







Mackay Health Service District ownsville **Charters Towers** Proserpin Collinsville Moranbah 9 Clermont

Capella

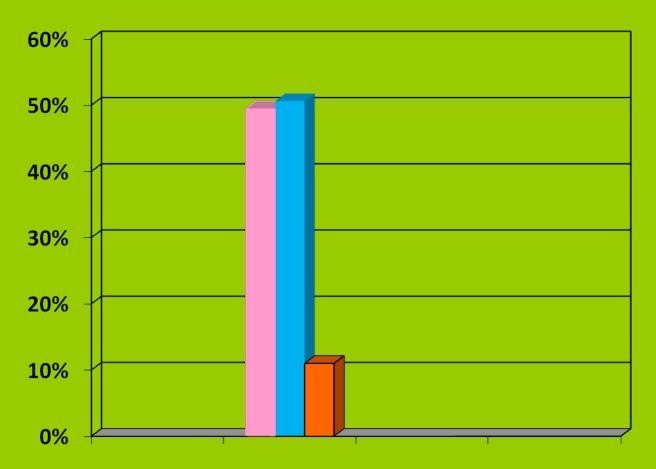
Emerald

MACKAY HEALTH SERVICE DISTRICT 160.000 INHABITANTS

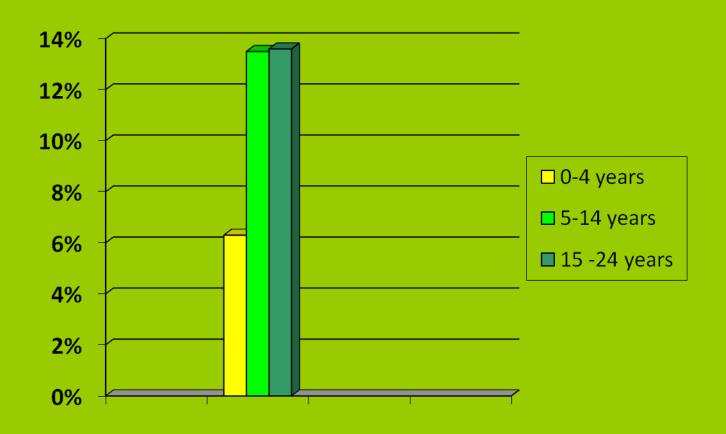


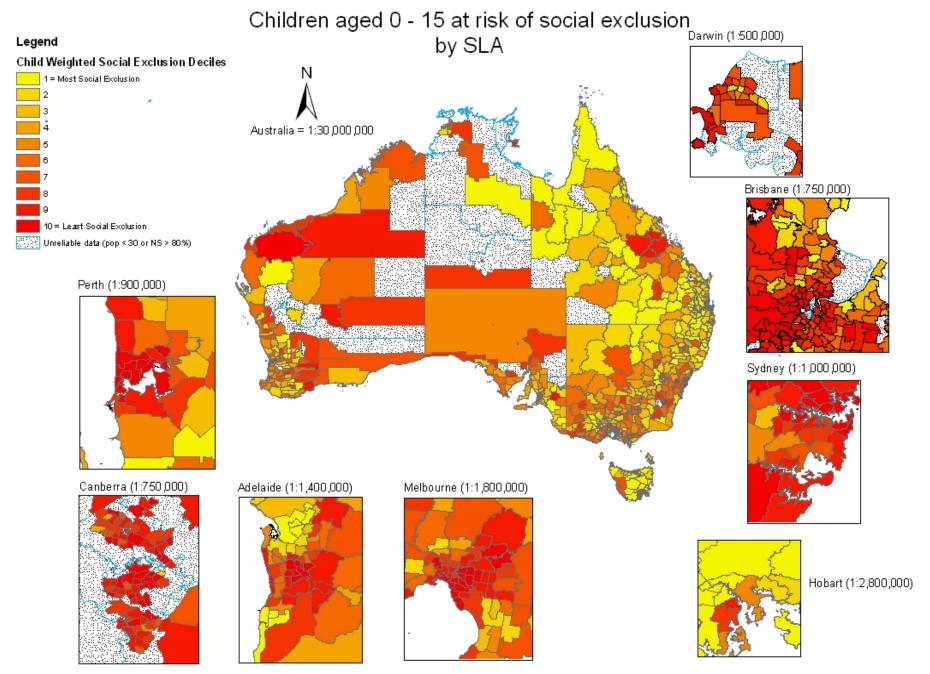
POPULATION OF MACKAY: 160.000 INHABITANTS

