BUILDING A STRONGER TOMORROW:
Connecting our communities through Culture

Report on the 2nd National Aboriginal and Torres Strait Islander Suicide Prevention Conference and the 2nd World Indigenous Suicide Prevention Conference
Healing Stones from New Zealand and Australia were presented to the Canadian delegation to carry to the 3rd World Indigenous Suicide Conference in Canada in 2020.
We acknowledge and pay respects to the Noongar people, the traditional custodians of the lands and waterways on which the Conferences were held. We thank all Indigenous Elders and conference delegates from around the world who came together to share their stories and cultures.

The Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention would like to acknowledge the following people for their contributions to developing this report:

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Conference Photos: Natasha Gillespie

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Cover Photo: International conference Elders joining Noongar Elders and dance Group Kwarban Djookian at the Welcome Ceremony and place it above the address for UWA
This artwork represents our people doing business on country that is recovering from colonisation; our lands taken over, our cultures decimated, and our families separated, causing hardship, despair, and loss of hope.

The many years of oppression to our cultures that our families and our Elders have had to endure has meant that we have needed to adapt and learn to engage and address a wide range of issues impacting on our families, in both traditional and contemporary ways. We are concerned with strengthening and reconnecting to our countries, cultures and families; to nurturing cultural identity and pride whilst still trying to carry our immediate and collective business as First Peoples of Country, but, on Shifting Sands.

The strong representation of our connected communities in the foreground of the painting symbolises the strength of our people as a group, displaying a new sense of cultural identity and pride, and a place of belonging while acknowledging the trauma affecting our families in the present.

We are rising to once again, take control of our own destinies, linking up strongly to each other across an uncertain terrain that will once again become solid as we become reconnected at all levels within a spirit of hope.

**ABOUT THE ARTIST**

Aunty Roma Winmar, Noongar artist, was born in Gnowangerup, a small town in the southwest of Western Australia, in 1944. She has had numerous exhibitions and her artwork has been presented nationally and internationally. She is a Noongar language teacher at the Moortitj Noongar Community College in Middle Swan, Western Australia.

Artwork Copyright: Roma Winmar 2018
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SUMMARY

Suicide rates have been increasing worldwide and are especially high amongst Indigenous peoples. In response, Indigenous leaders and Elders have been leading the charge to address this situation and to find solutions. The second National Aboriginal and Torres Strait Islander Suicide Prevention Conference held 20-21 November 2018 and the second World Indigenous Suicide Prevention Conference held 22-23 November 2018 at the Rendezvous Hotel Perth in Scarborough, Western Australia, aimed to bring together experts, leaders and members of the national and international Indigenous community to identify culturally appropriate approaches to suicide prevention.

The Australian Government provided funding to support the conferences which were held consecutively. This arrangement facilitated the attendance of delegates to both conferences to maximise the contribution of their experience and expertise to both the national and international dialogue.

The theme of the Conferences, Building a Stronger Tomorrow: Connecting our Communities Through Culture, reflects the unique opportunities for Indigenous people and communities, policy makers and researchers to share learnings and to collaborate on solutions that work in Indigenous suicide prevention.

The Conferences attracted over 550 delegates from across Australia and around the world. The Conferences were preceded by the World Indigenous Youth Cultural Exchange Day, held on 19 November 2018.

NATIONAL AND WORLD INDIGENOUS SUICIDE PREVENTION CONFERENCES

Hosted by the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP), Poche Centre for Indigenous Health, School of Indigenous Studies, University of Western Australia, both Conferences were designed for Indigenous people - to own, direct and lead the discussions. The Conferences featured strong representation from Indigenous and non-Indigenous leaders from across community, government and policy, research, program and services sectors. As well as community leaders, other leaders such as the Commissioners and staff of the National Mental Health Commission, Hon Ngaree Ah Kit – Member of the Northern Territory Legislative Assembly for Karama, and the High Commissioner of Canada, His Excellency, Mr Paul Maddison presented throughout the Conferences.

The National Aboriginal and Torres Strait Islander Suicide Prevention Conference was launched by Hon Roger Cook MLA, Deputy Premier and Minister for Health and Minister for Mental Health for Western Australia. The World Indigenous Suicide Prevention Conference on 22nd November was launched by the Hon Mr Ken Wyatt, AM MP, Minister for Indigenous Health, Senior Australians and Aged Care, at the Scarborough Amphitheatre. This opening featured a sharing of Indigenous cultures, both Australian and international, including dances performed by Indigenous people from Canada, New Zealand, the South Pacific islands and New Zealand on Whadjuk Noongar country.

Elders had a strong presence throughout, twelve Noongar Elders, Elders from across the country, Aotearoa/New Zealand, the USA and Canada. The Conferences had four Elder Ambassadors, Aunty Liz Hayden, Uncle Jim Hayden, Associate Professor Ted Wilkes and Aunty Roma Winmar.

There were dedicated streams with presentations and workshops for:

- Young people,
- People with lived experience and
- the Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and Sister Girl and Brother Boy (LGBTIQ+SB) community.

These groups were represented on the Conference Committee to ensure representation in the leadership, inclusion and empowerment and a safe cultural space to share their knowledge, speak and listen to others.
YOUTH VOICES

There was a specific youth focus at the start of the Conferences. This was the World Indigenous Youth Cultural Exchange Day, with a Welcome to Country, smoking ceremony, and dance performance, tours to several culturally significant locations on Whadjuk Noongar country in Mandurah, south of Perth took place the day before. These activities set the stage for the Conference youth stream presentations. A youth-focussed conference workshop engaged young people in singing and song-writing and resulted in a video, Love and Hope Video.

CULTURAL SAFETY

Cultural safety was a major theme underlying all conference activities. Delegates appreciated the dedicated contributions of the Healing Team, who were made up of Aboriginal and Torres Strait Islander counsellors and psychologists, traditional healers, Ngangkari Healers (from Alice Springs) and a range of culturally based healing therapies. This ensured that all delegates were safe psychologically and culturally and strengthened social and emotional wellbeing.

IDENTIFYING SOLUTIONS

The Conferences aimed to identify concrete and specific strategies for addressing the national and international suicide crises. The sustained level of delegate engagement, evaluations and positive feedback confirmed that both Conferences were considered to be highly successful at achieving their aims.

Consistent with the 2016 Turamarama Declaration, an outcome of the first World Indigenous Suicide Prevention Conference in New Zealand, the Conferences also aimed to develop recommendations through an analysis of key themes, issues, desired outcomes and proposed ways forward.

The presentations consistently reinforced how colonisation, dispossession, disadvantage, disempowerment, differential access to services and a lack of voice are matters that shape Indigenous lives in Australia today and contribute to Indigenous suicide. These matters need to be addressed and themes on ways forward included the role of culture, Indigenous governance, community control and a focus on hope, strengths, recognising Elders and listening to the diverse voices of the community, including people with lived experience, LGBTQI+SB and young people.

The recommendations covering all conference themes were presented at the Conference closing sessions. Additional feedback and recommendations were presented, based on the key issues that emerged within the meetings of Indigenous Elders, the LGBTQI+SB (Strong Spirit Mob), Youth, and participants with Lived Experience.

The feedback and recommendations build on, reaffirm and reinforce many of the reports and recommendations from previous conferences, roundtables and national consultation processes.
CONFERENCE DELEGATES AT A GLANCE

Total Number of Delegates | 550
---|---
**Invited Speakers**
International | 9
National | 20

**Abstracts**
Submissions | 144
Accepted | 113
KEY RECOMMENDATIONS

Though their participation in a range of workshops the Conference delegates put forward several recommendations summarised as a Call for Action. Derived from an analysis of key themes, issues, desired outcomes and proposed strategies forward the recommendations include both general and specific recommendations of participant groups Indigenous Elders, LGBTIQ+SB, Youth, Lived Experience and Data Sovereignty stream:

CALL FOR ACTION

We call upon the Commonwealth, State and territory governments of Australia to:

- ensure the Recognition of Indigenous Rights by acknowledging that the current suicide crisis for Aboriginal and Torres Strait Islander peoples is a direct result of the historic injustices of previous Australian government policies of colonisation, dispossession from lands and resources, the forced removal of children from their families and enduring systemic racism; and to recognize and implement the inherent rights of Aboriginal and Torres Strait Islander peoples to support their cultures, spiritual traditions, social structures and access to lands and resources to optimise their health and social and emotional wellbeing in accordance with the UN Declaration on the Rights of Indigenous Peoples.
- ensure the Recognition of the Right to Self-Determination by acknowledging that the principles of Aboriginal and Torres Strait Islander community governance and control, empowerment and self-determination need to underpin all suicide prevention policy, plans, service and programs.
- ensure Recognition of the right for Data Sovereignty so Aboriginal people have access to national and community level data in a manner that they require to build local community capability to collect, analyse and use data for planning and evaluation of suicide prevention programs.

The recognition of these rights requires bipartisan support and funding for:

A dedicated National Aboriginal and Torres Strait Islander Suicide Prevention Strategy and funded Implementation Plan (‘Plan’). This should build on:

- Aboriginal and Torres Strait Islander community and cultural strengths.
- The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2013- 23.
- The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project, Solutions that Work.

Both the resurrection and revision of the Strategy and Plan should be developed in genuine partnership with Aboriginal and Torres Strait Islander communities, suicide prevention and mental health leaders, and the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP).

The Implementation Plan should:

- Support Aboriginal and Torres Strait Islander community empowerment and self-determination as non-negotiable Indigenous human rights.
- Support and build the capacity and cultural competence of Aboriginal and Torres Strait Islander service providers.
- Support Aboriginal and Torres Strait Islander community-led and co-designed responses to suicide prevention developed in collaboration with governments, organisations and services.
- Support a broader Australian recovery and healing process based on truth-telling that recognises the events and impacts of colonisation including intergenerational trauma, disadvantage, marginalisation and neglect.
- Support a national Aboriginal and Torres Strait Islander suicide prevention research centre to set national research priorities and facilitate and evaluate locally based community research projects and provide timely and accessible reports of successful strategies, programs and services.
- Include a National Training Plan that focuses on: increasing the Indigenous suicide prevention workforce to levels commensurate with need; ensuring the suicide prevention workforce is culturally safe and competent; and embedding the role of appropriately remunerated Elders and cultural healers in mental health and suicide prevention services; and, providing gatekeeper training in all Aboriginal urban, rural and remote communities.
- Include a National Data Plan that protects Aboriginal and Torres Strait Islander community and other data sovereignty and builds local community capability to collect, analyse and use data for planning and evaluation of suicide prevention programs with those showing promising outcomes resourced and established.
Allocate greater levels of program funds for Aboriginal and Torres Strait Islander communities and Aboriginal Community Controlled Health Services as a component of the Plan.

SPECIFIC RECOMMENDATIONS

Additional recommendations based on the key issues that emerged in workshops with Indigenous Elders, LGBTIQ+SB, Youth, and Lived Experience participants are summarised below and should be incorporated in the Plan.

- **Need for Leadership, Voice and Inclusion.** It is important to listen to the voices of the Elders, Youth, the LGBTIQ+SB and Lived Experience participants so that their specific needs, issues and expertise are considered in all suicide prevention activities and specific networks and frameworks.
- **Need for resources** for young people, LGBTIQ+SB and Lived Experience people to actively and meaningfully participate in relevant decision-making forums, conferences and research.

