in our dialogue with Canberra and is entirely lost in our dialogue with Perth. We feel that we cannot paint ourselves in to the picture because, prior to that, the picture needs to be painted in the first place.

KALACC auspices the national- award- winning Yiriman Youth Project. We note that this current document is a submission to the National Children's Commission inquiry in to intentional self-harm and suicidal behaviour in children. We feel that we have a lot to offer in relation to the well - being of Aboriginal youths and young people. But what we see is huge investments in to clinical therapeutic approaches whilst culturally based methodologies are continually marginalised and are regarded as being peripheral.

Mr Gary Banks was the long standing Chairman of the Productivity Commission of Australia. In the August 2012 Edition of the **Productivity Commission Staff News**, Mr Banks wrote as follows:

"It is a remarkable endeavour, in which a governing body of some 20 elders from four language groups have come together in common cause — and achieved great things with little financial support. In the terminology of our Overcoming Indigenous Disadvantage report, Yiriman is a 'thing that works', one that is worthy of being emulated in other parts of the country"

Sadly, this is not a view that has to date been shared by decision makers in either Canberra or in Perth.

The areas of interest for this current inquiry by the National Children's Commission includes "submissions about specific groups are encouraged, including children and young people who are Aboriginal and Torres Strait Islanders, [and] those who are living in regional and remote communities."

We would urge the Children's Commission to give serious consideration to the issue of how appropriate current Government strategies are for responding to Aboriginal youth suicide. KALACC's view is that current government strategies are highly conventional, are based on Western European conceptions of health and well - being and have a track record of being highly ineffectual and inappropriate as well as hugely expensive. This view is articulated by KALACC's elders and leaders in the recently published **Elders Report**.

Yours sincerely.

1. Why children and young people engage in intentional self-harm and suicidal behaviour.

Understanding Aboriginal Youth Suicide – This is a Cultural Issue, Not a Clinical Mental Health Issue

In responding to this topic, we note that the Children’s Commission call for submissions states as follows:

“Submissions about specific groups are encouraged, including children and young people who are Aboriginal and Torres Strait Islanders, those who are living in regional and remote communities, those who are gender variant and sexuality diverse, those from culturally diverse backgrounds, those living with disabilities, and refugee children and young people seeking asylum.”

This is a welcome stance, because not only does it recognise that there are a range of demographic groups within Australian society which are at higher risk of suicide, but it also goes part of the way towards shifting consideration of suicidal behaviour away from a focus on individual persons and towards consideration of communities or sub- communities.

As before, we can identify Western Australian State Government investments of \$51.57 million towards “specialist clinical interventions to Aboriginal people with severe and persistent mental illnesses across Western Australia” [Hon Helen Morton, WA Minister for Mental Health, 01 June 2012 letter to the Hon Robin Chapple MLC].

In December 2013 Professor Michael J Chandler published a paper called ***Cultural Wounds***. In that paper, the Professor states as follows:

“The second of these conclusions is that such shared cultural wounds require being addressed, not one individual sufferer at a time, but require instead being communally treated with ‘cultural medicines’ prescribed and acted upon by whole cultural communities. Taken together, the broad implication of both of these position statements is that, when it comes properly catching on, most suicide prevention efforts have been fishing in ‘the wrong pond.’”

The focus must be communal, not individual, and it must be cultural, not clinical.

So, if we are asking the question “Why children and young people engage in intentional self-harm and suicidal behaviour” in relation to Aboriginal children, we need to understand that what we are really asking is “Why do some Aboriginal communities have horrendously high rates of suicide whilst others do not?” To understand the phenomenon, the focus needs to be on the community, not on the individual child or young person.

Across his thirty years of researching patterns of Indigenous suicide in Canada, what Chandler noted was that Governments engage in the ‘pernicious myth of the homogenous Indigene.’ In other words, all indigenous people are regarded as the same, all indigenous communities are regarded as being the same and suicide in indigenous communities is regarded as being homogenous and uniform across all communities. What Chandler shows is that nothing could be further from the truth and that in fact patterns of Indigenous suicide are exceptionally and remarkably different. He shows that 50% of Canadian Aboriginal communities not only have low suicide rates, they have virtually non – existent suicide rates, whereas other communities have truly dreadful rates of youth suicide.

In explaining and accounting for this extremely high level of statistical variance, Chandler refers to a group of '9 Protective Factors' and he notes that communities with all, or most, of these 9 protective factors are those communities with virtually no suicide.

The 9 Protective Factors are as follows:

- Self-government;
- Land claims;
- Education;
- Health services;
- Police/Fire services;
- Cultural facilities;
- Women in government;
- Child protection services;
- Knowledge of Indigenous languages

In other words, self-determination and cultural maintenance were the critical factors in reducing Indigenous youth suicide.

In his December 2013 paper ***Cultural Wounds***, Chandler concludes as follows:

"if suicide prevention is our serious goal, then the evidence in hand recommends investing new moneys, not in the hiring of still more counsellors, but in organized efforts to preserve Indigenous languages, to promote the resurgence of ritual and cultural practices, and to facilitate communities in recouping some measure of community control over their own lives."

We now move on to look at the situation in the Kimberley region of Western Australia. But before looking at the Kimberley region, it was first absolutely essential that we understand the information above ie suicidal behaviour in Aboriginal youth is not to be understood in Western European terms as a clinical mental illness. As Chandler says, 'Cultural Wounds Require Cultural Healing.'