11% INDIGENOUS COMMUNITIES



POPULATION OF CHILDREN AND ADOLESCENTS IN MACKAY: 34.7%

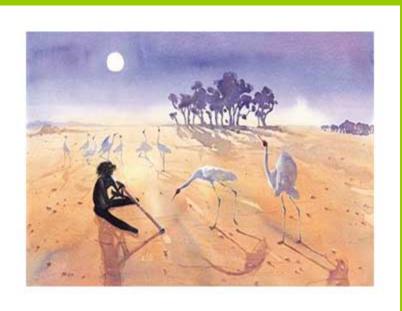




Note: Child weights are based on all children aged less than 16 years.

Data source: ABS Census of Population and Housing 2001, NATSEM calculations.

POPULATION OF CHILDREN AND ADOLESCENTS IN MACKAY: 34.7%



HOW DOES THE CLUSTER START?

There is a general consensus that suicide is the product of complex set of individual, situational and socio cultural factors





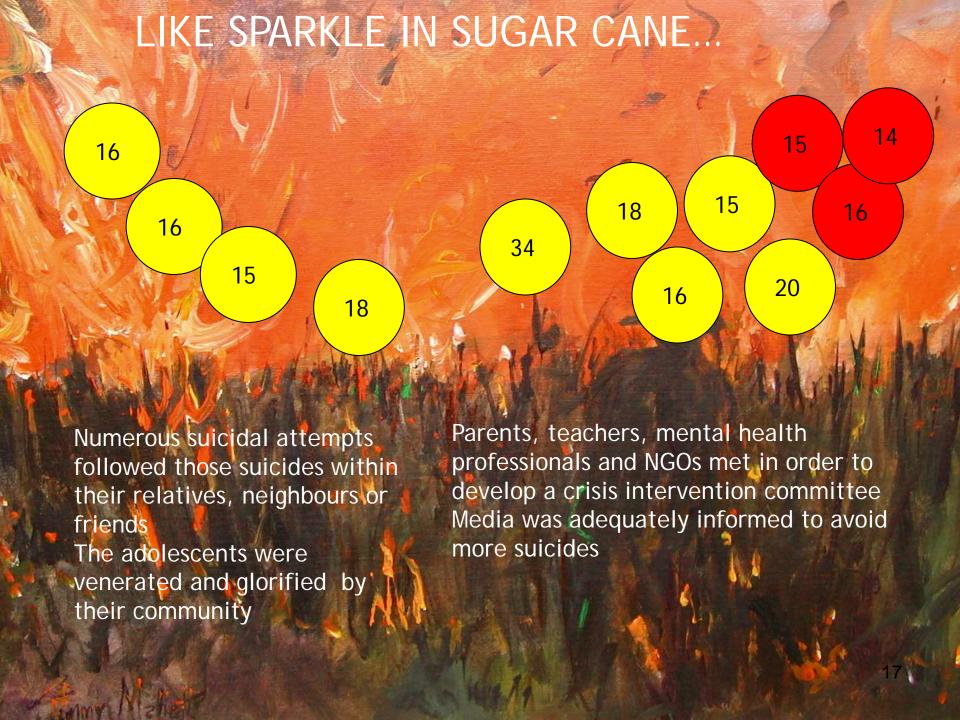


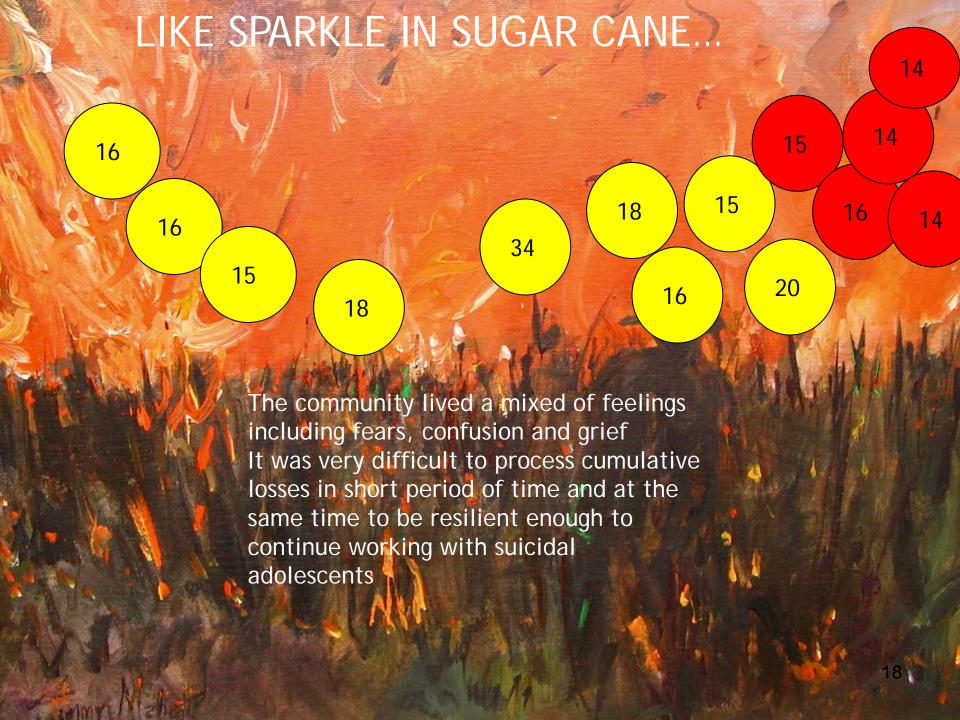


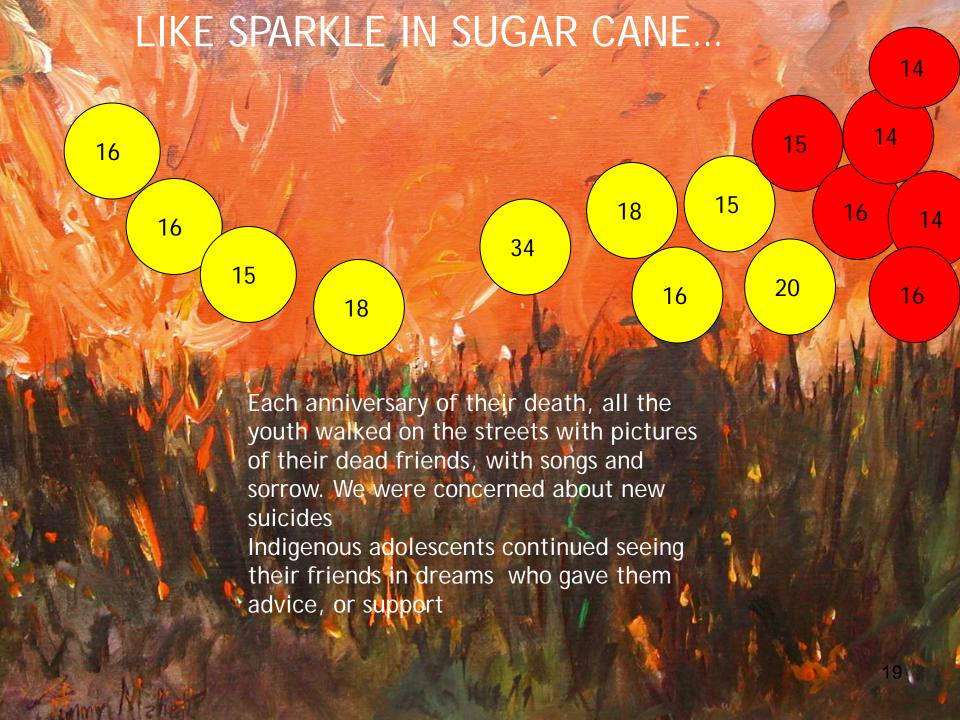




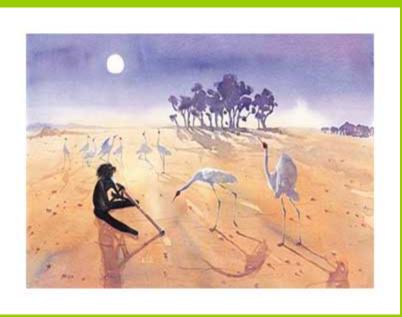








POPULATION OF CHILDREN AND ADOLESCENTS IN MACKAY: 34.7%

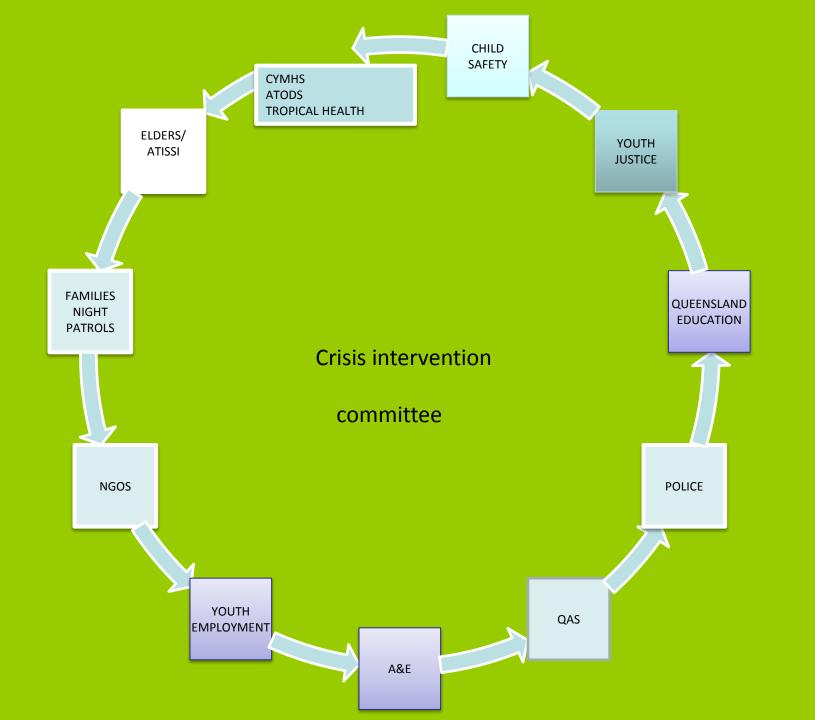


WHAT HAVE WE BEEN DOING?