**Elders** call to all levels of government for: an immediate response to unacceptable rates of suicides of young people, including a Royal Commission or ‘Truth and Reconciliation’ Commission as the basis for healing and moving forward; and programs and services to recognise and support the restoration and maintenance of culture and identity for the younger generation. This will require funding for Elders to determine community needs and services and maintain and retain the care, nurture, teaching and cultural connections of their children and families; and for, traditional healers to be included in wellbeing activities.
BACKGROUND

Suicide rates have been increasing worldwide and are especially high amongst Indigenous peoples. The critical importance of identifying and implementing effective suicide prevention strategies in Indigenous communities was highlighted by a report entitled *Global Overview: Indigenous Suicide Rates*, prepared for and launched at the Conferences. This report detailed the consistently higher rates of suicide amongst Indigenous compared to non-Indigenous people and demonstrates the urgency for action.

In 2016, two inaugural suicide prevention conferences were held. The first aimed to bring together members of the Aboriginal and Torres Strait Islander community and experts to identify culturally appropriate suicide prevention solutions in Australia. The Inaugural National Aboriginal and Torres Strait Islander Suicide Prevention Conference was held in on 5-6 May 2016 in Alice Springs, NT, as part of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP).

The inaugural World Indigenous Suicide Prevention Conference and Indigenous Youth Summit, held in Rotorua, New Zealand from 1-3 June 2016, successfully supported cultural practices, information exchange and global partnerships in suicide prevention. The *Turamamara Declaration* issued at the 2016 conference aimed to summarise the actions to be taken by individuals, communities, leaders and representatives to address the deep concerns about the high rates of suicide amongst Indigenous peoples worldwide. At the end of the Conference Australia was designated as the host for the next World Indigenous Suicide Prevention conference and Youth Summit in 2018.

CONFERENCE COMMITTEES AND ACKNOWLEDGEMENTS

We would like to thank the Conference Chairs and Patron, the Executive Conference Committee, the Conference Committee (see appendix A), the staff of the *Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention*, the student volunteers, the Healing Team, the Ngangkari and other traditional healers. Special thank you to Noongar, Aboriginal and Torres Strait Islander Elders representing other different lands and country, and Indigenous Elders from overseas for providing their leadership and sharing their wisdom so generously. We also thank our abstract reviewers, delegates and presenters.

Professor Gracelyn Smallwood, Seneca Chief Clayton Logan, Associate Professor Ted Wilkes AO and Sonja Blurton
CENTRE OF BEST PRACTICE IN ABORIGINAL AND TORRES STRAIT ISLANDER SUICIDE PREVENTION

The Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP) at the Poche Centre for Indigenous Health, School of Indigenous Studies, University of Western Australia, aims to reduce the causes, prevalence and impact of suicide on the specific experiences and issues of Indigenous individuals, families and communities. The CBPATSISP focuses on at risk groups, including youth, LGBTIQ + SB , people with Lived Experience and identifying, translating and promoting the adoption or adaption of best practice in Indigenous specific suicide prevention activity, including that which is found in emerging national and international research. More information on the Centre can be found on the Centre website: [www.cbpatsisp.com.au](http://www.cbpatsisp.com.au).

The CBPATSISP organised the 2nd National Aboriginal and Torres Strait Islander Suicide Prevention Conference and the 2nd World Indigenous Suicide Prevention Conference to provide a culturally safe space and the opportunity for the Australian and the world Indigenous communities to engage and network with the common aim to find best practice solutions within our community for preventing the high numbers of suicides worldwide being experienced.

AIM AND PURPOSE OF THE CONFERENCES

The main aims of the Conferences were:

1. Foster a strong commitment to Indigenous governance and maximise opportunities for the voices of communities across all nations to be heard.
2. Increase sector commitment to participate in a collaborative approach to Indigenous suicide prevention.
3. Empower and enhance community participation in Indigenous suicide prevention activities.
4. Facilitate the continuation and development of quality Indigenous suicide prevention initiatives.
5. Host an international gathering of Indigenous leaders, communities and researchers in all disciplines to share knowledge, culture, and research, to promote the strength of Indigenous led suicide prevention programs and to inspire new relationships and connections.
6. Enable a forum that engages with a broad range of critical issues for Indigenous communities leading to clear outcomes for actions.

KEY ELEMENTS OF THE CONFERENCES AND PROGRAM STRUCTURE

There were several key elements of the conferences that set them apart from mainstream conferences. The strong focus on culture, cultural safety, cultural governance and respect makes these conferences unique. Finally, the CPBATSISP contributes expertise and leadership for the World Indigenous Suicide Prevention Network, proposed at the Turamarama Ki Te Ora, the first WISPC in 2016 [https://journalindigenouswellbeing.com/journal_articles/indigenous-suicide-the-turamarama-declaration/](https://journalindigenouswellbeing.com/journal_articles/indigenous-suicide-the-turamarama-declaration/)

1. Plenary panel sessions showcasing Australian Indigenous initiatives and the work of Indigenous populations around the globe.
2. Recognising the importance of the voices of those with lived experience, LGBTIQ+SB community members, Elders and youth. The Program had strong representation from each of these groups.
3. Provide a high impact with presentations and workshops, highlighting the intersection of data sovereignty, research, policy, practice and lived experience with multiple opportunities for engagement and learning.
4. Cultural ceremonies.
5. Culturally informed workshops.
7. Engagement with Primary Health Networks.
8. Extend the reputation of CBPATSISP as a nationally and internationally recognised and sought after centre for its expertise and innovation in transformative Indigenous multidisciplinary research, evaluation and conceptualisations around best practice.
Keri Lawson and Ngangkari Healers

Dance performed by Mungari Yongah Nyoongah Enterprises and Noongar women’s dance group
SOCIAL AND CULTURAL PROGRAM

The central role of culture was reflected in the conference themes, the cultural ceremonies, the international youth cultural exchange, the social and cultural program, and the active participation of Elders, healers and members of the national and international Indigenous communities.

Culture is Life (https://www.cultureislife.org/) is an organisation dedicated to promoting cultural strength as a protective factor against suicide and supporting Aboriginal-led solutions aimed at deepening connection and belonging to culture and country and allowing young Aboriginal and Torres Strait Islander people to thrive. Culture is Life invited all young people attending the conferences to join the World Indigenous Youth Cultural Exchange Day, a cultural immersion experience provided by the traditional custodians of land where the conferences were held. This day included a Welcome to Country, smoking ceremony, dance performance and tours to several culturally significant locations on Noongar country.

Separate Welcome Events were held for the delegates to the two conferences. For the Second National Aboriginal and Torres Strait Islander Suicide Prevention Conference, Whadjuk Noongar Elder Associate Professor Ted Wilkes AO and Professor Dawn Bessarab welcomed delegates, followed by a Welcome to Country and Smoking Ceremony performed by Dr Richard Walley OAM.
The Welcome Ceremony for the Second World Indigenous Suicide Prevention Conference was an international Indigenous event. The welcome and smoking ceremony took place at the amphitheatre with ocean views on Scarborough beach. The Aboriginal and Torres Strait Islander flags flew with the Rainbow flag.

All delegates were encouraged to pass through the cleansing smoke. With comedian Steven Oliver as the Master of Ceremonies the ceremony was both solemn and inspiring. Delegates were welcomed by Noongar Elders Uncle Ted Wilkes, Aunty Roma Winmar, Aunty Liz Hayden and Uncle Jim Hayden.

There were several highlights of this welcoming ceremony. Many of the LGBTIQ+SB delegates were touched to see their rainbow flag flown together with the Aboriginal and Torres Strait Islander flags.

The most memorable highlight was the musical and dance performances initially by local Whadjuk Nyoongah dance groups. The local Elders were then joined by the Elders from the other nations represented at the Conference.

Seneca Elder Clayton Logan from New York USA performed a traditional dance of his tribe followed by delegates from the other first nations. Steven Oliver inspired everyone as the master of ceremonies, and Uncle Ted Wilkes was impressive playing the didgeridoo.

The Conference was opened by the Hon Ken Wyatt AM, MP Minister for Indigenous Health and Minister for Aged Care. Altogether, this opening ceremony set the scene for a culturally safe environment in which to explore the challenges of Indigenous suicide and identifying solutions that work in Indigenous Suicide Prevention.
CONFERENCE DINNER AND HANDOVER

The World Conference dinner was held on Thursday night and co-hosted by Culture is Life and the Culture Squad. The Youth demonstrated strong leadership with an extremely powerful solo Noongar traditional dance performance by culture squad member Derek Nannup. Following this was a performance by participants of the youth music workshop who had written a song together over the first 3 days of the conference and performed at the dinner. Their performance was both inspiring and empowering to youth and delegates who were in attendance.

The handing over ceremony for the 3rd World Indigenous Suicide Prevention Conference to Winnipeg Manitoba Canada took place at the dinner. Carla Cochrane and Leona Star represented the Manitoba community and accepted the Australian Healing Stone and a booka (kangaroo cloak) from the Noongar Elders.

They were also presented with the Healing Stone from the first World Indigenous Suicide Prevention Conference in New Zealand. Maori delegates performed ceremonies to send the New Zealand stone on to Canada safely.

In exchange, the Conference Ambassadors were given a traditional blanket. The High Commissioner of Canada, his Excellency Mr Paul Madison, also spoke and joined the official hand over to Canada for the third World Indigenous Suicide Prevention Conference to be held in 2020.

Dance performer Derek Nannup

Aunty Liz Hayden and Aunty Roma Winmar handing over the healing stone and booka (kangaroo coat) to Carla Cochrane representing the Manitoba community.

The Healing Stones from the 1st and 2nd World Indigenous Suicide Prevention conference were handed to the Manitoba community.
CONFERENCE OPENING AND CLOSING

The NATSISPC was launched by Hon Roger Cook MLA, Deputy Premier and Minister for Health and Minister for Mental Health for Western Australia and the official opening of the WISPC was provided by the Hon Mr Ken Wyatt, AM MP, Minister for Indigenous Health, Senior Australians and Aged Care.

Conference Patron and keynote speaker, Professor Tom Calma AO, set the stage for the Conferences by emphasising that the devastating and unacceptable story of Indigenous suicide is not just about Australia but a global one. The evidence shows that other countries’ which have Indigenous suicide rates, similar to Australia, are about twice those of the mainstream population. A process of cultural reclamation, healing from enduring grief and loss, and recovery from colonisation is a globally shared agenda. International Indigenous gatherings enable discussions about the issues, challenges and potential solutions for preventing suicide and to share knowledges among Indigenous peoples across the nation and world and provide unique learning experiences.

ROLE OF ELDER AMBASSADORS

Elders played a key role in the conferences. They generously shared their experiences, leadership and knowledge of the community, the impacts of suicide, mental health and social and emotional wellbeing. The four Elder Ambassadors provided peace and calm; they added tremendous value to the cultural security of the conferences. The Elders had clear roles and responsibilities and brought strength, knowledge and wisdom to the conference delegates and conference committee. Elders from all the first nations present held separate Elders meetings and developed their own set of recommendations which were presented to all delegates on the final day.
Elders Feedback and Recommendations

The keypoints arising out of separate Elders meetings were:

- In Australia, we support the call to government for a Royal Commission on the unacceptable rates of suicides of our young people.
- We call for an immediate response to the suicides amongst our people.
- Maintenance of our culture is essential. This instils a strong cultural identity within our younger generation.
- Elders need to be funded so they can determine community needs and services and take care of our people.
- Traditional healers must be promoted and included in any wellbeing activity.
- Elders will teach our children and youth that life is spirit and spirit is life.
- The government needs to keep their hands off our children!
- We need to maintain family connections to ensure that each generation knows who they are and that their identity is not lost.

