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NEWS

A recent coroner's report into the deaths by suicide of Indigenous children and young people in remote WA, linked to intergenerational trauma and racism, mirrors the findings of a 2008 inquiry. With little achieved in the interim years, experts claim the government is not only misdiagnosing the problem but is also unable to come up with productive solutions. By *Karen Middleton*.

Intergenerational trauma and Indigenous suicides in WA

In her early years at school, she was a talkative and happy child who enjoyed class, helped around the house and did what she was asked. The relatives she lived with called her "very mature and level-headed for her years".

But she had also been treated for chronic infections and ill health throughout her childhood, and endured years of cumulative harm as a witness to and subject of alcohol-fuelled family violence in her parents' home.

When she was seven, her older sister took her own life.

A social worker reported concerns about the impact on the girl – both from her sister's death and the violence in the home – to the Department of Child Protection and Family Support. However, there was no investigation, no protection order issued.

Nobody alerted her schoolteachers to what she was going through, and she received no counselling.

Then, in March 2016, just a month after her 10th birthday, she too died by suicide.

It was this child's shocking death at such a young age that prompted a two-year Western Australian state coronial investigation into the incidence of suicide among Indigenous children and young people in the Kimberley, a region that continues to record among the highest rates of suicide anywhere in the world.

The recently published report is an appalling summation of the short lives and premature deaths of 13 people aged under 25 between November 2012 and March 2016.

All died by the same method. Most were impulsive acts, according to the coroner, prompted by an argument, a relationship breakdown or some other incident, which might not usually be considered likely to trigger such a response.

"The evidence of the circumstances surrounding their short and tragic lives was of a similar nature and reflects upon a level of trauma that is being endured

not only by the families involved but by entire communities in the Kimberley region," said coroner Ros Fogliani.

"That trauma, much of it intergenerational, has given rise to dysfunctionality within some families, with the inevitable result that the children and young persons have borne the brunt of the suffering."

Fogliani found 12 of the 13 young people intended to take their own lives. In one case, she returned an open finding.

"DESPITE THIS GROWING TRAGEDY, THERE ARE STILL NO NATIONALLY ACCEPTED SUICIDE PREVENTION INTERVENTION PROGRAMS. I THINK ONCE YOU JUST HAVE INQUIRY AFTER INQUIRY AFTER INQUIRY, THE INQUIRY ALMOST BECOMES THE GOVERNMENT'S RESPONSE TO SUICIDE, RATHER THAN THE PROGRAMS YOU NEED."

Many of these young people's difficult personal or family circumstances were known to government agencies. Some had previously expressed a desire to end their lives and, in some cases, this had been passed on to welfare services.

The oldest of this group was 24 years old. At 10, the little girl from a remote community near Derby was the youngest.

While some of the 13 had spoken to school psychologists, not a single one had received a clinical mental health assessment.

Fogliani's findings mirror those of a 2008 report from another WA coroner, Justice Alastair Hope, who investigated 22 Indigenous suicides in the Kimberley region. Among other issues, both found a lack of mental health, drug and alcohol services, signalling there has been little action by government in the intervening 11 years – even as the death toll has continued to rise.

A Perth-based psychologist and adjunct professor, Njamal woman Dr Tracy Westerman, says government responses to these inquiries and reports often fail to properly address the issues at the heart of this crisis.

Having misdiagnosed the problem, Westerman, of Indigenous Psychological Services, says governments then cannot identify effective solutions.

"No funded programs [are required] to demonstrate a measurable reduction in suicide or mental health risk factors," Westerman tells *The Saturday Paper*. "As a result and despite this growing tragedy, there are still no nationally accepted suicide prevention intervention programs."

Westerman, who was WA's 2018 Australian of the Year, is highly respected in the field of Indigenous suicide prevention, having worked on the issue for two decades.

"I think once you just have inquiry after inquiry after inquiry, the inquiry almost becomes the government's

response to suicide, rather than the programs you need," she says.

As part of her own work to improve the skills of practitioners dealing with suicide risk, she has recently self-funded a scholarship program at WA's Curtin University to train and mentor Indigenous psychology students from regional areas, with former deputy prime minister and current WA governor Kim Beazley as its patron.

Westerman says that while governments are funding training for clinicians who work in remote areas, much of it isn't culturally appropriate and doesn't encourage the use of methods that have been scientifically reviewed and found to be effective for identifying and assisting those at risk.

Responding to the release of the coroner's report, Indigenous Health Minister Ken Wyatt, who is Indigenous and from WA, described the issue as one of the nation's most confronting challenges. "I cannot adequately describe my sense of grief at the deaths of these young people," Wyatt said.

In January, Wyatt announced another $5 million for programs in the Kimberley, including school-based support services, a targeted social media campaign, a mental-health ambassadors' program and bereavement support.

Last week, he announced further funding for local programs as part of the Kimberley suicide prevention trial – one of 12 across Australia receiving $4 million

each. He has also allocated a series of $130,000 grants to fund cultural camps for high-risk groups in the Kimberley region.

While Coroner Fogliani's report does note the "cumulative effect of intergenerational and individual trauma" on the 13, Westerman argues her recommendations, like the government's priorities, are focused in the wrong place.