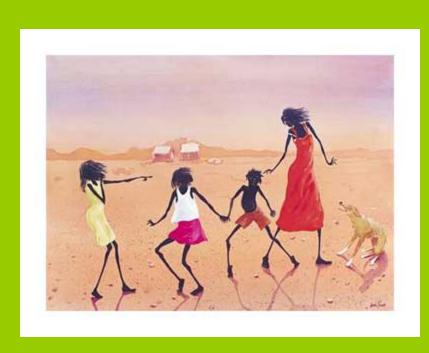
Crisis intervention committee



- Coordinates the prevention
- intervention
- and postvention activities at a local community level which incorporates
- Primary intervention
- Secondary intervention
- Tertiary intervention



PRIMARY INTERVENTIONS



- Involves people from the whole community, group or population who are given suicide awareness and bereavement support training and are willing to talk to a person at risk of suicide or support/listen to a person who has lost a loved one to suicide.
- School staff, night patrol, youth programmes, drug and alcohol rehabilitation staff, and police, general hospital staff, defence forces staff etc. Hanssens, 2008

SECONDARY INTERVENTIONS



 Involves suicide alertness of trained Aboriginal Mental Health Workers, nurses, teachers, doctors and Aboriginal Community Police Officers who have completed the Applied Suicide Intervention Skills Training (ASIST) to assess initial risk and refer if necessary for further assessment. Hanssens, 2008

TERTIARY INTERVENTION



- Involves highly trained gatekeepers who are alert to and can properly assess and treat suicidal clients.
- Emergency staff, psychiatric nurses, psychiatrists, police 24 hours service.
- In response to suicide bereavement, the facilitation of support groups is provided and with complicated grief, counselling . Hanssens,2008

WE ASKED FOR ADVICE TO INTERNATIONAL AND NATIONAL AUTHORITIES INCLUDING:

- PROF DR GRAHAM MARTIN (BRISBANE AUSTRALIA)
- •PROF DR ERNEST HUNTER (CAIRNS AUSTRALIA)
- PROF DR SALVADOR CELIA (BRAZIL SOUTH AMERICA)