The points have been brought together in the 3rd Recommendation of the Conference Call for Action.

Elders call to all levels of government for: an immediate response to unacceptable rates of suicides of young people, including a Royal Commission or ‘Truth and Reconciliation’ Commission as the basis for healing and moving forward; and programs and services to recognise and support the restoration and maintenance of culture and identity for the younger generation. This will require funding for the Elders to determine community needs and services and maintain and retain the care, nurture, teaching and cultural connections of their children and families; and for traditional healers to be included in wellbeing activities.
CONFERENCE STREAMS AND THEMES

Keynote panel discussions focused on a broad range of themes, from ‘Community Based Issues’, ‘Partnerships and Collaborations’, ‘Healing and Recovery’ to the ‘Role of Cultural Practices’ in suicide prevention. Keynote speakers from Australia included Professor Pat Dudgeon, Professor Tom Calma AO, Mental Health Commissioner Professor Helen Milroy, Pat Turner AM, Professor Gracelyn Smallwood, Rebecca Johnson, Ethan Taylor, Rob McPhee, Professor Len Collard, Dr Michael Wright, Joe Williams, Leilani Darwin, Dion Tatow, Michael Mitchell, Tjalaminu Mia, Adele Cox, Tom Brideson and Joe Williams. International keynote speakers Dr Kahu McClintock (NZ), Joseph Sewell (NZ) Prof Linda Nikora (NZ), Dr Gayle Skawenniio Morse (USA), Sade ‘Heart of the Hawk’ Ali (USA), Deanna Ledoux (Canada), Professor Malcolm King (Canada), Dr Alexandra King (Canada) and Anna Betty Achneepineskum (Canada), Dr Keri Lawson Te Aho (NZ), Dr Joe Stone (USA), Deanna Ledoux (Canada), Dr Lynne Russell, (NZ).

The seven major conference streams were:
1. Community based solutions
2. The importance of community partnerships
3. National initiatives / The role of cultural practices
4. Lived experience / Healing and recovery
5. Data sovereignty
6. Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and Sister Girl and Brother Boy (LGBTIQ+SB)
7. Youth

There were dedicated streams with presentations and workshops for young people, people with Lived Experience and the Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and Sister Girl and Brother Boy (LGBTIQ+SB) community. These groups were represented on the Conference Committee to ensure inclusion and empowerment and a safe cultural space to share their knowledge and speak and listen to others.

The main themes emerging from these streams are listed. They have informed and are reflected in the Conference Recommendations.
The Key Themes emerging across the two Conferences have been identified through an analysis of the keynote presentations, plenary and concurrent sessions, and comments recorded by participants in their notes and feedback on the Conferences. The Key Themes are reflected in the Conference Recommendations.

The Key Themes are:

- Suicide is a serious problem, with rates increasing worldwide for the population as a whole.
- Suicide is an especially serious issue for Indigenous people, reflecting dispossession, colonisation, empowerment, disadvantage, differential access to services and lack of a voice.
- The time for action is now; and real action is needed not just vague promises.
- Suicide prevention solutions and action need to recognise:
  - The central role of culture and cultural practices.
  - Gayaa Dhuwi (Proud Spirit) declaration.
  - The role of Elders is important.
  - Focus on strength, resilience, hope, reconnecting and healing.
  - Community self-determination and community-based solutions.
  - Social determinants of health.
  - The diversity of the community and needs: specifically inclusion of community experts: young people, people with lived experience, LBGTIQ+SB.
  - The continuing effects of colonisation, especially the Stolen Generations, on communities.
  - Racism and lateral violence.
  - Need for collaborative partnerships.
  - Need for Indigenous governance.
  - Need for community leadership.
  - Need for community controlled and culturally appropriate services.
  - Best practice based on safe spaces, the need for holistic approaches, and Indigenous ways of knowing and models of healing. Effective prevention and intervention strategies.
  - Social and emotional wellbeing.
  - Healing and recovery from trauma.
  - Ongoing community issues contributing to suicide: Child abuse, domestic violence, alcohol and drugs, incarceration.
  - Importance of data sovereignty in the evaluation and measurement of suicide prevention programs, and for informing policy.
In recognition of the levels of trauma, grief and loss experienced by Indigenous communities establishing strategies to ensure the safety of delegates was given a high priority for the conference organisers.

Care and Safety Plan

A conference care and safety plan was developed by the leaders of the Healing Team (Graham Gee, Kelleigh Ryan and Tanja Hirvonen). The plan aimed to create a trauma informed space to ensure that conference delegates would be able to explore and discuss difficult topics in a culturally safe and supportive environment.

The Healing Team

The Healing Team played a critical role at the Conferences, considering that exploring the topic of suicide can be a significant trauma trigger. All delegates could access the Healing Team located in a special healing room. Moreover, members of the team were in attendance at the Conference sessions, especially those that Conference organisers considered potentially highly stressful in their content. The Healing Team included experienced counsellors, psychologists and traditional healers. The Healing Squad, comprising trainee counsellors from local services in Perth, further supported participants. The Ngangkaris enriched the activities of the Healing Team by providing traditional healing for participants.
Care and Safety Activities

The conferences provided a range of care and safety activities. The Sister Kate’s Homes Kids Aboriginal Corporation (SKHSAC) offered three workshops; art, wood burning and wild flower essences.

The Art Workshops were focussed on creative expression, painting individually or in groups;

The Wood Burning Workshops taught tool making practices; the Wildflower Healing Workshops offered healing experiences including traditional massage and aromatherapy using local wildflowers.

The workshops were offered for the duration of the conferences and were popular amongst delegates for relaxing, for expressing their creativity and yarning with others.

Quiet Space

A dedicated space, the “Quiet Room” was set up to provide for reflection and time out from the conference. All delegates were invited to use this space.

Information on Self-Care

The Conference App and a flyer handed out to delegates included care and safety considerations by providing information on these topics: counsellors (the Healing Team), looking after yourself, specific self-care actions and activities, triggers and distress, emergency phone numbers for the head counsellors during and post-conference, and the Quiet Space.

MEDIA

Media company 33 Creative was engaged to provide media releases both before and following the conferences to relevant Indigenous, health, news and other local media outlets. 33 Creative also managed media enquiries and distributed media alerts via social media including twitter, facebook and Instagram.

The Croakey Conference News Service maintained a high media presence, with focus on the NATSISPC, and their twitter feeds were widely liked and retweeted. The Croakey report summarised major conference recommendations and themes, including the focus on hope, inclusion, respect, self-determination and rebuilding stories (see the Croakey Report on the Conference Website).
PARTICIPANT FEEDBACK

Conference participants completed an online survey approximately four weeks post conference, providing positive feedback on all aspects of the conference as well as suggestions for improvement of future conferences. Details of the feedback are in Appendix E. The participants’ ratings and comments reflected their high satisfaction with all aspects of the conference:

“The welcome ceremony was amazing.”

“I was so impressed by how culturally safe the conference was”.

“It was great, more time and space, more opportunity for hearing from people from Indigenous Nations that were from not Australia”.

The cultural activities “were the highlight”, and “there could have been more”.

Participants noted how they “absolutely loved” the healing but that there is “always more room for healing”, “especially after heavy sessions there could have been a quick healing activity after the heavy discussion for people to be able to move from and move forward into the next presentation with a clear mind”.

Comments on the speakers were also highly positive with one speaker receiving extensive praise for his presentation. For future conferences, participants suggested ensuring for “more young people’s voices to be heard,” and including speakers with lived experience and “people from the community who are experiencing the high level of suicides”.

The sense of safety and inclusivity was evidenced in all groups.

“The level of LGBTI inclusion was amazing, and to a level I have never seen before in a non-LGBTI space. This created a very safe and supportive space for all diversity, and I hope that one day all conferences will have this active and embedded level of inclusion.”

The comment of this delegate is a beautiful summary the overall tone of comments:

“Thank you for your hospitality and sharing the knowledge and culture of the beautiful Aboriginal and Torres Strait Islander people. My heart was filled seeing the strength and support from the brothers and sisters to each other. The beauty of the dance, songs and culture added strength those in attendance. I was grateful to see all the aunties, uncles and youth in attendance. I wish you all the best for [the] next conference”.

Ngangkari Healers, International Elders and Conference participants at Welcome Ceremony for the Second NATSISPC
RECOMMENDATIONS FOR FUTURE CONFERENCES

Based on participant feedback

1. Allocate more time in the program for welcoming ceremonies
2. Allocate more time for cultural activities that will not compete with other conference content
3. Include content on specific ways to implement conference learnings in suicide prevention practice
4. Continue special Lived Experience, youth, Elders and LGBTIQ+SB streams
5. Include youth more prominently in the various conference activities
6. Continue to provide the support of the Healing Team.

Based on feedback from the Healing Team

The role of the Healing Team was to support the care and safety of delegates in a strong, coordinated, and culturally informed way. The Care and Safety plan and the Team’s consistent availability throughout the Conferences was appreciated by the delegates, as was the Team’s professional manner of preventing and dealing with difficult situations. The team has several recommendations to support the safety and wellbeing of participants in future conferences.

1. Clearer guidelines about the roles, responsibilities, and capacity of the Healing Team with regards to care duties and on-call times.
2. Highlight the availability of the Healing Team at the beginning of each day.
3. Increase use of the counselling rooms and quiet spaces with better, more visible signage.
4. Opportunity for debriefing sessions for participants or groups that report or experience increased vulnerability.
5. Cultural tours or walks on country as part of the program to allow for grounding and increased cultural connection.
6. Additional healing activities such as group exercise sessions in the mornings.
7. Opening and closing each day with mindfulness or related activities.
CONCLUSION AND FUTURE STEPS

Holding both the National and World Indigenous Suicide Prevention Conferences consecutively provided a tremendous opportunity for meeting with other members of the Indigenous community who, as shown by the Global Overview of Suicide Rates (2018) Report, share the deep concern about these excessively high rates of suicide and profound commitment to finding solutions to stemming the suicide epidemic.

Both Conferences were held with a deep commitment to Indigenous governance protocols and aimed to give prominent roles to Elders and members of the local, national and international communities.

Thus, cultural safety remained of high importance throughout the Conferences and was supported by a range of cultural activities, a care and safety plan and the Healing Team. Participants felt culturally safe at the Conferences. They enjoyed the cultural activities and would have preferred an even stronger cultural focus.

Although, based on feedback from the Inaugural Aboriginal and Torres Strait Islander Suicide Prevention Conference, substantial time was allocated to youth in a specific youth stream and the World Indigenous Youth Cultural Exchange Day, current delegates still requested more focus on youth.

Offering individual streams on specific issues and needs, such as the Lived Experience and LGBTIQ+SB streams, also received much positive feedback and will hopefully be retained in future conferences.

We are pleased to announce that both the national and world conferences will run again in two years. The third National Aboriginal and Torres Strait Islander Conference will be held in Queensland and hopefully enable greater participation by our community in the Northern States and Territory, especially Torres Strait peoples.

The third World Indigenous Suicide Prevention Conference will be held in Canada in 2020. Given its location in the northern hemisphere, it is hoped that delegates from countries who could not join the conferences “down under” will be able to attend and further enrich the future conferences with their perspectives.