"My main criticism would be that the recommendations didn't match the evidence," Westerman says of the coroner's report.

Fogliani found alcohol abuse was a significant contributor to the deaths, suggesting many of the children and young people demonstrated the characteristics of foetal alcohol spectrum disorder (FASD), which affected their ability to think clearly and manage their emotions in moments of stress.

The coroner noted none had been professionally diagnosed with the condition. However, she was persuaded by "circumstantial evidence" that some might have been affected.

Westerman says the WA coroner's recommendations are overly focused on FASD. She says they don't look enough to the identified causes of suicide or evidence-based treatment methods to prevent it.

Overall, Fogliani made 42 recommendations, spanning health, education, alcohol availability,

housing and income, family breakdown, policing, sport and recreation, language and cultural identity.

There are proposals to improve the training of service providers in the effects of trauma, suicide intervention and prevention, and FASD.

She also found the system persistently failed the children. Services were inadequate or not properly engaged.

Yet the only recommendation relating to mental health assessments is to make 24-hour psychiatric video conferencing available.

“To me, the recommendations should speak to these voices – and they didn’t,” Westerman says.

As noted by Fogliani, the position of a child and mental health psychologist for the Kimberley was only created and filled in 2017.

“Given the size of the Kimberley Region and the pressing need for psychiatric services to be available to Aboriginal children and young persons in the region, it is likely to be a significant workload for just one person,” the coroner observed.

During the coronial inquiry, WA’s chief psychiatrist acknowledged that more mental health resources were needed, particularly in the East Kimberley where 10 of the 13 deaths occurred.

The Western Australian Country Health Service (WACHS) told Fogliani more resources “would be of

value” but wanted them broadly, not just at Halls Creek, where the coroner ultimately recommended a new clinician be based.

Fogliani also recommended a mental health facility be established in the East Kimberley, acknowledging this had also been a recommendation of her predecessor Justice Hope’s 2008 inquiry but had not been acted upon.

Both the chief psychiatrist and the WACHS said an inpatient facility would be too expensive for the East Kimberley, arguing there was “not the necessary value” and that the required funding would “produce better outcomes if used elsewhere”.

Nevertheless, Fogliani recommended it be built. However, there is no blanket recommendation for benchmarking official service delivery standards against those delivered to non-Indigenous Australia.

Tracy Westerman and others in the sector are deeply frustrated that suicide’s risk factors – such as alcohol and drug use, family violence, sexual abuse and poverty – are often mistakenly treated as its causes.

In fact, she says, they are symptoms of trauma, which can amplify and create more trauma, a cycle that leads to an increased risk of suicide.

Westerman says a simple test can differentiate between risk factor and cause. “If you eliminate the cause, you eliminate the suicide,” she says. Look at that list of risk factors, she urges, and imagine

removing each one from the equation. Would that alone stop people from killing themselves? No. So that's not the cause.

Of course, some people who are not exposed to those risk factors still commit suicide, and not everyone who has experienced trauma takes that fatal step.

Westerman says the difference is in the way individuals manage and respond to trauma.

The coroner's report describes some of the Kimberley children engaging in what it calls "dangerous behaviour".

Coroner Fogliani has placed a suppression order over details of this behaviour so although they are included in her report, they are unable to be published elsewhere.

However, they echo what Westerman describes as classic symptoms of post-traumatic stress in young children.

Westerman was an expert witness in a 2014 New South Wales parliament inquiry into responses to the murders of Indigenous children Colleen Walker-Craig, Evelyn Greenup and Clinton Speedy-Duroux, who disappeared in Bowraville in 1990 and 1991.

In the report, she laid out the common signs of post-traumatic stress disorder in children, in which "themes or aspects of the trauma are expressed".

Trauma has a physical and psychological impact and is linked to depression.

Westerman says it is believed the leading cause of Indigenous suicides is depression alone and depression exacerbated by drug and alcohol abuse – but there's a lack of certainty, which stems from a lack of clinical research into Indigenous deaths. According to Westerman, this research is just not being funded.

She is hoping to change that using peer-reviewed checklists she has developed to assess the level of suicide risk among Indigenous people.

The symptom checklists – one for children and youth and one for adults – identify Indigenous people at risk of depression and suicidal behaviours by measuring factors including drug and alcohol use, impulsivity, anxiety and cultural resilience.

Westerman's training program for using the checklists receives no government subsidy or government funding of any kind.

She has trained 25,000 people in using the checklist but it has not been adopted in the Kimberley region. She is unable to say why.

The checklist is used to help identify early-stage suicide risk and to craft intervention programs and build personal resilience.

With respondents' permission, users are also sending their de-identified data from the completed checklists

back to Westerman for analysis as a data set, as part of an as-yet-unfunded research project being run through Curtin University.

She has applied to the Australian Bureau of Statistics for real-time access to national mortality data on suicide to be cross-referenced with the checklist results, and updates, to allow proper science-based analysis of its impact.

At an Indigenous health conference in Perth this week, attendees pleaded with Ken Wyatt for more urgent action on Indigenous suicide. And for him to listen to Tracy Westerman.