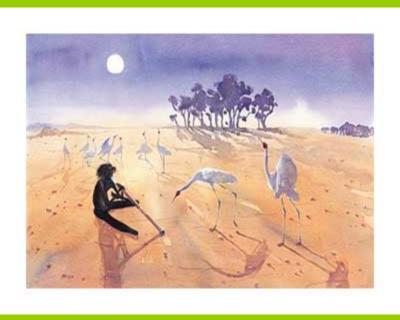


IN ADDITION TO THAT, WE PLANNED:

- BARBACUES WITH ADOLESCENTS
- CAMPINGS WITH OUR INDIGENOUS CASE WORKER
- •SMOKING CEREMONY IN THEIR HOUSES AND COMMUNITY MENTAL HEALTH CENTRE
- •NARRATIVE THERAPY WITH TREE OF LIFE MODEL (Dulwich Centre Foundation)
- •MEETING WITH ELDERS TEACHING ABOUT THEIR CULTURE
- REVIEW OF INDIGENOUS CULTURE WITH YOUTH



POPULATION OF CHILDREN AND ADOLESCENTS IN MACKAY: 34.7%



RESULTS...

RESULTS:

FINDINGS ARE CONSISTENT WITH STATISTICS IN QUEENLAND AND THROUGHOUT THE WORLD

SUICIDE AMONG INDIGENOUS PEOPLE IS 70 % HIGHER THAN RATES IN THE GENERAL POPULATION

INDIGENOUS SUICIDE IS AN UNIQUE EXPERIENCE

POORLY UNDERSTOOD

SUICIDE IN INDIGENOUS ADOLESCENTS IS 7 TIMES HIGHER

INDIGENOUS YOUTH HAD 3.6 TIMES HIGHER SUICIDE RATE THAN HIS PEERS 15 TO 24 YEARS OF AGE



RESULTS:

43 % OF YOUTH SUICIDE ARE IN CLUSTERS

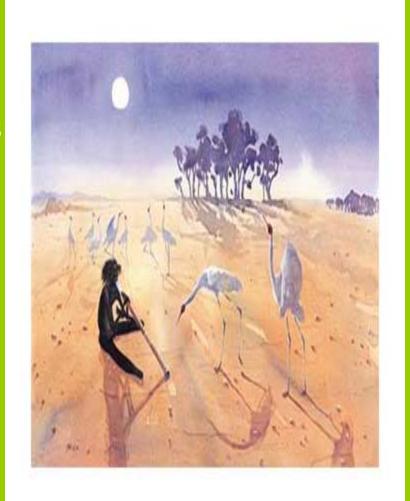
CONTAGION PHENOMENA

COMPLICATED GRIEF

IDEALIZATION

SENSATIONALISM

INTENSE EMOTIONAL ATMOSPHERE



RESULTS:

- •90 % WERE MALES
- INDIGENOUS BACKGROUND
- BETWEEN 12 17 YEARS OLD
- HISTORY OF STRONG SUBSTANCE ABUSE
- THEY HAD EXPRESSED THEIR SUICIDAL PLANS TO THEIR FAMILIES AND FRIENDS
- POOR ACADEMIC ACHIEVEMENTS
- UNEMPLOYED
- HISTORY OF CONDUCT DISORDER
- REFUSAL TO TREATMENT



HANGING WAS USED IN 86.6 % OF ALL SUICIDES

IN INDIGENOUS PEOPLE COMPARED

WITH NON INDIGENOUS WERE HANGING IS 36.3 %

OUR CASES WERE 90 % BY HANGING

RE-ENACTING PREVIOUS HISTORY OF COLONISATION?

DISPOSSESSION?

RACISM OR SOCIAL MARGINALIZATION?