Above all, we hope that by 2020, the call for urgent action on Indigenous suicide prevention will have been heard and that the conference recommendations will have been actioned and implemented by state and national governments. A Summary and Recommendations statement has been produced to facilitate this
## APPENDICES

### APPENDIX A  CONFERENCE COMMITTEES

#### Executive Conference Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor Pat Dudgeon</td>
<td>Director, Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention, Poche Centre for Indigenous Health, University of Western Australia</td>
</tr>
<tr>
<td>Professor Dawn Besserab</td>
<td>Conference Co-chair, Poche Centre for Indigenous Health, University of Western Australia</td>
</tr>
<tr>
<td>Glenn Pearson</td>
<td>Conference Co-chair, Telethon Institute for Kids, Perth, University of Western Australia</td>
</tr>
<tr>
<td>Barb Ahmat</td>
<td>Program Manager, Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention, Poche Centre for Indigenous Health, University of Western Australia</td>
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</table>

#### Conference Organising Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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</thead>
<tbody>
<tr>
<td>Professor Tom Calma AO</td>
<td>Conference Patron</td>
</tr>
<tr>
<td>Will Austin</td>
<td>Culture is Life</td>
</tr>
<tr>
<td>Sally Bishop</td>
<td>Department of Health</td>
</tr>
<tr>
<td>Catherine Brown</td>
<td>National Mental Health Commission</td>
</tr>
<tr>
<td>Adele Cox</td>
<td>National Indigenous Critical Response Service</td>
</tr>
<tr>
<td>Leilani Darwin</td>
<td>Lived Experience Representative</td>
</tr>
<tr>
<td>Neil Drew</td>
<td>Australian Indigenous HealthInfoNet</td>
</tr>
<tr>
<td>Belinda Duarte</td>
<td>Culture is Life</td>
</tr>
<tr>
<td>Rebecca Johnson</td>
<td>Tekwabi Giz National LGBTI Health Alliance</td>
</tr>
<tr>
<td>Nikki Kelso</td>
<td>Suicide Prevention Australia</td>
</tr>
<tr>
<td>Donna Murray</td>
<td>Indigenous Allied Health Australia</td>
</tr>
<tr>
<td>Sue Murray</td>
<td>Suicide Prevention Australia</td>
</tr>
<tr>
<td>Rob McPhee</td>
<td>Kimberley Aboriginal Medical Service</td>
</tr>
<tr>
<td>Michael Naera</td>
<td>New Zealand, International Representative</td>
</tr>
<tr>
<td>Richard Weston</td>
<td>Healing Foundation</td>
</tr>
<tr>
<td>Michael Wright</td>
<td>Telethon KIDS Institute</td>
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#### Conference Administration

<table>
<thead>
<tr>
<th>Name</th>
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<tr>
<td>Lagi Sipili</td>
<td>Administrative Officers, Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention, University of Western Australia</td>
</tr>
<tr>
<td>Maddie Boe</td>
<td></td>
</tr>
<tr>
<td>Lyn Van Rooy</td>
<td></td>
</tr>
<tr>
<td>Renee Bennett</td>
<td>Director, Encanta Events Management</td>
</tr>
</tbody>
</table>
APPENDIX B: PARTNERS AND SPONSORS

Host

Australian Government
Department of Health

Australian Government
National Mental Health Commission

Platinum Sponsor

Sponsors

Healing and Counselling

Bursary Support

Consortium Members

Community Partners

Supported By
APPENDIX C: DELEGATE STATISTICS

Geographical Statistics

<table>
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<tr>
<th>Countries</th>
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State and Territories

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In total, 155 bursaries were awarded:

Bursaries for full registration at the both conferences: N= 132 (inc 14 student bursaries)
Bursaries for full registration at the NATSISPC only: N=17
Bursaries for full registration at the WISPC only: N=4
Bursaries for day registration: N=2
### APPENDIX D: CONFERENCE PROGRAM

**Program Outline**

**Monday 19 November 2018**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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| 0900 – 1700 | Youth Cultural Exchange Day to Mandurah and Pinjarra hosted by Culture is Life and the City of Mandurah.  
Cost: No charge for youth delegates (18 – 30 years old) or $100 per person |
| 1600 – 1900 | Registration Desk Open                                       |

*The committee reserves the right to alter the program as circumstances dictate.*
## 2018 National Aboriginal and Torres Strait Islander Suicide Prevention Conference

### Tuesday 20 November 2018

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tr>
<td>0730</td>
<td>Registration Desk Open</td>
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<tr>
<td>0830</td>
<td>OPENING PLENARY SESSION</td>
<td>Preston A</td>
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<tr>
<td>0835</td>
<td>MC Welcome</td>
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<tr>
<td>0835</td>
<td>Welcome to Country and Smoking Ceremony</td>
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</tr>
<tr>
<td>0900</td>
<td>Welcome Performance</td>
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<tr>
<td>0905</td>
<td>Official Opening of the 2nd National Aboriginal and Torres Strait Islander Suicide Prevention Conference</td>
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<tr>
<td>1000</td>
<td>The Need for Community Leadership</td>
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<tr>
<td>1030</td>
<td>Setting the Scene</td>
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</tr>
<tr>
<td>1045</td>
<td>Hope after the Royal Commission into Institutional Responses to Child Sexual Abuse</td>
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</tr>
<tr>
<td>1100</td>
<td>Introductory: The Importance of Community Partnerships</td>
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</tr>
<tr>
<td>1130</td>
<td>Process Matters: Co-design of the National Suicide Prevention Trial activity with the Aboriginal and Torres Strait Islander communities in the Brisbane North PHN region</td>
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<tr>
<td>1230</td>
<td>Welcome Performance</td>
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<td>1230</td>
<td>Setting the Scene</td>
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<tr>
<td>1300</td>
<td>World Indigenous Wellness: Can we Measure This Within and Across Our Global Nations Panel Discussion</td>
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<tr>
<td>1315</td>
<td>Process Matters: Co-design of the National Suicide Prevention Trial activity with the Aboriginal and Torres Strait Islander communities in the Brisbane North PHN region</td>
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<td>1330</td>
<td>Process Matters: Co-design of the National Suicide Prevention Trial activity with the Aboriginal and Torres Strait Islander communities in the Brisbane North PHN region</td>
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<td>1330</td>
<td>Setting the Scene</td>
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<td>Hope after the Royal Commission into Institutional Responses to Child Sexual Abuse</td>
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<td>1430</td>
<td>The Need for Community Leadership</td>
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</table>

### 1100 – 1200 CONCURRENT SESSIONS

#### Session: Community Based Solutions

- **Room:** Preston A
- **Chair:** Glenn Pearson
- **Presenter:** Ngalla Maya - national record post-prison to education, to employment - radically changing lives
- **Process Matter:** Co-design of the National Suicide Prevention Trial activity with the Aboriginal and Torres Strait Islander communities in the Brisbane North PHN region

#### Session: The Importance of Community Partnerships

- **Room:** Grand Ballroom East
- **Chair:** Dr Richard Walley
- **Presenter:** National Suicide Prevention Implementation Strategy - priority actions for Aboriginal and Torres Strait Islander People

#### Session: National Initiatives

- **Room:** Grand Ballroom West
- **Chair:** Dr Richard Walley
- **Presenter:** National Suicide Prevention Implementation Strategy - priority actions for Aboriginal and Torres Strait Islander People

#### Session: Lived Experience

- **Room:** Swan
- **Chair:** Mr Jason Eades
- **Presenter:** Suicide Story - Building resilient communities

#### Session: Data Sovereignty

- **Room:** Preston B
- **Chair:** Dr Anil Mathur
- **Presenter:** Suicide Story - Building resilient communities

#### Session: LGBTQ+ & Youth

- **Room:** Blackwood
- **Chair:** Dr Roslyn Lee
- **Presenter:** Suicide Story - Building resilient communities

### 1230 – 1330 LUNCH

**Room:** Preston B

The National Mental Health Commission invites Aboriginal and Torres Strait Islander people with a lived experience of mental ill health, their families, carers, support people and the organisations which support them to meet with Commissioners.

---

The committee reserves the right to alter the program as circumstances dictate.
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Chair/Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>1330 – 1500</td>
<td><strong>KEYNOTE PANEL SESSION 2: Emerging Issues</strong></td>
<td>Chair: The Hon Ngaree Ah Kit</td>
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<tr>
<td>1330 – 1335</td>
<td>Introduction</td>
<td></td>
</tr>
<tr>
<td>1335 – 1405</td>
<td>Prof Gracelyn Smallwood</td>
<td>Central Queensland University</td>
</tr>
<tr>
<td>1405 – 1420</td>
<td>Youth</td>
<td>Will Austin</td>
</tr>
<tr>
<td>1420 – 1435</td>
<td>Prof Malcolm King</td>
<td>Member of the Mississaugas of the New Credit First Nation, Canada</td>
</tr>
<tr>
<td>Dr Alexandra King</td>
<td>Nipissing First Nation (Ontario), Canada</td>
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<tr>
<td>1435 – 1500</td>
<td>Panel Discussion</td>
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<td>1500 – 1530</td>
<td>AFTERNOON TEA</td>
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<td>1530 – 1700</td>
<td><strong>CONCURRENT SESSIONS</strong></td>
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<td>Session 1.2B</td>
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<td>Stream:</td>
<td>Community Based Solutions</td>
<td>The Importance of Community Partnerships</td>
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<td>Grand Ballroom East</td>
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<tr>
<td>Chair:</td>
<td>Adele Cox</td>
<td>Prof Gracelyn Smallwood</td>
</tr>
<tr>
<td>1530 – 1600</td>
<td>Ngulluk Kooyonga</td>
<td>Ngulluk Koort (Our Children Our Heart)</td>
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<tr>
<td>1600 – 1630</td>
<td>CAMHSS - Aboriginal Mental Health Service (Child and Adolescent Mental Health Service)</td>
<td>Joan Ford, Child and Adolescent Mental Health Service</td>
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<td></td>
<td>Preston B</td>
<td>Swan</td>
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<tr>
<td>Chair:</td>
<td>Josie Ford</td>
<td>Child and Adolescent Mental Health Service</td>
</tr>
<tr>
<td>1630 – 1700</td>
<td>Early Suicide Prevention Training: Stronger Smarter Yarns for Life: building community capacity</td>
<td>Prof Chris Sam (via video)</td>
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<tr>
<td>1700 – 1715</td>
<td>Day 1 Recap</td>
<td>MC: A/Prof Ted Wilkes, AO &amp; Prof Dawn Bessarab</td>
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<td>1715 – 2000</td>
<td>Welcome Sundowner</td>
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<tr>
<td>Time</td>
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<td>DAY 2 PLENARY SESSION</td>
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<td>MC: Glenn Pearson &amp; Donna Murray</td>
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<td>Recap Day 1</td>
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<td>Creating a Safe Environment</td>
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<td>0900</td>
<td>KEYNOTE PANEL SESSION 3: Community Based Solutions</td>
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<td>Chair: Richard Weston</td>
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<tr>
<td>0900</td>
<td>Introduction</td>
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<tr>
<td>0905</td>
<td>The Looking Forward Project, Community Driven Initiatives</td>
<td></td>
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<tr>
<td></td>
<td>Dr Michael Wright</td>
<td>Curtin University National Drug Research Institute; Telethon KIDS Institute</td>
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<tr>
<td>0930</td>
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<td>Indigenous Lived Experience Network</td>
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<td>Leilani Darwin</td>
<td>Lived Experience Representative</td>
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<tr>
<td>0950</td>
<td>Self-determination for LGBTIQ+ Sistergirls and Brotherboys in suicide prevention</td>
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<tr>
<td></td>
<td>Dion Tatow</td>
<td>garjanqum network, QLD</td>
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<tr>
<td>1005</td>
<td>Social and Emotional Wellbeing Service Delivery</td>
<td></td>
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<td></td>
<td>Michael Mitchell</td>
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**SESSION 1**

