



MEDIA RELEASE

10 May 2019

State Budget does not properly address Aboriginal suicide prevention

Urgent action is required to address the unacceptable number of deaths caused by suicide in Aboriginal communities. Cutting prevention investment in the State Budget exposes a significant missed opportunity to improve people's outcomes and help prevent these tragedies in our communities.

The Western Australian Association for Mental Health (WAAMH), Moorditj Koort Aboriginal Health and Wellness Centre (Moorditj Koort) and the Aboriginal Health Council of Western Australia (AHCWA) with its member services, are relieved the State Government has extended the Suicide Prevention Strategy – which was due to end on 30 June 2019 – for a further 18 months.

However, an alarming cut of 38% over two years to the overall prevention spend flies in the face of Government's own policy with the recent Sustainable Health Review recommending we increase health prevention spending to 5% of the total health budget. The prevention spend will be \$13 million this coming year compared to \$20 million in 2017-18.

Also of concern, there appears to be no new money for Aboriginal-specific suicide prevention initiatives in this year's budget, especially given Aboriginal people are three times more likely to die by suicide than other Australians and damning revelations from the Coroner's report on this issue earlier in the year.

AHCWA and its member services, Moorditj Koort, and WAAMH call on the Government to work in genuine partnership with Aboriginal communities and Aboriginal community-controlled organisations to co-design programs that draw on culture to save lives and improve social and emotional wellbeing.

It's time to give Aboriginal people and communities the opportunity to direct local suicide prevention approaches connecting families, communities, land and culture.

WAAMH chief executive officer Taryn Harvey said her conversations with Aboriginal Elders had revealed that communities were often keeping vigil to ensure young Aboriginal people and family members were safe.

"Families report many Aboriginal young people only access services after a suicide attempt - but sometimes this is too late," Ms Harvey said. "We need to ensure Aboriginal-specific services provide culturally responsive options, and work closely with communities to ensure their voices are heard and prioritised in designing local options."

"Aboriginal people know what works for their communities and families and have been calling for community-led solutions for many years."

Moorditj Koort CEO Jonathon Ford said that anecdotal evidence from the community suggested there may have been up to 23 suspected Aboriginal suicides in the South West and Perth metro area alone, in the past 12 months.

"The silence on Nyoongar suicides is appalling - it hurts almost as much as the loss," Mr Ford said. "People need to see change, have their voices heard, and some sense of control and hope over developments."



“While we wait 18 months for a new suicide prevention strategy, there will likely be 13 more deaths in our South West community because of lack of specific engagement with us.”

“There appears to be an assumption there are many services available for Aboriginal people in the South West - but these may not be culturally appropriate. Proximity to Perth doesn’t necessarily make it easier to access suitable services.

“Early intervention, prevention, promotion and acute responses are missing, with fewer Aboriginal community-controlled health services (ACCHS) in the South West and metro areas.

“Further to this, there are no afterhours services in the Wheatbelt, Great Southern and Goldfields regions of WA placing added pressure on the already-at-capacity Emergency Departments in those areas.”

ACHWA Chairperson Vicki O’Donnell said genuine commitment and action to fund, develop and deliver Aboriginal services across the sector was urgently needed.

“It’s time that ACCHS have a stronger role in the mental health services landscape as part of a comprehensive State-wide response,” Ms O’Donnell said.

“This needs to be an ongoing commitment as short term funding leads to uncertainty for program delivery, difficulties retaining staff, and loss of Aboriginal community trust.

“We need to respect the services already out there supporting local communities as they have the answers, they just need to be listened to and adequately resourced.

“Aboriginal programs need to be developed by Aboriginal people, delivered by Aboriginal people, for Aboriginal people.”

The calls of WAAMH, Moorditj Koort and AHCWA and its member services, echo those of WA Coroner Ros Fogliani who said services should be ‘co-designed in a completely different way, that recognises at a foundational level, the need for a more collective and inclusive approach towards cultural healing for Aboriginal communities’.

We’re encouraged to see that the State Government intends to plan its suicide prevention activities with an eye to Commonwealth arrangements, and hope that this will include having a separate Aboriginal and Torres Strait Islander Suicide Prevention Strategy - as recommended in the Commonwealth’s Fifth National Mental Health Plan.

There also needs to be better communication, collaboration and co-design across agencies to respond to suspected suicides as soon as possible, in an effort to prevent spates of suicides.

“WAAMH stands in alliance with Aboriginal people urging governments to work with them as equal partners and investing in their expertise and cultural knowledge,” Ms Harvey said.

“New funds must be directed to ACCHS to support their growth and capacity to deliver social and emotional wellbeing, mental health and suicide prevention initiatives.”



FACT FILE

- Suicides are rising in WA, up from 300 in 2008 to 409 in 2017 causing intolerable distress and trauma.
- In 2017, 165 Aboriginal and Torres Strait Islander (ATSI) persons died as a result of suicide, with a standardised death rate of 25.5 deaths per 100,000 persons.
- The standardised death rate for Indigenous male suicides was 39.6 deaths per 100,000 persons, compared with 11.9 suicide deaths per 100,000 persons for females.
- When comparing intentional self-harm deaths between the Indigenous and non-Indigenous populations, suicide accounts for a greater proportion of all ATSI deaths (5.5%) compared with deaths of non-Indigenous Australians (2%).
- Intentional self-harm is ranked as the 5th leading cause of death for the ATSI population, while it's ranked 13th for the non-Indigenous population.
- At current funding of \$25.9 million over four years from 2015/16 – 2018/19, WA's investment and effectiveness in preventing suicide lags behind other more effective jurisdictions, notably NSW at less than a quarter of spend.
- A recent WA Coroner's report into a cluster of 13 deaths in less than four years in the Kimberley region found that the people who died were deeply affected by intergenerational trauma, and despite the efforts of mainstream services, their approaches were not effective.
- Moorditj Koort is runs the Aboriginal health and Wellness centre in Kwinana and Rockingham:
<http://moorditjkoort.com.au/>
- AHCWA is the peak body representing the 23 Aboriginal Community Controlled Health Services in WA:
<https://www.ahcwa.org.au/>

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MENTAL HEALTH IN THE MEDIA:

Please include the following crisis support service for any story regarding mental health or suicide:

Lifeline - 13 11 14 - <http://lifeline.org.au>

In the interest of community education and safety, you can access evidence-based guidelines for reporting responsibly on mental illness, suicide, or alcohol and other drug issues at **Mindframe Media**:
<https://mindframe.org.au/>



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