Understanding Youth Suicide in the Kimberley Region of Western Australia

On 07 May 2014 the WA Auditor released a report on suicide [<https://audit.wa.gov.au/reports-and-publications/reports/the-implementation-and-initial-outcomes-of-the-suicide-prevention-strategy/>]. On page 5 of that report it states:

"Kimberley Aboriginal communities such as those in Balgo, Fitzroy Crossing, Mowanjum and Derby, have experienced suicide rates up to 20 times the State average."

Meanwhile, on 30 April 2014 the ***Fitzroy Crossing Regional Partnership Agreement [RPA] Consultation Findings Report*** was released. On Page 5 of that Report it states:

"Resilience-based factors that strengthen and protect Aboriginal health and wellbeing have been identified as: connection to land, culture, spirituality, ancestry and family and community. Aboriginal communities have a clear desire to lead their own healing initiatives, based on the value of life, culture and community (***Kimberley Hear Our Voices Report***)."

In order to effectively respond to a situation or a phenomenon, one has to firstly understand that situation. Government responses, to date, have shown little or no understanding of the real situation of Aboriginal youth suicide.

Professor Chandler has published a number of papers on this topic and has toured Australia on a number of occasions, most recently in August 2012. As part of that three week tour he spent two days in Fitzroy Crossing as a guest of KALACC, meeting with our elders and discussing youth issues with them.

In June 2014, the Centre for Research Excellence in Aboriginal Health and Wellbeing, Telethon Institute and School of Indigenous Studies at the University of Western Australia will be hosting a visit by Professor Chandler. Colquhoun & Dockery, 2012 cite the following comment from Chandler:

“There is a stark inverse relationship between individual suicide risk and the strength of a young person’s understanding of their self-persistence. Suicide rates are higher among Aboriginal youth because they are at greater risk of losing the thread that tethers together their past, present and future and of losing a sense of control over their future.” [1]

Please note that there is no mention here of clinical mental illnesses. Chandler has spent thirty years researching the pattern and distribution of Aboriginal suicide in Canada. And his conclusion after thirty years of research comes down to five words: ‘Cultural Wounds Require Cultural Healing.’

The work of Chandler resonates with the views of the KALACC cultural bosses and elders and their discussions in August 2012 were certainly meetings of like minds. One of the initial actions of the **Culture Is Life campaign** was the development of the **Elders Report on Preventing Indigenous Self Harm and Youth Suicide**. <http://www.cultureislife.org/#!elders-speak/cw9> That **Elders Report** contains the views of a number of KALACC Elders and cultural bosses.

In his foreword to the **Elders Report** was Social Justice Commission Mick Gooda states as follows:

“having access to traditional knowledge and culture strengthens and reinforces a positive sense of identity, it provides young people a cultural foundation and helps protect them from feelings of hopelessness, isolation and being lost between two worlds.”

We complete KALACC’s response to ‘Why children and young people engage in intentional self-harm and suicidal behaviour’ with some quotes from KALACC leaders, as cited in the **Elders Report**.

Wayne Bergmann

I haven’t seen any successful engagement in youth intervention happen as a result of outsider programs. Yet the system we operate within relies on bringing in outside people all the time. By taking greater control in decision-making, these communities have less alcohol abuse, less suicide, higher employment, higher rates of school attendance, and a healthier and happier society. That’s where the real answers lie, in empowering Aboriginal people to address community issues.

Dean Gooda

Our biggest issue is getting Governments to understand where Lore and culture fits into their mainstream funding programs across all levels of government. KALACC has been operating since 1985. We have struggled for every cent we have received. We will continue to promote Lore and culture for healing and hopefully we will one day see it as a mainstream process.

We see young people going out on country and returning as completely changed people. We particularly see this at cultural festivals. We would like to follow up with young people after they return from culture camps. However we struggle for funding in this area too.

[1] Colquhoun, S., & Dockery, A.M. (2012). The link between Indigenous culture and wellbeing: Qualitative evidence for Australian Aboriginal peoples. Curtin University, Centre for Labour Market Research and School of Economics and Finance. Discussion Paper Series 2012/01.

Joe Brown

We tell these lads their skin group, that's who they are and how they fit together in the community. Language is important. They've got to know this so they know their culture and who they are. If they lose language and connection to culture they become a nobody inside and that's enough to put anyone over the edge.

John Watson

I make them sit down and listen to the Elders, the black people, my people, Lore people, we show them how we've been taught.

We try to make them talk their own language, to understand where their grandfathers came from and where their mothers came from. We teach them culture. That's what we do with Yiriman

Yiriman has got to find some bloody answer for funding. The Government doesn't listen to us. We got to go begging to the Government. We got to go begging to the people who fund us.

Annie Milgin

There are a lot of drugs and different things coming in and our young people are into that.

We know we got to take the young people back to country. It's like boot camp, not only for young men, but young women too. We take a lot of young people (12-14 year olds) out onto country. We teach them about country. They say they get a good feeling and they wear their country inside themselves. The country is their life. It is their culture place. It's our place for learning. Taking our young people out onto country is a solution for many things.

It's not working the whitefella way. We want to control this healing.

We want our kids to learn their language and learn their culture. From the little ones up, we want our kids to stay in the community. Outsiders don't understand that. Our people are stronger in themselves when they grow up in community. It gives them a better foundation to go out into the world, if they choose to.