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<tr>
<th>Stream:</th>
<th>Community Based Solutions</th>
<th>The Importance of Community Partnerships</th>
<th>Community Based Solutions</th>
<th>Lived Experience</th>
<th>Data Sovereignty</th>
<th>LGBTIQ + SB</th>
<th>Youth</th>
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<td>Preston A</td>
<td>Grand Ballroom East</td>
<td>Grand Ballroom West</td>
<td>Swan</td>
<td>Preston B</td>
<td>Blackwood</td>
<td>Preston C</td>
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<tr>
<td>Chair:</td>
<td>Pat Turner AM</td>
<td>Tom Brieden</td>
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<td>Dr Ken Leeson-To Ate</td>
<td>Glenn Pearson</td>
<td>Braden HI</td>
<td>Deane Ledoux</td>
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**SESSION 2**

<table>
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<tr>
<th>Time</th>
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<tr>
<td>1130</td>
<td>Stitching Our Futures Together – Naracules and the Story Animals</td>
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<td>Kimberley Deliberate Self Harm and Suicidal Behaviour Management Protocol</td>
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<td>Nicola Jeffery-Dowse, Kimberley Mental Health and Drug Service, WA</td>
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<td>Vicki McDowen, Kimberley Aboriginal Medical Services, WA</td>
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<tr>
<td>1130</td>
<td>The First Nations Homelessness Project</td>
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<tr>
<td></td>
<td>Meryn Edes, Jennifer Kasymagen, Mine Yarran and Claire Cheyne</td>
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<tr>
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<td>Ngapla Meay, WA</td>
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<td>1130</td>
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<tr>
<td></td>
<td>Shannon Keung, Moudajy Koort, WA</td>
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<tr>
<td>1130</td>
<td>Evaluation of a social and emotional wellbeing program for Aboriginal and Torres Strait Islander people: An upstream suicide prevention initiative</td>
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<td>Margaret Saunders, RWHN, SA</td>
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<td>1130</td>
<td>Creating LGBTIQ+ Leaders</td>
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<td>Mark Mannup and Rebecca Johnson</td>
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<tr>
<td>1130</td>
<td>You Are Important – Life is Important Suicide Prevention Program:</td>
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<tr>
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<td>Charmane Green, Western Australian Centre for Health, WA</td>
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<td>Merryn Gunian, Geraldton Streetwork Aboriginal Corporation, WA</td>
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**SESSION 3**

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<tr>
<td>1200</td>
<td>Olympic Cultural Healing Program (OCHP), Sunshine Coast Hospitals and Health Services (SCHRHS)</td>
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<tr>
<td></td>
<td>Jennifer McCay, Arne Humber and Albytha Johnson, GCDP, SDHHS, SNH</td>
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<tr>
<td>1200</td>
<td>A multi-incident analysis of Indigenous suspected suicides</td>
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<tr>
<td></td>
<td>Kelly Ding, Queensland Health - QLD, Michaela Combo, Metro South Hospital and Health Service, QLD</td>
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<tr>
<td>1200</td>
<td>Australian Aboriginal Suicide: An Aboriginal nurse and research perspective</td>
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<tr>
<td></td>
<td>Rwelsh Ward, University of Southern Queensland, QLD</td>
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<tr>
<td>1200</td>
<td>Youth Empowerment and Healing Cultural Camp (YEaHC) A youth suicide prevention initiative at a grassroots level to lead real action and mobilise change amongst those who are continuously being affected by the impacts of suicide across the Kimberley region, Geraldine Sheaff, Shonille Sheaff, Burnmooril-Aboriginal Corporation, WA</td>
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**SESSION 4**

<table>
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<tr>
<th>Time</th>
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<tr>
<td></td>
<td>Rob McPhie, Kimberley Aboriginal Medical Service, WA</td>
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<tr>
<td>1230</td>
<td>Strengthening Our Spirits: A Systems Approach to Suicide Prevention, Darwin Trial</td>
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<td></td>
<td>Jane Hopkins and Kim Michalson, NT PHN, NT</td>
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<tr>
<td>1230</td>
<td>The influence of social and cultural determinants of health on pathways to care for suicide prevention in a health services context</td>
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<td>Kelly Anne Stefford, Warragul Lawns + Consulting, NSW</td>
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<tr>
<td>1230</td>
<td>“Our voices are rising”, in the prevention of Indigenous suicide, self-determined solutions must be made by sovereign people.</td>
</tr>
<tr>
<td>1230</td>
<td>A minority within a minority – Aboriginal and Torres Strait Islander LGBTIQ+ Sister girls and Brother Boys and suicide prevention</td>
</tr>
<tr>
<td></td>
<td>Dion Tatow, garjanqum network, QLD, Charles Kenaga, Indigenous Women’s Leadership and Support Group, QLD</td>
</tr>
</tbody>
</table>

The committee reserves the right to alter the program as circumstances dictate.
## 2nd National Aboriginal and Torres Strait Islander Suicide Prevention Conference and Second World Indigenous Suicide Prevention Conference

**Wednesday 21 November 2018**

### 1230 – 1330 LUNCH

**Session 2.2A**
- Community Based Solutions

**Session 2.2B**
- The Importance of Community Partnerships

**Session 2.2C**
- The Role of Cultural Practices

**Session 2.2D**
- Healing and Recovery

**Session 2.2E**
- Lived Experience

**Session 2.2F**
- Data Sovereignty

**Session 2.2G**
- Youth

### 1245 – 1330 Launch of the Healing Foundation Capturing Community Stories (How suicide rates fell in two communities)

<table>
<thead>
<tr>
<th>Chair</th>
<th>Preston A</th>
<th>Grand Ballroom East</th>
<th>Grand Ballroom West</th>
<th>Blackwood</th>
<th>Swan</th>
<th>Preston B</th>
<th>Preston C</th>
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<tbody>
<tr>
<td>Conf.</td>
<td>Michael Wright</td>
<td>Prof Linda Nikora</td>
<td>Prof Tom Calma, AO</td>
<td>Michael Mitchell</td>
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### 1330 – 1430 CONCURRENT SESSIONS

<table>
<thead>
<tr>
<th>Stream</th>
<th>Session 2.2A</th>
<th>Session 2.2B</th>
<th>Session 2.2C</th>
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<th>Session 2.2E</th>
<th>Session 2.2F</th>
<th>Session 2.2G</th>
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<tbody>
<tr>
<td>Room</td>
<td>YouMe WhichWay</td>
<td>Jack Johnson, Cenecency Catholic Country, SA and Jason Tindell, Garigal West Kimberley, WA</td>
<td>When Practice Leads to Evidence: Suicide Risk Assessments in Schools Stuart McAlpine and Sarah Hamilton, Department of Education, WA</td>
<td>To provide a whole of community approach to suicide prevention as well as targeting specific at risk sub-groups. Jason A. Chen, CatholicCare NT, NT</td>
<td>Capturing Community Stories (How Suicide Rates Fell in Two Indigenous Communities) Dr John Prince, Researcher, Nancy Jeffrey, The Healing Foundation Community Members from Yarrabah and the Tiwi Islands</td>
<td>CBPATSISP Lived Experience workshop: &quot;We’re not the problem, we’re part of the solution&quot;, Lived Experience for Aboriginal and Torres Strait Islander Bladder Suicide Prevention.</td>
<td>Connecting through music across lands and oceans – Songwriting and music mentoring for young people Thelma Cheechos, Singer-Songwriter/Music Mentor (Canada) Glenn Skuthorpe, Singer-songwriter/Music Mentor Katie Symes, Producer/Music Mentor (Culture is Life &amp; Glenn Skuthorpe Music)</td>
</tr>
</tbody>
</table>

### 1400 – 1430 Paruuyu Mya Yohra (Every Life is Precious) – Kuuma Nation Focus: Salisbury Suicide Prevention Network
- Derby Apairr, Every Life Matters - Salisbury Suicide Prevention Network, SA
- Indigenous Australians Thriving Futures Symposium - The Australian Centre for Indigenous Thriving (ACIT)
- Prof Rhonda Cranze and Dr Robert Broeckling, Australian Catholic University, NSW
- National Empowerment Project (NEDP), Cultural Social and Emotional Wellbeing (CSEWB) Program - Our Journey, Angela Ryder, Longford Aboriginal Association / Relationships Australia WA, WA and Rainer Cook, Longford Aboriginal Association, WA
- Culture and third wave wisdom therapies – towards sustainable, evidence-based supervision Carolyn Minchin

### 1430 – 1500 The Fathering Project
- Prof Len Collard, The University of Western Australia, WA
- Dr. David Palmer, WA
- Dr John McMillan, Murdoch University, WA
- Sister Kate’s Turning Circle - Homeee Healing Homes: healing and empowering the traumatized – our way forward
- Yarrabah Mia
- Sister Kate’s Home Kid’s Aboriginal Corporation, WA

### 1500 – 1530 AFTERNOON TEA

**Session 3.3A**
- Going Forward: Partnerships and Collaborations

**Chair** | Belinda Duarte
**Session 3.3B**
- Introduction

**Session 3.3C**
- Kimberley Suicide Trial Site

**Session 3.3D**
- Broken Links of Belonging: Reconnecting and Healing Self, Family, Community – Sharing a Stolen Generations Perspective
- Tjalumina Mia | Sister Kate’s Home Kid’s Aboriginal Corporation, Western Australia

**Session 3.3E**
- Prof Len Collard | The University of Western Australia, Western Australia

**Session 3.3F**
- Joe Williams | The Enemy Within Suicide Prevention and Mental Wellbeing Education, New South Wales

**Session 3.3G**
- Discussion

### 1700 – 1715 Close of the 2nd National Aboriginal and Torres Strait Islander Suicide Prevention Conference

- Closing Comments: Mr Glenn Pearson, Prof Pat Oudegan, Prof Tom Calma, AO

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The committee reserves the right to alter the program as circumstances dictate.
### Evening Workshops