In a post about the conference on social media, Indigenous health advocate Jolleen Hicks asked why the government continued to ignore Westerman and her 20 years of evidence-based clinical experience.

“Set aside your egos or whatever your issue is with a strong Aboriginal woman being the ‘expert’ and work on this now,” she urged. “Our kids and families matter too!”

Others in the sector have told *The Saturday Paper* that politicking and personal rivalries often influence who and what is funded or prioritised in Indigenous health and suicide prevention.

Indigenous Health Minister Wyatt told *The Saturday Paper*: “I have met with Tracy and appreciate the important work she does in this field. She has only recently submitted formal [funding] applications to the

Department of Health and these are now being considered.”

Wyatt says elders and families are deeply involved in establishing programs that will work and in providing tools and systems to address both suicide and mental health generally in the region. He says the Department of Prime Minister and Cabinet, within which the Indigenous Affairs portfolio sits, is examining “what needs to be done differently” to support communities at risk.

Despite offering to give evidence to the Fogliani inquiry, Westerman was not called. She is nevertheless quoted as an expert in the report’s opening pages, explaining to a previous parliamentary inquiry that for Indigenous people who took their own lives, the act was often “highly impulsive” compared with suicide in the wider community.

“We are talking about people who lack the capacity to self-soothe and calm and that is also a byproduct of trauma,” she said.

Westerman contrasts the public response to Indigenous children’s deaths with the response to the equally tragic death of non-Indigenous 14-year-old Dolly Everett in the Northern Territory last year.

In that case, the teenager took her own life after being bullied online.

“Look at Dolly,” Westerman says. “Everyone said, ‘We have to look at ourselves as a culture.’ When it comes to Indigenous people who die by suicide, it’s always ‘the alcohol’, it’s that ‘they’re sexually abusing the kids’.”

Westerman says society is equally responsible for these deaths but that the contributing factors around some Indigenous deaths are being allowed to obscure the real issues.

“It’s a lack of cultural competence of service providers, a lack of specialist services around suicide prevention and intervention,” she says. “And it’s racism.”

Westerman describes the profound impact on Indigenous young people of growing up feeling the wider community considers them somehow less valuable than everyone else, of having parents who experienced the same and of having that sense reinforced by a system-wide demonstrated lack of care.

That sense of being outcast creates its own trauma, Westerman explains, fostering helplessness and hopelessness and causing physiological damage and mental strain.

It can lead to an inability to manage emotional situations, prompting impulsive over-reactions and resulting in harm to oneself or others.

Australian National University academic Chris Barrie, a former Australian Defence Force chief, has established a national organisation, Fearless, to elevate addressing trauma to a national issue and create a network for people living with post-traumatic stress – beyond just those who have served in the military or worked in emergency services.

Barrie believes trauma has an enormous undiagnosed impact on Australians generally and that among Indigenous people “racism is quite a large element” of the trauma.

“It worries me that the diversity in our country hasn’t really been improved by the rhetoric of the last few years,” Barrie tells *The Saturday Paper*. “So, I think racism really does play a very large role in what happens with our Indigenous communities. It does not make us feel inclusive and I think that is always bad.”

Dr Yin Paradies, a professor of race relations at Deakin University, says endemic racism is directly linked to the trauma, which can in turn lead to suicide.

“It’s hard for people to understand the role of racism. People don’t seem to really appreciate how deeply entrenched institutionalised racism is in our society,” he says. “I have been involved in other coronial inquests to do with the deaths of Aboriginal people that could have been avoided if people had treated them with respect.”

Paradies says governments tend to fund large programs that are simpler to deal with administratively, rather than small, locally crafted and targeted programs that have more success.

“There’s not a lot of overlap between how bureaucracies and communities work,” he says. “The government is not really genuinely understanding what works.”

As an example, he points to the Howard government’s 2007 Northern Territory emergency intervention.

A study examining birth weights and truancy rates in 73 Indigenous communities and 10 town camps over the first year of the intervention’s compulsory income management scheme found both had worsened.

The 2017 study, conducted by the University of Sydney and Menzies School of Health Research, found lower birth weights among babies that were in utero at the time the income scheme was introduced, compared with those in communities where it had not been implemented.

The report’s authors noted they were unable to say without further work whether the negative effects were the result of the policy itself, the administrative difficulties in its rollout or the controversy around its mandatory introduction.

In a clinical sense, Dr Westerman describes racism as an “untreatable cause” – not something any

clinician can fix. Instead, she says they must provide young people with the tools to build resilience against racism and to overcome the emotional and physiological responses to the trauma provoked by it and its associated risk factors.

WA coroner Ros Fogliani found that all 13 of the deaths she examined could have been prevented. “The deaths are profoundly tragic, individually and collectively,” she wrote. “Twelve of these children and young persons, in their own individual ways, and by reason of an accumulation of life stressors, reached a point of despair that led them to form the intention to take their lives.

“The tragic individual events were shaped by the crushing effects of intergenerational trauma and poverty upon entire communities. That community-wide trauma generated multiple and prolonged exposures to individual traumatic events for these children and young persons.”

Lifeline 13 11 14

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