7. The types of programs and practices that effectively target and support children and young people who are engaging in the range of intentional self-harm and suicidal behaviours. Submissions about specific groups are encouraged, including children and young people who are Aboriginal and Torres Strait Islanders, those who are living in regional and remote communities, those who are gender variant and sexuality diverse, those from culturally diverse backgrounds, those living with disabilities, and refugee children and young people seeking asylum. De-identified case studies are welcome.

In October 2012 the Yiriman Project, auspiced by KALACC, was awarded first place in Category B of the 2012 Indigenous Governance Awards. Details of the Yiriman Project can be found on its web site at www.yiriman.org.au

Subsequent to the 2012 Indigenous Governance Award win, Reconciliation Australia in March 2013 updated its online Indigenous Governance Toolkit. That toolkit features a profile of Yiriman as national best practice in culturally based governance. One can access the toolkit profile of Yiriman at <http://www.reconciliation.org.au/governance/toolkit/1-4-case-studies>

One of the judges for the 2012 Indigenous Governance Awards was Mr Gary Banks, long standing Chairman of the Productivity Commission. We note that Mr Banks wrote about Yiriman at least twice that we are aware of.

In the August 2012 Edition of the ***Productivity Commission Staff News***, Mr Banks wrote as follows:

“It is a remarkable endeavour, in which a governing body of some 20 elders from four language groups have come together in common cause — and achieved great things with little financial support. In the terminology of our Overcoming Indigenous Disadvantage report, Yiriman is a ‘thing that works’, one that is worthy of being emulated in other parts of the country.:

Then in the December 2012 edition of ***Reconciliation News***, Mr Banks wrote as follows:

“Yiriman has struggled to attract sustained financial support. Government funding agencies in particular seemingly find it difficult to fit the Project’s culturally- based model into any of their boxes. Meanwhile substantial funds are directed to mainstream mental health services which arguably are not addressing the deeper needs of the young. What has made both Yiriman and NPY successful is that the solutions they have devised and implemented involve their communities and families. They are grounded in an understanding both of the local problems and the likely solutions, something that is hard to achieve from Canberra or the capitals. Really the only challenge these organisations should present for public policy is how to harness and propagate them.”

There is a considerable body of external evidence of the efficacy of the Yiriman Project ie over and above winning the Governance Award in 2012 and over and above the views of Gary Banks. In December 2013, Murdoch University published its final report on a three year external ***Review and Evaluation of the Yiriman Project***. Dr Dave Palmer of Murdoch University concludes this three year study with the following words:

“The author is presently involved in reviewing six community-based projects across Western Australia. In his view the Yiriman Project represents one of the country’s most impressive stories of local people’s attempts to deal with the central and pressing public policy challenge of securing the future for Indigenous young people living in remote communities”

Returning to Mr Banks comments of December 2012, he did write as follows:

“Government funding agencies in particular seemingly find it difficult to fit the Project’s culturally-based model into any of their boxes. Meanwhile substantial funds are directed to mainstream mental health services which arguably are not addressing the deeper needs of the young”

What was true in December 2012 remains true through to today.

Yiriman has operated successfully for over 13 years. In that time it has received no State Government operational support. It did receive State Government support which funded the Murdoch University External Review of Yiriman. And, as we saw above, that review concludes with the following words:

“the Yiriman Project represents one of the country’s most impressive stories of local people’s attempts to deal with the central and pressing public policy challenge of securing the future for Indigenous young people living in remote communities”

There is an investment of \$51.57 million towards “specialist clinical interventions to Aboriginal people with severe and persistent mental illnesses across Western Australia”. But the national award winning Yiriman Project has received no state government operational support in its 13 years of operations.

Our hope remains that the Commonwealth Government may in 2015 move to appropriately respond to Aboriginal suicide. On 10 April 2014 KALACC received the following correspondence from Catherine Lourey, Director, Review and Report Card Development, National Mental Health Commission:

Dear Wes,

Thank you for your email of 6 April 2014 to Professor Allan Fels AO, Chair of the National Mental Health Commission (‘the Commission’) regarding the 2014 Closing the Gap Progress and Priorities Report and, more generally, culturally appropriate suicide prevention efforts. Professor Fels has asked that I respond on his behalf.

The Commission’s CEO, David Butt, has recently met with Dr Tom Calma AO, and the Commission is aware of Professor Chandler’s work through Professor Pat Dudgeon, who is one of the National Mental Health Commissioners. We understand the importance of culturally appropriate mental health support such as that provided by the Yiriman Project (with Western psychiatry being just one part of a suite of support). We have consistently advocated for this through our 2012 and 2013 National Report Cards on Mental Health and Suicide Prevention and this is an important issue to us.

We are pleased to see that KALACC have already made a submission to the National Review of Mental Health Programmes and Services (‘the Review’). Thank you for the time you have put into this. We will include the views expressed in your submission in our analysis, which in turn will feed into our report to the Minister for Health and Sport. The Review’s Terms of Reference specifically address Aboriginal and Torres Strait Islander mental health, as well as mental health in rural and remote areas, and so this will be a key area of focus for us when developing our findings. We note that you attached information about the Yiriman Project to your submission, and we will add the documentation you forwarded with your email to your submission as well.

As you may know, the Commission’s role is to provide independent system-wide advice and reports to improve accountability, transparency and outcomes for people with mental health problems, as well as their families and other supporters. More information about our work, the Terms of Reference for the National Review and electronic copies of the 2012 and 2013 Report Card on Mental Health and Suicide Prevention is available on our website at www.mentalhealthcommission.gov.au.

Once again, I thank you for taking the time to write to the Commission.