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Details</th>
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<tbody>
<tr>
<td>1730 – 2030</td>
<td>National Aboriginal and Torres Strait Islander LGBTIQ+ Workshop</td>
<td>Room: Blackwood Strong Spirit Mob Talking is a workshop for Aboriginal and Torres Strait Islander LGBTIQ+ people who wish to contribute to a discussion about our experiences and perceived gaps in service delivery, with a focus on designing solutions for our social and emotional wellbeing.</td>
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<tr>
<td></td>
<td>Oxygen Workshop (Invite Only)</td>
<td>Room: Preston A Facilitated by Joe Williams and Summer Finlay</td>
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<tr>
<td></td>
<td>Story Telling / Song Writing Workshop</td>
<td>Room: Preston C Facilitated by Culture is Life</td>
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The committee reserves the right to alter the program as circumstances dictate.
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>0730 – 0900</td>
<td>Registration Desk Open</td>
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<tr>
<td>0830 – 1030</td>
<td>OPENING PLENARY SESSION: 2nd WORLD INDIGENOUS SUICIDE PREVENTION CONFERENCE</td>
</tr>
<tr>
<td>0845 – 1000</td>
<td>MC Welcome: Steven Oliver</td>
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<tr>
<td>1000 – 1015</td>
<td>Official Opening</td>
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<td></td>
<td>The Hon Ken Wyatt AM, MP, Federal Member for Hailuck; Minister for Indigenous Health; Minister for Aged Care</td>
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<tr>
<td>1015 – 1030</td>
<td>Creating a Safe Environment</td>
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<td>1030 – 1100</td>
<td>MORNING TEA</td>
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<tr>
<td>1100 – 1130</td>
<td>KEYNOTE PANEL SESSION 1: The Role of Cultural Practices</td>
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<td></td>
<td>Chair: Pat Turner</td>
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<tr>
<td>1130 – 1150</td>
<td>Introduction</td>
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<tr>
<td>1150 – 1210</td>
<td>Choose Life: Community-Based Solutions</td>
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<td></td>
<td>Anna Betty Achneepiskum</td>
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<tr>
<td>1120 – 1135</td>
<td>The National Royal Commission into Institutional Responses to Child Sexual Abuse</td>
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<td></td>
<td>Prof Helen Milroy</td>
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<tr>
<td>1135 – 1150</td>
<td>Health in Culture Gayaa Dhulwi (Proud Spirit) Declaration Implementation Guide</td>
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<td>Tom Brideson</td>
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<tr>
<td>1150 – 1205</td>
<td>Data Sovereignty/Research</td>
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<td>Dr Kahu McClintock</td>
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<tr>
<td>1205 – 1230</td>
<td>Discussion</td>
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<td>1230 – 1300</td>
<td>LUNCH</td>
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<tr>
<th>Time</th>
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<td>1300 – 1500</td>
<td>CONCURRENT SESSIONS</td>
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<th>Stream</th>
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<th>Session 3.1B</th>
<th>Session 3.1C</th>
<th>Session 3.1D</th>
<th>Session 3.1E</th>
<th>Session 3.1F</th>
<th>Session 3.1G</th>
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<td>Room:</td>
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<tr>
<td>Chair:</td>
<td>Prof Dean Resbarous</td>
<td>Glenn Pearson</td>
<td>Prof Tom Calma, AO</td>
<td>Mathew Tukaki</td>
<td>N/A</td>
<td>Bec Johnson</td>
<td>Ethan Taylor</td>
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<td>1130 – 1400</td>
<td>Hope after the Royal Commission into Institutional Responses to Child Sexual Abuse</td>
<td>Prof Helen Milroy</td>
<td>Elia Strickland, Te Au; Auckland, New Zealand</td>
<td>Dr Lynne Russell, MIort Health, Victoria University of Wellington, New Zealand</td>
<td>Viki Saunders, QLD</td>
<td>Reclaiming storytelling as a tool of healing and as a preventative approach to Indigenous suicide</td>
<td>Lydia Rule, MIort Health, Victoria University of Wellington, New Zealand</td>
</tr>
</tbody>
</table>

| 1340 – 1500 | Indigenous Connections to Prevent and Intervene on Youth Suicide | Karen Pine Cheechoo, Canada | Tom Bridgen & Chris Holland | Moving past Forced Removal, Intergenerational Trauma, Poor Social and Emotional Wellbeing and resulting self-harm and suicide | National Indigenous Critical Response Service – Supporting Aboriginal and Torres Strait Islander people after the loss of a loved one | Feathers Falling – Short Documentary Film Madelyn Pilse |

The committee reserves the right to alter the program as circumstances dictate.
### 1500 – 1530 | AFTERNOON TEA

### 1530 – 1715 | KEYNOTE PANEL SESSION 2:

**Chair:** Michael Naera

- **1530 – 1535** | Introduction / Declaration Michael Naera
- **1535 – 1550** | Dr Keri Lawson-Te Aho | University of Otago, New Zealand
- **1550 – 1605** | Dr Joe Stone | Clinical Psychologist
- **1605 – 1620** | Deanna Ledoux | Saskatchewan First Nations Child Advocate; Muskeg Lake Cree Nation Treaty 6 Territory, Canada
- **1620 – 1635** | Storying Suicide | Dr Lynne Russell | Victoria University of Wellington, New Zealand
- **1635 – 1700** | Panel Discussion

- **1700 – 1715** | Day 1 Recap

### 1900 – 2300 | 2nd World Indigenous Suicide Prevention Conference Dinner
<table>
<thead>
<tr>
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<tr>
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<tr>
<td>0845</td>
<td>Recap Day 1 of the 2nd World Indigenous Suicide Prevention Conference</td>
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<tr>
<td>1000</td>
<td>Cultural Activity</td>
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<td>1030</td>
<td>MORNING TEA</td>
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<tr>
<td>1030 – 1200</td>
<td>Keynote Panel Session 3: Indigenous Leadership and Governance</td>
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<tr>
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<td>LUNCH</td>
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<td>CONCURRENT SESSIONS</td>
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<td>Session 4.1C (The Role of Cultural Practices)</td>
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<td>Session 4.1F (LGBTIQ + SB)</td>
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<td>Session 4.1C (The Role of Cultural Practices)</td>
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<td>Session 4.1E (Data Sovereignty)</td>
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<td>Session 4.1F (LGBTIQ + SB)</td>
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<th>Time</th>
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<tr>
<td>1200</td>
<td>LUNCH</td>
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**Keynotes:**
- Dr Gayle Morse | Society of Indian Psychologists, United States
- Professor Dawn Bessarab | University of Waikato, New Zealand
- Professor Linda Nikora | University of Waikato, New Zealand

**Panel Discussions:**
- 1135 – 1200 | Panel Discussion

**Conference Committee co-chairs:**
- Prof Pat Dudgeon, AO & Prof Glenn Pearson & Prof Dawn Bessarab
APPENDIX E: CARE AND SAFETY

Social Media Guidelines

These social media guidelines were developed to support attendees of the 2nd National Aboriginal and Torres Strait Islander Suicide Prevention Conference and the 2nd World Indigenous Suicide Prevention Conference November, 2018. They have been adapted from the ‘Mindframe Social Media Guidelines’ resource to ensure all attendees feel informed, safe and supported when discussing the issues of suicide, mental health and mental ill-health online.

We acknowledge the traditional owners of the land we live and work on and pay our respects to elders past, present and future. We also pay our respects to the Aboriginal and Torres Strait Islander services and communities who support our work and partner with us in an effort to reduce the impact of suicide across Australia.

We acknowledge all people with direct experience of suicide, including those who have attempted suicide and those bereaved by suicide. The voices of the people with lived experiences are essential in the development of suicide prevention work.

These social media guidelines were developed to support attendees of the 2nd National Aboriginal and Torres Strait Islander Suicide Prevention Conference and the 2nd World Indigenous Suicide Prevention Conference November 2018. They have been adapted from the ‘Mindframe Social Media Guidelines’ resource to ensure all attendees feel informed, safe and supported when discussing the issues of suicide, mental health and mental ill-health online.

Before engaging in a conversation about suicide and mental illness, it’s worth knowing what level of detail or subject matter you are comfortable discussing or listening to. There could be potential emotional, physical and logistical risks from engaging in unsafe conversations.

If you are feeling distressed following a conversation or presentation, it can be helpful to have a conversation with someone you trust, for example a peer who is a good listener. Speaking to peers who understand you can be extremely beneficial.

Before having a conversation

After having a conversation

Support services are always available

Lifeline: 13 11 14
lifeline.org.au

Tips When Communicating About Suicide

These guidelines aim to provide tips on safe ways to discuss suicide, mental health and mental ill-health to ensure any distress is managed, while also increasing community understanding of these issues. Generally, the best suicide prevention communication activities are focussed on:

- **Mental health and wellbeing:** Promoting social and emotional wellbeing to maximise health in individuals and communities.
- **Prevention:** Increasing understanding of risk factors (i.e. behaviours that signal risk) and warning signs of distress.
- **Impact:** Talking about the impacts of suicide and how we can better support those bereaved by suicide.
- **Support:** Promoting ways people can access support for a range of concerns.
Things to consider:

- **Check the accuracy of your information:** Unsubstantiated, sensational or inaccurate information can be unhelpful.
- **Some language may sensationalise suicide or suggest there is nothing that can be done:** It is best to use terms such as “died by suicide” or “took their own life” rather than “successful” or “committed” suicide.
- **Comment on the fact that suicide can be prevented:** It is helpful to comment on the lasting impact on family, friends and the wider community.
- **Avoid explicit descriptions of suicide, including method and location:** This can prevent potential distress.
- **Encourage discussion around the complexity of the issue and the range of underlying risk factors and impacts:** This can help dispel any myths and increase community understanding.
- **Consider removing a social media comment if it causes offence:** If a comment sparks a debate where comments could cause risk to vulnerable audiences, it may be worth removing the comment to close the feed.
- **Promote online help-seeking:** Include specific help-seeking services and numbers.
- **When communicating online, refer people to online support services:** This directs people to further information.

**What Constitutes Bullying on Social Media?**

Social media can be positive and helpful in health promotion and wellbeing, but may also have a negative impact on people, through both intentional and unintentional posts. Individuals can have different reactions to social media posts or content and things we post may be seen by others as bullying, even if that’s not what was intended. Some things which constitute bullying on social media include:

- Posting negative comments on pictures
- Posting negative comments about people
- Posting abusive posts on a person’s profile
- Using pictures or videos to make fun of another person
- Using social media to stalk someone
- Hacking an account or fraudulently making posts as though another wrote them.

**Things to consider:**

**What you post:** When we post on social media we never know how other people are feeling and thinking and how our post will affect them.

**Healthy conversations:** Trolls (online bullies) do exist and Mindframe recommend you ignore, report or block them as they engage in negative debate.

**Tips When Communicating Your Personal Story**

Personal stories are important to promote broader community understanding around suicide, mental health and mental ill-health. If you wish to disclose a personal experience on social media during the conference, it may be helpful to consider which parts you wish to disclose and the type of audience you will be communicating to online. It is helpful as part of telling your story to also focus on recovery to help the community understand mental illness and broader suicide issues. To be clear about your story, you could use these steps:

**STEP 1:** Write out your story in full.

**STEP 2:** Go back and take out information you would not want everyone you have ever met, or will ever meet, to know about you.

**STEP 3:** Take out any graphic references to self-harm or suicide.

**STEP 4:** Highlight those parts of your story that support recovery and hope, and have the potential to reduce stigma.

**Self-Care**

It is important to be mindful of your wellbeing and the wellbeing of others when communicating about suicide, both online and in person. Some content discussed at the conference may bring up uncomfortable or distressing feelings, which present immediately or in following days, weeks or months.