ATTACHMENT DISORDERS - VIOLENCE DURING PREGNANCY

EXPOSURE TO SUBSTANCE ABUSE DURING PREGNANCY

HISTORY OF TRAUMA IN EARLY CHILDHOOD

SECOND GENERATION TRAUMA AFFECTS PARENTING

DEVELOPMENTAL DELAYS

WITNESS OF DOMESTIC VIOLENCE

70 % HAD ONLY A MATERNAL FIGURE

LIVING ON THE STREETS, UNEMPLOYMENT

FAMILY HISTORY OF ALCOHOLISM, SUBSTANCE ABUSE

DIABETES, HYPERTENSION, DISLIPIDEMIAS



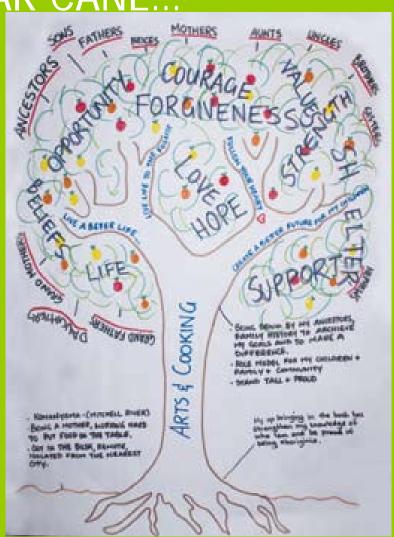
- EXPOSURE TO SUICIDE OF FRIENDS, RELATIVES, NEIGHBOURS
- •BEREAVEMENTS (FAMILIES, SCHOOLS, COMMUNITY)
- FAMILY CONFLICTS IN THE IMMEDIATE GROUP
- PAST OR PENDING LEGAL ISSUES
- PREVIOUS HISTORY OF VIOLENT BEHAVIOURS
- HIGH VULNERABILITY TO PHYSICAL AND MENTAL
 ILLNESS



TREE OF LIFE:

THIS IS AN APPROACH FROM NARRATIVE THERAPY DEVELOPED IN SOUTHERN AFRICA TO WORK WITH CHILDREN AFFECTED BY HIV/AIDS (Ncube & Denborough)

ENABLES CHILDREN TO TALK ABOUT THEIR LIVES, STARTING FROM THEIR ROOTS, THEIR KNOWLEDGE AND DREAMS, AND THE SPECIAL PEOPLE IN THEIR LIVES



TREE OF LIFE:

IT HAS BEEN USED IN AUSTRALIA IN MANY DIFFERENT CONTEXTS:

TRAUMA, NATURAL DISASTERS, IMMIGRANTS
THERE IS A VERSION FOR ABORIGINAL AND TORRES
STRAIT ISLANDERS

CHILDREN JOIN THEIR TREES INTO A "FOREST",
DISCUSSING IN GROUPS
HOW THE STORMS AFFECT THEIR LIVES AND HOW
THEY RESPOND TO THEM AND TO PROTECT EACH
OTHER



TREE OF LIFE:



OUR ADOLESCENTS DID NOT KNOW ANYTHING ABOUT THEIR ROOTS

THEIR BRANCHES WERE BROKEN AND LOST IN TWO DIFFERENT CULTURES

LACK OF KNOWLEGDE ABOUT THEIR OWN CULTURE (TSI OR ABORIGINAL)

DISCONNECTION FROM LAND, CULTURE, RELIGION, TRADITION, KINSHIPS

WORKING WITH INDIGENOUS CULTURES

RESPECT FOR INDIGENOUS PEOPLE, THEIR CULTURE,

SPIRITUALITY



THEIR SPIRIT OF HOPE AND HEALING THROUGH SHARING THEIR STORIES

UNDERSTANDING THEIR OWN GRIEF AT EMOTIONAL AND SPIRITUAL LEVEL

THEIR HAVE CULTURAL OBLIGATIONS AFTER THE DEATH

THEIR PRESENCE IS REQUIRED ACROSS FAMILY GROUPS WITHIN COMMUNITIES

THEIR LAND IS SACRED AND THEY HAVE A SORRY BUSINESS OR GRIEF

FAMILIES AND EXTENDED FAMILIES TRAVEL LONG DISTANCES FOR THE AGAPE

AGAPE: " A LOVE THAN CAN TRANSCEND SORROW AND BRING UNENDING JOY IN THE SPIRIT" (Hanssens, 2007)



ELDERS AND FRIENDS CAME WITH THE ADOLESCENTS

TO OUR COMMUNITY MENTAL HEALTH ASKING FOR HELP

CUMULATIVE TRAUMAS REPLICATED

TRANSMITTED IN CONSECUTIVE GENERATIONS

TO BE EXPOSED TO A FRIEND OR RELATIVES' SUICIDE INCREASES RISKS

SUBSTANCE ABUSE MASKING DEPRESSION AND COMPLICATED GRIEF



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