List of Appendices/ Attachments:

- 1. *Cultural Wounds* [Require Cultural Healing], Professor Michael J Chandler, December 2013;**
- 2. *Yiriman Project Three Year Review and Evaluation Final Report*, Dr Dave Palmer, December 2013;**
- 3. *KALACC Submission to the National Mental Health Commission Review of Mental Health Services in Australia* [06 April 2014]**
- 4. *Yiriman Abstract*, Presented to Suicide Prevention Australia for consideration for a possible Yiriman Presentation at the July 2014 National Suicide Prevention Conference.**

Appendix/ Attachment – KALACC Submission to the National Mental Health Commission Review of Mental Health Services in Australia [06 April 2014]

Response ID ANON-NW4U-KYZZ-6

Submitted on 2014-04-06 15:54:53.840684

Introduction

1 Please tick this box to indicate you have read and understood the above information.

Check box to indicate you have read and understood the above.:

Yes

2 Please select the statement that best applies to you.

I am responding to this survey on behalf of an organisation (representing the organisation's views)

Consent for Organisational Respondents

1 The National Mental Health Commission may want to quote from your responses to this survey in confidential reports to the Australian

Government. Please choose the statement below which applies to your organisation.

My organisation's name may be associated with any direct quotes taken from this online survey response.

About Your Organisation

1 What is the name of the organisation submitting this response?

enter name of organisation:

Kimberley Aboriginal Law and Culture Centre

2 What is your name?

your name:

Wes Morris

3 What is your role in the organisation?

your role in the organisation:

Coordinator

4 What is your email address (in case we have any questions about your response)?

enter your email address:

5 Select the issue(s) with which your organisation is most engaged in relation to mental health.

cultural issues

Other :

6 What state(s) and/or territory(ies) does your organisation operate in?

Western Australia

Other:

7 Select the best description for your organisation. [If more than one applies, please select the one which reflects the greatest proportion of the organisation's activity.]

Provider of services which are used by people experiencing mental health problems and/or their families and supporters - but mental health support is not the core purpose of the organisation

Other:

Providers of Indirect Support Services

1 Please select the description(s) which best define your organisation's core business. Select all that apply. leisure, sporting, or arts-related service provider

Other:

Aboriginal cultural services

Evidence of the mental health 'system' working well

1 Please provide an example from your own experience (or that of your organisation) of a service, programme, policy or initiative demonstrating value for money (cost-effectiveness):

Insert your example of cost-effective use of resources here.:

KALACC auspices the Yiriman Project, a culturally based youth at risk project. In October 2012 Yiriman was awarded first place in the national Indigenous Governance Awards, Category B.

Mr Gary Banks was long standing Chair of the Productivity Commission of Australia. In the December 2013 edition of **Reconciliation News**, <https://www.reconciliation.org.au/category/resource/> Mr Banks wrote as follows:

"Really the only challenge these organisations should present for public policy is how to harness and propagate them."

On 06 April 2014 KALACC emailed to the National Mental Health Commission a copy of the Murdoch University three year External Review and Evaluation of the Yiriman Project. Dr Dave Palmer of Murdoch Uni concludes his evaluation report as follows:

“The author is presently involved in reviewing six community-based projects across Western Australia. In his view the Yiriman Project represents one of the Country’s most impressive stories of local people’s attempts to deal with the central and pressing public policy challenge of securing the future for Indigenous young people living in remote communities.”

2 An example of an innovative approach to funding, organising, or delivering mental health support:

Insert your example of innovative approaches here.:

The **2014 Closing the Gap Progress and Priorities Report**, across pages 11 and 12, emphasises the importance of culturally based programs towards achieving Aboriginal and Torres Strait Islander Social and Emotional Well Being. This is precisely what the Yiriman Project delivers, by connecting at - risk youths with their elders, their country and their culture. This is so successful, that Reconciliation Australia uses it as an example of national best practice and as a case study in its online Indigenous Governance Toolkit, to be found at <http://www.reconciliation.org.au/governance/toolkit/1-4-case-studies>

3 An example of good integration, joint working, or collaboration with other services, programmes or initiatives:

Insert your example of integration, joint working or collaboration here.:

The Yiriman Project runs on the smell of the proverbial oily rag. It is tremendously difficult and extremely costly to provide services in a remote and isolated region like the Kimberley. Mr Gary Banks was long standing Chair of the Productivity Commission of Australia. In the December 2013 edition of **Reconciliation News**,

<https://www.reconciliation.org.au/category/resource/> Mr Banks wrote as follows:

"Yiriman has struggled to attract sustained financial support. Government funding agencies in particular seemingly find it difficult to fit the Project’s culturally-based model into any of their boxes.

Meanwhile substantial funds are directed to mainstream mental health services which arguably are not addressing the deeper needs of the young. The Yiriman Project helps young Aboriginal men and women from the townships ‘find themselves’, by taking them on expeditions back to Country in the company of elders. "What has made both Yiriman and NPY successful is that the solutions they have devised and implemented involve their communities and families. They are grounded in an understanding both of the local problems and the likely solutions, something that is hard to achieve from Canberra or the capitals."

To reiterate, the man who wrote those comments was Chairman of the Australian Productivity Commission from its inception in 1998 through to January 2013.

4 An example of a service or initiative which supports the needs of the whole person (e.g. physical health, housing, education and training):

Insert your example of support for elements of a 'contributing life' here.:

The **2014 Closing the Gap Progress and Priorities Report**, across pages 11 and 12, emphasises the importance of culturally based programs towards achieving Aboriginal and Torres Strait Islander Social and Emotional Well Being. This is precisely what the Yiriman Project delivers, by connecting at - risk youths with their elders, their country and their culture. This is so successful, that Reconciliation Australia uses it as an example of national best practice and as a case study in its online Indigenous Governance Toolkit, to be found at <http://www.reconciliation.org.au/governance/toolkit/1-4-case-studies>

5 Up to 2 examples of services, programmes, policies or initiatives which effectively target and meet the mental health needs of specific communities: Insert up to 2 examples of effective targeting of specific communities :

In December 2012 Dr Dave Palmer of Murdoch University published a paper titled **Community Now**. The opening words in that paper are as follows:

"There are fewer more pressing and energetic topics in social policy than the fate of Indigenous young people in remote communities. The past decade has seen a hotting up of debates, with considerable polarisation, accusation and hyperbole. On one side are those who oppose what they see as a proliferation of the 'homelands' or 'outstation' movement (Austin-Broos 2011, p. 82). In contrast are those who stand in defense of remote communities and the maintenance of traditional law and culture. "

Later in that same paper, focusing particularly on the Yiriman Project, Dr Palmer writes as follows: "There is much evidence of the efficacy of the project. Bosses claim it is achieving much 'on the culture side'. There is also considerable evidence that individuals benefit from the work. This is most definitely the view of elders, family and young people and is borne out from research that demonstrates:

- o encouraging a love of country;
- o building opportunities for formal training;
- o bringing together the generations;
- o providing diversionary activities;
- o building pathways into Ranger teams;
- o offering an on-country presence;
- o building skills in both Western and Indigenous knowledge systems through wild harvest work;
- o involving young people in 'deep cultural immersion' through daily walking, site visits, hunting, kin based activities and using Indigenous language;
- o offering strong young adult mentoring and leadership;
- o healthy living, diet and total alcohol and drug free environment;
- o cultural heritage research through daily recording and creation of multimedia;
- o elders governing the work (recognised through the 2012 Indigenous Governance Award)."

6 An example of effective and efficient use of reporting:

Insert an example of effective reporting:

Well, the Department of Health thinks it is on to a winner with the AHA Consulting NSPP Minimum Data Set.

We respect that there is a need for reporting.

But what you report and the way you report it reflects your paradigm and your world view. We would think that MDS is only the answer if you already subscribe to a world view predicated upon western European Individual clinical therapeutic case management and individualised service delivery model.

At KALACC we don't subscribe to this world view or this paradigm. And in his December 2013 paper **Cultural Wounds**, Professor Michael J Chandler suggests that such approaches are simply "Fishing in the wrong pond."

On 06 April 2014 KALACC emailed to the National Mental Health Commission a copy of the Murdoch University three year **External Review and Evaluation of the Yiriman Project**.

Dr Dave Palmer of Murdoch Uni concludes his **Yiriman Evaluation Report** as follows:

"The author is presently involved in reviewing six community-based projects across Western Australia. In his view the Yiriman Project represents one of the Country's most impressive stories of local people's attempts to deal with the central and pressing public policy challenge of securing the future for Indigenous young people living in remote communities."

7 An example of a service, programme, policy or initiative which is not subject to unnecessary red tape (e.g. approvals processes, extensive forms, reporting etc.):

Insert example of avoiding red tape here.:

Not sure what we can offer here.

We simply reiterate what we have written above:

Well, the Department of Health thinks it is on to a winner with the AHA Consulting NSPP Minimum Data Set.

We respect that there is a need for reporting.

But what you report and the way you report it reflects your paradigm and your world view. We would think that MDS is only the answer if you already subscribe to a world view predicated upon western European Individual clinical therapeutic case management and individualised service delivery model.

At KALACC we don't subscribe to this world view or this paradigm. And in his December 2013 paper **Cultural Wounds**, Professor Michael J Chandler suggests that such approaches are simply "Fishing in the wrong pond."

8 An example of effective monitoring of outcomes and experiences to drive service improvement:

Insert an example of monitoring and use of outcome and experience information:

In response to the previous 7 questions, we have made extensive reference to:

- the Yiriman Project winning the 2012 Indigenous Governance Awards, Category B;
- Dr Dave Palmer, three year External Review and Evaluation of Yiriman;
- Dr Dave Palmer, December 2012 paper, Community Now;
- April 2014 Abstract presented to Suicide Prevention Australia, for consideration of a proposal for Yiriman to present at the 2014 National Suicide Prevention Summit.

9 An example of meaningful involvement of people living with mental health problems and/or their families/supporters (for example, in the planning of services, decision-making, or feeding back views):

Insert example of meaningful involvement:

Mr Gary Banks was long standing Chair of the Productivity Commission of Australia. In the December 2013 edition of ***Reconciliation News***,

<https://www.reconciliation.org.au/category/resource/> Mr Banks wrote as follows:

"Yiriman has struggled to attract sustained financial support. Government funding agencies in particular seemingly find it difficult to fit the Project's culturally-based model into any of their boxes.

Meanwhile substantial funds are directed to mainstream mental health services which arguably are not addressing the deeper needs of the young. The Yiriman Project helps young Aboriginal men and women from the townships 'find themselves', by taking them on expeditions back to Country in the company of elders." "What has made both Yiriman and NPY successful is that the solutions they have devised and implemented involve their communities and families. They are grounded in an understanding both of the local problems and the likely solutions, something that is hard to achieve from Canberra or the capitals."

To reiterate, the man who wrote those comments was Chairman of the Australian Productivity Commission from its inception in 1998 through to January 2013.

10 An example of clear public accountability for the outcomes of investment:

Insert example of clear accountability for outcomes:

In response to the previous 9 questions, we have made extensive reference to:

- the Yiriman Project winning the 2012 Indigenous Governance Awards, Category B;
- Dr Dave Palmer, three year *External Review and Evaluation of Yiriman*;
- Dr Dave Palmer, December 2012 paper, *Community Now*;
- April 2014 Abstract presented to Suicide Prevention Australia, for consideration of a proposal for Yiriman to present at the 2014 National Suicide Prevention Conference

11 An example of regular and effective use of evaluation or research to inform evidence-based practice:

Insert example of use of evaluation or research :

In response to the previous 10 questions, we have made extensive reference to:

- the Yiriman Project winning the 2012 Indigenous Governance Awards, Category B;
- Dr Dave Palmer, three year External Review and Evaluation of Yiriman;
- Dr Dave Palmer, December 2012 paper, Community Now;
- April 2014 Abstract presented to Suicide Prevention Australia, for consideration of a proposal for Yiriman to present at the 2014 National Suicide Prevention Conference

12 An example of effective workforce planning, development or training:

Insert example of effective workforce development or training:

13 An example of the use of technology to improve the experience or effectiveness of services:

Insert example of effective use of technology:

14 Any other example of a service, programme, policy or initiative which has proven to be efficient and effective and has resulted in good outcomes for people experiencing mental health problems and/or their families:

Insert any other example of efficient and effective service, programme, policy, initiative:

Evidence of the mental health 'system' NOT working well

1 Please provide an example of services, programmes, policies or initiatives (from your own experience or that of your organisation) which demonstrate or encourage inefficiency in organisation or delivery of services:

Insert example of inefficiency:

2 An example of an inappropriate balance or prioritisation of funding:

Insert example of inappropriate balance or prioritisation of funding:

On 13 November 2013 the Legislative Assembly of the Western Australia Parliament unanimously passed a resolution calling on all Governments to do more to address the tragic suicide situation in the Kimberley region.

But, sadly, the State Government itself is - in the opinion of KALACC - misdirecting tens of millions of dollars.

In July 2012 WA Health Minister Helen Morton advised of an allocation of \$22.47 million towards the psychiatric and psychological treatment of Aboriginal people with severe and persistent mental illness.

Professor Michael J Chandler describes such individualistic interventions in to Aboriginal community and suicide as "Fishing in the wrong pond." In other words, they are a spectacular waste of huge resources.

Western Australian Coroner Alistair Hope has brought down 35 recommendations across three Coronial Inquest reports in to suicide in the Kimberley, across 2008 -2011. 3 out of 35 recommendations relate to clinical mental health. Yet, of course, sadly and predictably, this is where the focus of the State Government - and the Commonwealth finances that support it - rests.

Huge inappropriate balance and prioritisation of funding

Mr Gary Banks was long standing Chair of the Productivity Commission of Australia. In the December 2013 edition of ***Reconciliation News***,

<https://www.reconciliation.org.au/category/resource/> Mr Banks wrote as follows:

"Yirimán has struggled to attract sustained financial support. Government funding agencies in particular seemingly find it difficult to fit the Project's culturally-based model into any of their boxes. Meanwhile substantial funds are directed to mainstream mental health services which arguably are not addressing the deeper needs of the young. The Yirimán Project helps young Aboriginal men and women from the townships 'find themselves', by taking them on expeditions back to Country in the company of elders." What has made both Yirimán and NPY successful is that the solutions they have devised and implemented involve their communities and families. They are grounded in an understanding both of the local problems and the likely solutions, something that is hard to achieve from Canberra or the capitals."

To reiterate, the man who wrote those comments was Chairman of the Australian Productivity Commission from its inception in 1998 through to January 2013.

In December 2013 Professor Michael J Chandler published a paper called ***Cultural Wounds***. In that paper, the Professor writes as follows:

"Although it is still early days, and so, one might reason, still too soon to tell, a recent and especially through review of the North American literature carried out by Kirmayer and his colleagues (2009) has come to the harsh conclusion that, notwithstanding the untold millions of dollars invested, there is not a single shred of confidence-inspiring evidence that any of these exploratory, publicly funded suicide-prevention projects has actually 'worked' to prevent a single death."

"Given our collective commitment to some version of a conventional individualist framework of interpretation, it is hardly surprising that our efforts to witch-out who is and is not suicidal rarely work, and are likely forever doomed to failure. Consequently, and, still, and notwithstanding the fact that the chances of our being wrong are generally greater than our chances of being right, we continue to choose to act upon the shaky diagnostic information available, largely because we fear risking the costs and approbations of doing nothing. None of this sad account comes close to mere speculation, but reflects instead a stone-cold matter of brute, unsentimental probabilities"

3 An example of where different services, programmes, policies or initiatives are not well integrated or don't communicate with each other:

Insert example of poor integration or communication between services/programmes/initiatives/policies:

4 An example of the needs of the whole person not being effectively addressed or met (e.g. physical health, housing, education and training):

Insert example of not meeting needs of whole person:

In December 2013 Professor Michael J Chandler published a paper called ***Cultural Wounds***. In that paper, the Professor concludes as follows:

"if suicide prevention is our serious goal, then the evidence in hand recommends investing new moneys, not in the hiring of still more counsellors, but in organized efforts to preserve Indigenous languages, to promote the resurgence of ritual and cultural practices, and to facilitate communities in recouping some measure of community control over their own lives."