It is strongly encouraged to look after yourself and engage in self-care activities. Self-care can consist of any intentional act to help look after your social and emotional wellbeing.
APPENDIX F: CONFERENCE FEEDBACK/EVALUATION

<table>
<thead>
<tr>
<th>Question</th>
<th>NATSISPC N=82</th>
<th>WISPC N=33</th>
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<tbody>
<tr>
<td>1. Culturally safe</td>
<td>99%</td>
<td>97%</td>
</tr>
<tr>
<td>2. Adequate consideration of Indigenous topics</td>
<td>94%</td>
<td>91%</td>
</tr>
<tr>
<td>3. enough cultural activities</td>
<td>95%</td>
<td>88%</td>
</tr>
<tr>
<td>4. enough healing activities</td>
<td>89%</td>
<td>88*</td>
</tr>
<tr>
<td>5. Preconference administration</td>
<td>46% excellent</td>
<td>57% excellent</td>
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<tr>
<td></td>
<td>43% good</td>
<td>36% good</td>
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<tr>
<td>6. Presentations were informative</td>
<td>94%</td>
<td>94%</td>
</tr>
<tr>
<td>7. Conference speakers were relevant</td>
<td>99%</td>
<td>90%</td>
</tr>
<tr>
<td>8. Speakers who stood out</td>
<td>See below</td>
<td>See below</td>
</tr>
<tr>
<td>9. Welcome reception/ Conference dinner</td>
<td>59% excellent</td>
<td>49% excellent</td>
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<tr>
<td></td>
<td>28% good</td>
<td>21% good</td>
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<tr>
<td>10. Conference catering</td>
<td>53% excellent</td>
<td>55% excellent</td>
</tr>
<tr>
<td></td>
<td>37% good</td>
<td>40% good</td>
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<td>11. Conference venue</td>
<td>58% excellent</td>
<td>76% excellent</td>
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<td></td>
<td>37% good</td>
<td>18% good</td>
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<td>12. Conference was value for money</td>
<td>30% excellent</td>
<td>34% excellent</td>
</tr>
<tr>
<td></td>
<td>53% good</td>
<td>56% good</td>
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<tr>
<td></td>
<td>12% average</td>
<td>3% average</td>
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<tr>
<td>13. Value of networking opportunities</td>
<td>68% excellent</td>
<td>61% excellent</td>
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<td></td>
<td>29% good</td>
<td>33% good</td>
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<tr>
<td>14. Would you attend the next conference?</td>
<td>93%</td>
<td>97%</td>
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</table>

Participants’ comments also reflected their high satisfaction with all aspects of the conference.

The questions about speakers who stood out (Q8) and suggestions for the next conference (Q15) attracted the most comments, followed by questions about cultural safety (Q1), activities (Q3) and healing (Q4). The qualitative comments are summarised below.

**Culturally Safe**

“I thoroughly enjoyed watching the exchange of welcome ceremonies, dance and singing.” “The welcome ceremony was amazing.”

The Conference organisers aimed to ensure that the Conferences would provide a culturally safe space for all participants. Evaluation results show that participants felt safe throughout both of the Conferences, for example, “This was clearly a high priority and I felt it was done really well”; “There was a lot of respect from all the different cultures”, “I was so impressed by how culturally safe the conference was”.

“Great acknowledgement of local traditional owners and all visiting First Nations conference participants. Thank you for not insisting the conference kept to schedule – there were so many other important things to do.”

**Indigenous Topics**

Participants generally felt that adequate consideration was given to Indigenous topics; especially the “opportunity for hearing from people from Indigenous nations that were not from Australia.” Comments noted busy the schedule was, that the conferences could have lasted longer and more focus could have been given to “what works” and factors contributing to suicide other than mental health.

“It was great, more time and space, more opportunity for hearing from people from Indigenous Nations that were from not Australia.”
Cultural Activities
Many participants commented on how the cultural activities “were the highlight”, how they had difficulty choosing from the activities, that there were plenty of activities but “there could have been more”.

Healing Activities
Participants noted how they “absolutely loved” the healing but that there is “always more room for healing”, “especially after heavy sessions there could have been a quick healing activity after the heavy discussion for people to be able to move from and move forward into the next presentation with a clear mind”

Presentations were Informative
Some participants would have preferred more discussion of challenges, whereas others wanted to “learn more about what is working”. Presentations were seen as informative but at times rushed.

Speakers were Relevant
Comments noted a preference for more youth speakers, speakers with lived experience and to hear “from people from the community who are experiencing the high level of suicides”. These themes emerged also in the general comments on questions 8 and 15 below.

Speakers who Stood Out
There were three types of responses to this question: (1) that all speakers were good speakers (2) identifying a specific topic or group (“Those who spoke from lived experiences were the ones who stood out most for me”, “Koorie Youth Council”, “Culture Squad”), (3) listing speakers by name. For both the national and the world conference, it was clear from the comments that many of the speakers connected with and touched their audiences in powerful ways, but no one more so than one male presenter who emerged as the most popular speaker amongst those whose name was mentioned explicitly.

Welcome Reception (NATSISPC) / Dinner (WISPC)
The few comments were positive (“great music and not too loud so we were able to talk”, “was great networking and catching up with everybody”), a couple of comments noted concerns about delegates drinking alcohol.

Catering
Comments on the quantity and quality of food were generally positive (“food was great”). A few delegates felt their special dietary needs (e.g., vegan, food allergies) were not considered. Another concern was inadequate possibility to sit down during the food breaks (“not enough seating at the hotel....had to sit on the floor for lunch”); “Catering was great, seating to eat was not that great, not enough space to sit and eat”

Venue
Delegates were highly positive about the venue: “Beyond amazing especially being beside the sea and near many shops”, “Being able to be on the beach made it a great venue” “Prefer it on country but beds were comfy”

Value for Money
Several overseas conference delegates commented on the registration fee: “next time, the rate of inflation in comparison to other countries needs to be taken into consideration, it was a very expensive conference to attend. Delegates should have had the opportunity to ask for shuttle to and from the airport.”

Networking
The few comments on networking were all positive: “To be reminded that you are not alone in the struggle, there is no price on that.” “It was good to catch up with familiar faces and discuss the problems facing Indigenous communities. This is what the conference should have been about.” “Its always good to meet new people in the space”, “Loved the networking sessions and being able to meet people.”

Comments included a suggestion for “maybe some more targeted networking such as setting up times where anyone who wants to collaborate on certain topics could get together and start developing strategies.”
Other Comments and Suggestions

Overall comments ranged from compliments on the conferences that acknowledged the challenges of organising conferences with “such triggering subject matter”, and compliments (“this conference was amazing,” “great opening, great speaker and content,” “great networking opportunities,” “everything was great,” “I would not have missed it for the world!”), hopes for the future (“hoping momentum will grow in this area of suicide prevention,”), noting that more time was needed for both cultural activities and the presentations, concern about access to alcohol in the venue and surrounding area, and specific suggestions praise.

Delegates noted that they wanted “more young people’s voices to be heard,” and liked the specific young people’s, lived experience, LGBTIQ+SB streams. “The level of LGBTI inclusion was amazing, and to a level I have never seen before in a non-LGBTI space. This created a very safe and supportive space for all diversity, and I hope that one day all conferences will have this active and embedded level of inclusion.”

Improvements for future conferences included “creative action sessions” to put ideas received at the conference into their work practice. “I did go to the conference hoping to come out with more knowledge of what to do when a suicidal client discloses that they are suicidal and they have a plan. All mental health training I have done in the past only touches on the questions to ask ‘do you have a plan’ and not what steps should be followed if they have a ‘plan’. Would be great to hear people’s stories and experiences about the people they have saved.”

The comment of this delegate is a beautiful summary the overall tone of comments: “Thank you for your hospitality and sharing the knowledge and culture of the beautiful Aboriginal and Torres Strait Islander people. My heart was filled seeing the strength and support from the brothers and sisters to each other. The beauty of the dance, songs and culture added strength those in attendance. I was grateful to see all the aunties, uncles and youth in attendance. I wish you all the best for [the] next conference.”
APPENDIX G: HEAR OUR VOICES

APPENDIX G.1: LIVED EXPERIENCE

This section summarise the key issues and outcomes for the lived experience stream and the CBPATSISP Lived Experience workshop entitled “We’re not the problem, we’re part of the solution”.

This summary is using the structure of the lived experience workshop which discussed best practice, risk factors, and identified solutions which resulted in the key recommendations by the group.

Best Practice

Key themes with respect to best practice included ensuring a safe space, the need for holistic approaches, and Indigenous ways of knowing and models of healing.

Safe Space

- The importance of creating (and offering) welcoming and inclusive spaces for all family and community members
  - For example: men, women, Elders, young people, children, people who identify as LGBTQI+SB
  - Regardless of which individual might be seen to be suffering from poor mental health/suicidality the whole family and community can (and should) be supported
- Having an Aboriginal staff member present at all stages of interaction/treatment
- Cultural safety
  - This needs to be unpacked further
- Increased ‘care factor’
- Clinical, profession, and cultural supervision available to all staff if required
- Importance of having appropriate availability of support services (opening times etc)
  - 24/7 helplines
- Hold space for the bereaved (post-vention)
  - Attempt to reduce negative consequences that may impact the bereaved
  - Bereaved are expert in their own lived experience

Holistic Approaches

- Address the whole family (not just a single individual)
  - Regardless of which individual might be seen to be suffering from poor mental health/suicidality the whole family and community can (and should) be supported
  - Taking it further, including the entire community, calling community meetings to gather and work towards solutions, because ‘suicide does not discriminate’
  - Aboriginal values, beliefs, identity, language are developed and nurtured within the family
- Centred around family, love, connection, spiritual healing (reclaiming your spirit)
- Importance of sharing and opening up over food and tea/coffee, rather than always in a clinical setting
- Families who are bereaved by suicide aren’t (necessarily) asking for counsellors, they are asking for practical support
- Good suicide postvention is suicide prevention

Indigenous Ways of Knowing/Models of Healing

- Whānaungatanga (dynamics of connection):
  - is the reciprocal rights, responsibilities and obligations that flow from the interrelationships of all living things through shared experiences and working together. Whānaungatanga provides people with a sense of belonging and also serves to strengthen each member of the kin group
- Māori health model
  - Physical, spiritual, and mental health, and family
    - When these are strong and balances then wellbeing is at a high level
    - Letting go of the past and building inner strength for the future
  - Informed by history and family context (eg. Predisposition), rather than individual pathology
- Strengths-based approaches
- SEWB model – holistic approach and nurture inner child (self) first
- Natural helpers must be legitimised and utilised (including appropriate funding)
  - Also need effective and culturally appropriate training and support in place to prevent burnout/blame/vicarious trauma etc
• Written by (and for) Aboriginal peoples
• Consumer-focused
  • “I’m not here to tell you what to do, I’m here to hold space and support you”
  • Empower choice, control, and collaboration
• ‘Uti Kulinjaku’ is an approach to strengthen shared understandings of mental health between Aboriginal people and non-Aboriginal health professionals with the aim to increase help seeking behaviours

**Risk Factors**
The effects of colonisation, the Stolen Generations, trauma, racism, poverty, forced loss of language and the generational impacts of language loss, were among the many risk factors of suicidality identified.

**Strategies and Solutions**
The participants identified many strategies, related to self, services offered, and also education and research. The need for a strength-based discourse, building resilience, supporting identity, empowerment of the entire community, support networks, the need for resources and funding were key themes. Dadirri, a way of deep listening that is comfortable with silence, was identified as another strategy. A specific concern was that suicide alert systems are too slow to respond to families who need immediate support.

With respect to education, there was a specific point about the importance of alcohol and other drug awareness in schools and a general point that such campaigns must be led by the community

The groups made extensive comments on research and approaches to research that are more likely to provide solutions for preventing Indigenous suicide.

• Document suicide prevention in communities (rather than over-reliance on national or state/territory statistics)
• Identify common and divergent factors that distinguish communities with higher/lower rates of death by suicide
• Pass on stories to provide hope and encourage best practice
• The need to highlight who is telling the story and whose story it is to tell
• The deficit discourse is made up of “culturally toxic stories”
• The first step of decolonising research is reclaiming the language – both the dialects and the way stories are told about Aboriginal peoples
• Researchers must become comfortable with silence and the spaces between words. They must become aware of the very sensitive role they play as story-listeners and scribes
• Poetic enquiry is a methodology which gives space to others’ stories. It provides an ethical way to tell other’s stories without re-interpretation.

