

# CONVERSATIONS MATTER

*resources for discussing suicide*

## *Needs and views of Aboriginal people when discussing suicide: Summary*

**Summary report:**

Needs and views of Aboriginal people when  
discussing suicide

September 2013

**Developed by:**

Hunter Institute of Mental Health

An initiative of the NSW Ministry of Health

This report was developed under a project originally called 'Community guidelines for discussing suicide' funded by the NSW Ministry of Health (Mental Health Drug and Alcohol Office). The project and resources are now called 'Conversations Matter: Resources for Discussing Suicide' and are supported by the Mental Health Commission of New South Wales. The report was produced by the Hunter Institute of Mental Health (HIMH) to inform development of 'Conversations Matter' and is available at [www.conversationsmatter.com.au](http://www.conversationsmatter.com.au)

### Preferred citation:

Hunter Institute of Mental Health. (2013). *Needs and views of Aboriginal people when discussing suicide: Summary*. Newcastle, Australia.

### Acknowledgements:

This report was written by Jennifer Robinson, Todd Heard and Jaelea Skehan at the Hunter Institute of Mental Health.

The Hunter Institute of Mental Health would like to acknowledge Todd Heard (Aboriginal Psychologist) who led the research as well as acknowledging the expertise and support of the project working group, and local working groups in Tamworth, Newcastle and Taree.

We would also like to acknowledge our recruiting partners for this study who made valuable in-kind contributions. These organisations included: Biripi Aboriginal Medical Service, Awabakal Aboriginal Medical Service and Aboriginal Mental Health Services in Taree, Tamworth and Newcastle. Thank you to Aboriginal Mental Health professionals from Hunter New England Local Health District and Aboriginal Health co-ordinators in Taree, Newcastle and Tamworth who were integral in planning, recruiting and conducting the focus groups.

In particular, we express our sincere gratitude to the stakeholders and community members who participated in the research.

*This study obtained ethical approval through the Hunter New England Human Research Ethics Committee (HNEHREC reference No: 12/11/21/4.06) and the Aboriginal Health & Medical Research Council of NSW (AH&MRC reference number: 897/12).*

### Contact:

Hunter Institute of Mental Health  
PO Box 833 Newcastle NSW 2300  
+61 2 4924 6900  
[HNELHD-HIMH@hnehealth.nsw.gov.au](mailto:HNELHD-HIMH@hnehealth.nsw.gov.au)  
[www.himh.org.au](http://www.himh.org.au)

ISBN: 978-0-9924461-3-0

This report summarises two accompanying reports:

**Needs and views of Aboriginal people when discussing suicide: Stakeholder forums**

**Needs and views of Aboriginal people when discussing suicide: Community focus groups.**

These reports and other research and evaluation reports for the program are available online at [www.conversationsmatter.com.au](http://www.conversationsmatter.com.au) or [www.himh.org.au](http://www.himh.org.au)



# *Background and summary of outcomes*

In 2010, The NSW Ministry of Health released the NSW Suicide Prevention Strategy 2010-2015. One of the aims of the strategy is to work with the community to reduce the rate of suicide and suicidal behaviour in NSW by strengthening the capacity of individuals, families, schools, workplaces and the local community to work together and share responsibility in supporting each other and the whole community. One strategic direction under the NSW Suicide Prevention Strategy is the development and dissemination of community guidelines for discussing suicide. The Hunter Institute of Mental Health has been contracted to work with a state-wide steering committee to review the evidence, consult with various stakeholders and develop community guidelines. The aim of the guidelines is to provide support for schools, workplaces, families and communities to strengthen their capacity to participate in suicide prevention action. This summary report gives an overview of the outcomes from the consultation process with stakeholders and community members from three Aboriginal communities in NSW.

## *Stakeholder forums*

Consultation forums were held to engage with relevant stakeholders across the Biripi, Gomeroi and Awabakal communities. The aim was to identify key issues and priorities to be considered to ensure the resources are culturally appropriate and safe for Aboriginal people. While individual Aboriginal communities have unique needs and priorities in relation to discussing suicide there were some commonalities that emerged across communities.

### **Priority target groups**

- Young people were the most frequently mentioned group to be targeted ;
- The need to get all members of the community involved in talking about suicide was prioritised across forums.

### **Priority types of conversations**

- Prevention conversations as well as intervention conversations for those at immediate risk were identified as priority conversations that should be occurring in Aboriginal communities;
- Many participants mentioned that education about the 'signs' that someone is at immediate risk and information on where to get support is needed.

### **Who should be involved?**

- Most thought that a whole of community approach was needed. This would include training the 'natural gatekeepers' in the community, such as elders and parents, to be able to support those at risk and foster a sense of community ownership of the resource;
- Many participants advocated using established and trusted groups within the community to promote the resource.

### **Opportunities**

- Using existing groups and funded programs already in place in the local Aboriginal community to promote and disseminate the resource was seen as important;

- Fostering those aspects of Aboriginal communities that can have a protective effect or mitigate the risk of suicide was identified as a priority. This may include the strong social cohesion between members of the community, the close connections between members of extended families and the willingness of people to support others in their mob.

#### **Risk factors**

- Fear of causing further harm by talking about suicide was identified as a risk factor;
- Lack of cultural awareness was a major focus of discussion both as a potential risk and barrier to uptake of the resource.

#### **Barriers**

- Stigma and shame related to seeking help for mental health problems is a significant barrier to uptake of the resource in all communities;
- Stakeholders in all forums discussed the trauma, grief and loss as a result of European colonisation having a trans-generational impact that still impacts on communities today;
- Sustainability of the resource was a barrier to the continuing effectiveness of the program;
- Aboriginal people in all communities preferred engaging with Aboriginal service providers where possible. However, Aboriginal staff shortages and high staff turnover have sometimes made this difficult.

#### **Solutions**

- Employing a capacity-building model of dissemination would overcome a number of barriers and assist in managing some of the identified potential risks;
- Sustainable funding may be achieved by partnering with existing services and programs in the community;
- Engaging with Aboriginal community leaders during the development phase to ensure the resource is suitable for each community.

### *Aboriginal community focus groups*

The aim of using focus groups was to engage with Aboriginal community members to collect information about their personal views on discussing suicide. Two focus groups were held, one with seven participants from the Gomerioi community and another with seven participants from the Biripi community (14 participants in total). The summary below reflects the main points of agreement between the communities. For an insight into the unique perspectives of each community in relation to discussions about suicide, please read the report - **Needs and views of Aboriginal people when discussing suicide: Community focus groups.**

#### **How important is it to talk about suicide in the community?**

- Both community focus groups thought it was important to encourage people to talk about suicide;
- However, people believed that conversations about suicide were almost never occurring within either community;
- The importance of conversations to support families after a suicide was a particular focus of discussion.

### **What makes it hard for people to talk about suicide?**

- Negative contact with mental health services in the past may prevent people accessing professional help;
- Shame, stigma and reluctance to reach out for help were all suggested as important barriers to conversations about suicide;
- Lack of cultural awareness displayed by service providers was a key impediment to Aboriginal people accessing support services;
- Fear of making things worse was a commonly mentioned barrier to starting conversations about suicide.

### **What makes it easier to talk about suicide?**

- Building trusting relationships with community members was seen as a necessary step in encouraging uptake of the resource;
- Aboriginal people are more likely to talk to another Aboriginal person and feel more comfortable in a culturally safe environment;
- There is a need for the resource to address the fear people have about making the situation worse by beginning a conversation;
- Most participants agreed there needs to be a skill-building component to the resource to give people the confidence and capability to have safe and effective conversations;
- It was thought that people should feel able to engage others in conversations in all settings however community events were seen as a good place to encourage the community to discuss suicide.