Of course, this is million miles away from the realities of where State and Commonwealth Governments choose to spend their resources.

5 An example of practices which result in people living with mental health problems and/or their supporters having a poor experience:

Insert example of poor experiences:

6 Up to 2 examples of services, programmes, policies or initiatives where the specific needs of particular communities are not effectively recognised or met:

Insert example of not meeting particular needs of specific communities:

In December 2013 Professor Michael J Chandler published a paper called ***Cultural Wounds***. In that paper, the Professor concludes as follows:

"if suicide prevention is our serious goal, then the evidence in hand recommends investing new moneys, not in the hiring of still more counsellors, but in organized efforts to preserve Indigenous languages, to promote the resurgence of ritual and cultural practices, and to facilitate communities in recouping some measure of community control over their own lives. "

Of course, this is million miles away from the realities of where State and Commonwealth Governments choose to spend their resources.

7 An example of excessive red tape (e.g. unnecessary and burdensome reporting requirements taking resources away from service delivery):

Insert example of excessive red tape:

8 An example of failure to use outcomes monitoring as a quality improvement tool:

Insert example of failure to use outcomes monitoring:

9 An example of failure to meaningfully involve people who use services in their design or delivery (e.g. by incorporating their feedback):

Insert example of failure to meaningfully involve people:

10 An example of unclear or opaque accountability for outcomes:

Insert example of unclear accountability for outcomes:

11 An example of a locality/area where there is duplicated provision of services or programmes:

Insert example of a locality or area where there is duplicated provision:

12 An example of an area, state or territory where there are gaps in services or programmes:

Insert example of area where there are gaps in service provision:

In December 2013 Professor Michael J Chandler published a paper called *Cultural Wounds*. In that paper, the Professor concludes as follows:

"if suicide prevention is our serious goal, then the evidence in hand recommends investing new moneys, not in the hiring of still more counsellors, but in organized efforts to preserve Indigenous languages, to promote the resurgence of ritual and cultural practices, and to facilitate communities in recouping some measure of community control over their own lives. "

Of course, this is million miles away from the realities of where State and Commonwealth Governments choose to spend their resources.

13 An example of where research activity is poorly prioritised, funded or organised:

Insert example of poorly prioritised research activity or failure to translate research into practice:

14 An example of poor use or planning of workforce/human resources:

Insert example of poor planning or use of human resources:

15 Any other example of a service, programme, policy or initiative which has proven to be inefficient or ineffective and has not resulted in good outcomes for people experiencing mental health problems:

Insert any other example of inefficient or ineffective service, programme, policy or service:

Actions Needed for Change

1 One practical step to improve things in the mental health system would be:

Insert first practical step:

In line with the 2014 Closing the Gap Progress and Priorities Report, Government should fund the ***National Aboriginal and Torres Strait Islander Health Plan***. We note in particular the diagram on page 8, which places Culture at the centre of a \$13 billion investment.

2 A second practical step to improve things in the mental health system would be:

Insert second practical step to improve things:

In line with the ***2014 Closing the Gap Progress and Priorities Report***, Government should implement the ***National Aboriginal and Torres Strait Islander Suicide Prevention Strategy***

3 A third practical step to improve things in the mental health system would be:

Insert third practical step to improve things:

In line with the ***2014 Closing the Gap Progress and Priorities Report***, Government should implement the revised and updated Department of Health ***Aboriginal and Torres Strait Islander Social and Emotional Well Being Framework***

Your Views on Mental Health Programmes Funded by the Australian Government

1 Do you/your organisation have an interest in commenting on Commonwealth-funded mental health programmes?

Yes (please continue below)

2 IF YES: Please indicate the programme/s you wish to comment on.

National Suicide Prevention Programme

Other:

3 Please briefly explain your involvement with the programme/s (e.g. as a provider, stakeholder, consumer, family member, carer, professional, administrator etc.)

Your involvement in the programme or programmes:

KALACC, through the Yiriman Project, is one of the 49 service providers across the nation funded under the National Suicide Prevention Program.

4 Please indicate in which state(s)/territor(ies)/town(s)/area(s) your involvement is or has been (or if national, state 'national'). indicate geographical area(s) of involvement:

Western Australia - Kimberley Region

5 Please describe what, in your/your organisation's experience, has worked well with this/these programme/s. Please include brief concrete example/s of good practice. You may wish to comment on issues such as programme design, funding, local implementation, accountability, reporting, outcomes monitoring, evaluation, red tape (over-regulation), gaps in provision, or communication between services or programmes.

what has worked well with these programmes:

Mr Gary Banks describes the struggle that Government has to fit the kinds of programs which KALACC offers anywhere in to its standard silo portfolio programs.

Simply put, we don't belong anywhere.

The research work of Professor Chandler and the Evaluation work of Dr Dave Palmer, together with evaluations by Reconciliation Australia, all suggest that the kinds of programs which we offer are the single most beneficial and appropriate investments that can be made in a region like the Kimberley.

But Government simply doesn't get it.

So, with the NSPP, we have been very thankful and grateful for the \$100, 000 per annum which we receive. The State Government allocated \$22.47 million towards clinical programs which we think are dubious in the extreme, and we are supported by \$100, 000 per annum from the NSPP.

And as a condition of our funding under the NSPP we have to complete reporting requirements such as the AHA Consulting Minimum Data Set.

So, we are very grateful to have this funding. Because it is the only thing on offer at present.

6 Please describe what, in your/your organisation's experience, has NOT worked well with this programme/ these programmes. Please include brief concrete examples. You may wish to comment on issues such as programme design, funding, local implementation, accountability, reporting, duplication, red tape (over-regulation), gaps in provision, or communication between services or programmes.

aspects of programme or programmes not working well:

Mr Gary Banks describes the struggle that Government has to fit the kinds of programs which KALACC offers anywhere in to its standard silo portfolio programs.

Simply put, we don't belong anywhere.

The research work of Professor Chandler and the Evaluation work of Dr Dave Palmer, together with evaluations by Reconciliation Australia, all suggest that the kinds of programs which we offer are the single most beneficial and appropriate investments that can be made in a region like the Kimberley.

But Government simply doesn't get it.

So, with the NSPP, we have been very thankful and grateful for the \$100, 000 per annum which we receive. The State Government allocated \$22.47 million towards clinical programs which we think are dubious in the extreme, and we are supported by \$100, 000 per annum from the NSPP.

And as a condition of our funding under the NSPP we have to complete reporting requirements such as the AHA Consulting Minimum Data Set.

So, we are very grateful to have this funding. Because it is the only thing on offer at present.

7 Please describe what specific actions, in your/your organisation's view, would improve the design, delivery, or operation of this programme/ these programmes in future.

specific actions to improve this programme or these programmes:

An allocation of \$100, 000 to service the needs of an area like the Kimberley?

Sadly, we have now read an online media story of 02 April 2014 by Gerry Georgatos

<http://thestringer.com.au/australias-suicide-crises-and-my-meeting-with-federal-minister-nigel-scollion/#.Uz-D87mKCUl> and some of the key points in that story

are:

- The national suicide death rate for 2012 was 11 per 100,000 but in regional Australia it is more than 20 per 100,000. However for First Peoples the national suicide death rate is 23 per 100,000. Western Australia has the highest suicide death rate for First Peoples, 36 per 100,000;
- Recently, there has been a spate of suicides in the Kimberley, with ten suicides of First Peoples, and as young as 12, since Christmas;
- First Peoples males aged 25 to 29 are suiciding at nearly 100 per 100,000.
- The biggest 'killer' of our teenagers, 14 to 18 years of age is not cancer but indeed the tragedy of suicide.

Your Views on Special Issues

1 Do you (or your organisation) have an interest in commenting on any of the following issues?

Mental health in Aboriginal and Torres Strait Islander communities (please answer question 2 below)

2 What is your/your organisation's view about the current provision of support for Aboriginal and Torres Strait Islander people's mental health?

Views about Aboriginal and Torres Strait Islander mental health:

Our view is that the current situation is simply abysmal, appalling and pitifully and woefully inadequate and inappropriate.

Sadly, we have now read an online media story of 02 April 2014 by Gerry Georgatos

<http://thestringer.com.au/australias-suicide-crises-and-my-meeting-with-federal-minister-nigel-scollion/#.Uz-D87mKCUI> and some of the key points in that story

are:

- The national suicide death rate for 2012 was 11 per 100,000 but in regional Australia it is more than 20 per 100,000. However for First Peoples the national suicide death rate is 23 per 100,000. Western Australia has the highest suicide death rate for First Peoples, 36 per 100,000;
- Recently, there has been a spate of suicides in the Kimberley, with ten suicides of First Peoples, and as young as 12, since Christmas;
- First Peoples males aged 25 to 29 are suiciding at nearly 100 per 100,000.
- The biggest 'killer' of our teenagers, 14 to 18 years of age is not cancer but indeed the tragedy of suicide.

The State Government invests \$22.47 million in to highly dubious clinical approaches.

And KALACC receives \$100, 000 per annum under the NSPP.

This is totally inappropriate

What specific action or strategy do you think has the potential to improve this?:

We think we are talking about more than potential here.

In this submission we have referred to research work of Professor Chandler, the evaluation work of Dr Palmer, the awards and recognition from Reconciliation Australia and the policy work as expressed in the **2014 Closing the Gap Progress and Priorities Report**.

We think it is entirely clear that funding for programs such as the Yirimán Project would be the single most effective investment that Governments could make in a cultural context such as the Kimberley region.

3 What is your/your organisation's view about the current provision of mental health support in remote and rural Australia?

Views on rural and remote mental health support:

What specific action or strategy do you think has the potential to improve this?:

4 What is your/your organisation's view about the current funding, organisation and prioritisation of mental health research?

views on mental health research:

What specific action or strategy do you think has the potential to improve this?:

5 What is your/your organisation's view about the current way mental health workforce development and training is carried out in Australia?

views on workforce development and training:

What specific action or strategy do you think has the potential to improve this?:

Upload Extra Documentation

1 If you have any further comments, please briefly state them in the box below or use the link to upload further documentation relevant to the review.

Please note that although we will attempt to include this documentation in our analysis, we will place most importance on the responses you have provided in this online survey.

Further comments:

Professor Michael J Chandler, *Cultural Wounds*, December 2013

Dr Dave Palmer, Murdoch University three year external *Review and Evaluation of the Yiriman Project*.

Mr Gary Banks, the then Chair of the Productivity Commission of Australia, article in the December 2012 edition of *Reconciliation News*

Please use the link to upload further documentation:

https://consultations.health.gov.au/national-mental-health-commission/2014_mh_review/consultation/download_file?squid=question.2014-03-20.2259658684-filesubquestion