**People with Lived Experience of Suicide Feedback and Recommendations**
• Aboriginal and Torres Strait Islander people with lived experience should be involved in all suicide prevention activities. There should be a lived experience national network and framework for such inclusion.
APPENDIX G.2 STRONG SPIRIT MOB TALKING LGBTIQ+SB

The Strong Spirit Mob Talking workshop expanded on the issues raised during the first two days of the conference. It explored key issues for the LGBTIQ+SB community with the aim to develop a suicide prevention framework for the Strong Spirit Mob. The summary of this workshop incorporates the themes and issues raised in the other conference presentations. Specifically workshop participants discussed:

- Gaps in service access and care pathways for Aboriginal and Torres Strait Islander LGBTIQ+SB peoples and families who are experiencing suicidality
- Barriers for LGBTIQ+SB communities and services around social and emotional well-being?
- Solutions to the gaps and barriers that have been identified
- Key components that should make up an Aboriginal and Torres Strait Islander LGBTIQ+SB framework?

Gaps in Service Access and Care Pathways

Service gaps include cultural safety, service access, appropriateness of available services, specific needs of young LGBTIQ people and the need for a service funding. Impacts of colonisation were both implicitly and explicitly noted for both gaps and barriers. Specific themes were:

- Cultural safety
  - Currently mainstream services are not culturally safe or sensitive,
  - National suicide crisis lines do not always know and/or are not culturally safe;
  - The LGBTIQ+SB crisis line is not considered safe for sexual gender diversity
  - Lack of culturally safe inclusion of LGBTIQ+SB people
  - Having to fight and justify cultural ways all the way
- Homophobia/biases
  - Many services are homophobic
  - Many doctors are biased and bring in their personal biases
- Lack of inclusion and representation in organisations, services and projects
  - Not including in development of services
  - Not including in leader ship in mainstream organisations
  - No good black leadership in LGBTI organisations – one exception in a prison program in an Aboriginal service
- Lack of understanding of LGBTIQ issues and lack of training and experience
  - Sister girls and brother boys lack of knowledge and understanding
  - Lack of understanding of intersecting identities and unique issues
  - AMS do not always have staff who understand the identity intersection
  - Health care providers not understanding trans health
  - Professionals not knowing or asking right questions
  - Spending your time to educate consultant or physician
  - Aboriginal Medical Servives (AMS) have no training with LGBTIQ+SB
  - General services have no experience
  - Inappropriate questioning (e.g., what’s in your pants?)
  - Lack of descriptors around gender identity
  - Formal paperwork not allowing to show not straight, e.g., male/female options on intake assessment forms
  - Training needs to be from an Indigenous not western pedagogy and include the experience of the intergenerational trauma from the stolen generation. This is similar for Indigenous people across the world.
- Service access
  - Services not existing
  - Emergency departments are not appropriate
  - Lack of support in emergency departments
  - 24 hours services are not available
  - Access is even more problematic in rural and remote areas:
    - Rural and remote areas have no services at all for LGBTI+SB
    - There is often no one to call in country and rural areas except for the police when people are at risk for harming themselves.
    - No access to skype
  - Need for alternative pathways to services (e.g., the QLD peer support and Wesley Mission models)
- Specific groups and their needs
Barriers Existing for LGBTIQ+SB Communities and Services Around Social and Emotional Wellbeing

An extensive list of barriers was identified for the Strong Spirit Mob and will be summarised in a separate document, below we have provided a few examples to highlight the barriers.

- Lack of knowledge and understanding of the issues
  - Sexual and gender identity is not a mental health issue
  - Make sure services are not pathologizing (it is better to identify gender for intake)
  - Heteronormative narrative is exacerbating stigma
  - Impact of colonisation
  - Experience of intergenerational trauma
  - Historical impact of accessing services: fear of getting health services for kids being taken away
  - Not reporting that children are identifying as LGBVTIQ+SB,
  - Lack of reporting of sexual abuse, violence, suicides

- Funding
  - Funding relying on good will
  - Medicare item 715 (SEWB health check) does not include LGBTI+SB
  - Trying to make a change according to government funding (issue with timeline of trying to solve issues in 4 years that took 200 to create)
  - Government determining what funding is used for and not prioritising LGBTIQ+SB needs
  - Conference support (for example Australian Medical Association national LGBTIQ HIV conference in Alice Springs) to allow sharing our knowledge
  - Holistic approach to funding, not only with a sexual health focus
  - Fund Indigenous instead of non-Indigenous organisations
  - Out of home care: Removal into non-Indigenous foster family, with loss of Aboriginal identify, links to family and links to LGBTIQ+SB community

Solutions to the Gaps and Barriers that have been Identified

- Visibility and voice
  - Involvement in decision making: “Seats at the table”
  - Representation from rural and remote communities
  - A peer based leadership strategy
  - Nothing without us: Having visible representation of us both as workers and included at community levels in organisations in executive and leadership roles

- Addressing prejudice and stigma
  - Recognising that we are not a homogenous group
  - Break down western world thinking about 2 spirit thinking
  - National campaign – educating about LGBTIQ – actual visibility campaign

- Culturally appropriate services
  - Culturally appropriate therapy and therapies that understanding gender and s
  - Retreats at a local and national level (yarning circles, art therapy, etc)

- SEWB framework
  - Ensure SEWB framework (as the best framework, holistic, self-determination) is being implemented across the entire system
  - Age appropriate service delivery

- Ongoing funding for services rather than project based, time-limited funding
Key Components that should make up an Aboriginal and Torres Strait Islander LGBTIQ+SB Framework

Participants agreed on development of a framework and wanted to be involved in the design of the framework. The framework could be linked to the CBPATSISP. Participants also saw the need for a consultation report that will be visible, for example by involving NACCHO and running a national campaign, with one aim being that organisations understand the solutions provided by the Strong Spirit Mob and listen to them.

LGBTI+SB Feedback and Recommendations

- Aboriginal and Torres Strait Islander LGBTI+SB people should be visible and present at all relevant decision-making forums, including the development and implementation of Aboriginal and Torres Strait Islander LGBTI+SB guidelines and a framework for inclusion.
APPENDIX G.3 YOUTH: CULTURE IS LIFE/CULTURE SQUAD WORKSHOP

Following on from the World Youth Summit, young people maintained actively involved throughout the conferences.

The Culture is Life/Culture Squad Story Telling / Song Writing Workshop and other presentations by the young people identified several key themes that recur throughout the youth stream:

- Culture is life = connecting and belonging
- Celebrating cultural wealth in Australia
- Building awareness and hope to mobilise change

Thus, the key aspects of the Love and Hope Campaign, a suicide prevention campaign, are listening to people with lived experiences, and key is expression of culture in youth suicide prevention.

Key themes from the youth sessions were that Indigenous youth are not accessing services and that mental health services provide misdiagnoses due to lack of cultural understanding and lack of recognising diversity within Indigenous people. The young people’s vision are Indigenous programs run by Indigenous people, that are based on collaboration between Elders, youth and services provider, and focus on empowerment and building self-esteem.

The youth sessions also demonstrated commitment to and understanding of the importance of culture: providing opportunities for children, young people and families to come together to talk, and connect with family, culture and country; enabling traditional ways that foster strong self identity and cultural identity to continue, noting that “cultural practices are healing practices”. The importance of community led solutions and the need for community-based funding were other themes. Evaluation in the Kimberleys showed that bullying was main cause of suicide and that feeling alone and sad was a very big issue.

- Indigenous youth must be given a platform to share their voices and stories
- Empowering youth and ensuring them that they are loved and that their voice and opinion matters will save lives

A further theme was the lack of flexibility in mainstream services and the need for non-Indigenous service providers to support Aboriginal works of working, be responsive to community needs and engage in genuine partnerships. Young people prefer AMS over mainstream services and prefer to talk to family and friend.

Giving voice to young people and listening to their voice was another key theme. Need for youth ambassadors as there is much silence about their concerns amongst young people.

Feedback and Recommendations

- Establish resources to encourage more participation of young people at relevant conferences and forums so voices of young people are heard.
- Young people should be resourced and supported to participate and be at the table for all relevant issues.
APPENDIX H: DATA SOVEREIGNTY

The Data Sovereignty stream aimed to serve as a call to action on data sovereignty. Two workshops (Evaluation as a tool for enhancement of Indigenous suicide prevention programs; Ownership and representation, addressing who owns data and appropriate use of data) and presentations explored these issues.

What is Data Sovereignty?

Data sovereignty is the management of information in a way that aligns with the laws, practices and customs of a nation-state in which it is located. Data governance is the power and authority over the design, ownership, access to and use of data.

Specific action is needed to:

1. Support further development of facilities for the provision of community-level data
2. Support capacity strengthening pertaining to community-level data, particularly in its collection, analysis, synthesis, use, and governance:
   a. Indigenous communities
   b. Indigenous researchers and those in both policy and programming
   c. Non-Indigenous researchers, for both working with community-level data and communities
3. Facilitate ongoing collaboration amongst key researchers

Why is Data Sovereignty Important for Suicide Prevention?

Suicide prevention should be informed by community-led data which could include:

- Individual or community-level circumstances or antecedents
- Real-time self-harm analysis (provides an ability to respond)
- The role and impact of the Indigenous health determinants
- Wellness indicators
- Relational indicators
- System and system failure indicators
- Community led evaluation to progressively improve the implementation of suicide prevention programs

What are Key Issues in Data Sovereignty?

- Confidentiality
- The need for rules specific to community-level data which may be at variance with the rules governing research, governments (e.g., communities need access to their own data with sufficient granularity and nuance to be useful)
  - KTE should uplift our successes and may also require different protocols (e.g., some community members, communities may actually want to be acknowledged)

What are Good Models in Relation to Data Sovereignty?

- Two projects were specifically mentioned in terms of their relevance to suicide prevention:
  - The National Empowerment Project (identified domains on which indicators should focus),
  - The Forbes Wiradjuri Program (community-wide intervention with success across a number of relevant domains)
1. Need to shift the lens from deficit to strength based.
2. Re-telling the story fatigue – tired of telling the same story with no action from Government.
3. Psychology assessments need to begin with positive and end on a positive to cause less distress.
4. Data sovereignty and governance – ‘nothing about us without us’
5. We need to start mapping seasons to suicides to determine what is giving people purpose to get families/communities to change their focus.
6. Community designed interventions need to enhance self-determination and autonomy
7. Ethics for Indigenous people needs to be in Indigenous hands.
8. Identify strengths before, parallel and following deficit.
9. Make communities aware of data being collected about them and what their rights are in relation to the data being collected.
10. Relationship is connected to genealogy.

Model of Suicide Prevention Program with Indigenous People – Community Designed Interventions

The data story must include all that make up the whole person – Person and family, community, Nation – to fully understand that individual’s full cultural duty and cultural obligations; an essential component of developing suicide prevention programs with Indigenous people.

What are the Principles of Data Governance?
1. All Indigenous people need to know who is going to use it and in what way?
2. How are communities and families/individuals and Nations being involved?
3. Show awareness of UNDRIP for every application

Recommendations for Community Level Data for Suicide Prevention Activities and Data Sovereignty
- Build local community capability to collect, analyse and use data for planning and evaluation of suicide prevention programs
- National statistical agencies such as the Australian Institute for Health and Welfare should further develop the provision of community level data and to ensure community access and capacity to use data
- Community level data on factors and environment influencing suicide should be used for a new approach to evaluation which is led by community rather than external agencies and used to understand and progressively improve suicide prevention programs.
The Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention