

INDIGENOUS SUICIDES

Motion

HON STEPHEN DAWSON (Mining and Pastoral) [2.44 pm]: I move —

- (a) that the Council condemns the Barnett government for its failure to combat the rise in suicide rates amongst Western Australia's Indigenous population; and
- (b) that this Council calls on the Ministers for Aboriginal Affairs and Mental Health to outline to the house the strategies they will use to tackle the state's suicide rates.

This is another important motion for the house to debate. Although notice of this motion was given two years ago, the issue remains as current and as important now as it was then. We know from the Auditor General's report of last year entitled "The Implementation and Initial Outcomes of the Suicide Prevention Strategy" that suicide is the leading cause of death for both men and women aged between 15 and 44 years in this state. We know too that suicide takes more lives in this state than road trauma and skin cancer. The Auditor General's report notes that the annual number of suicides in Western Australia has risen from a 15-year low of 194 in 2004 to about 366 deaths in 2012. As the population of the state has grown, so too has the number of deaths from suicide per 100 000 head of population. The WA suicide rate has been higher than the national rate since 2006 and at the stage the Auditor General released his report, that suicide rate was —

The ACTING PRESIDENT: A number of members are wandering around and conducting conversations. Hon Stephen Dawson has the call.

Hon STEPHEN DAWSON: We know that at the time the Auditor General's report was released, the suicide rate in Western Australia was 36 per cent higher than the 2006 national rate. We know too from that report that Kimberley communities and towns such as Balgo, Fitzroy Crossing, Mowanjum and Derby have experienced suicide rates up to 20 per cent higher than the state average. We also know from the report that suicide attempts are estimated at 20 to 30 times the number of confirmed suicides. The report then goes on to tell us that, based on national estimates, the economic cost of suicides and attempted suicides was more than \$1.8 million a year. The Auditor General's report looked at the "Western Australian Suicide Prevention Strategy 2009–2013", which had a figure of about \$18 million attached to it. I will use this opportunity to point out that that suicide prevention strategy finished in December 2013, yet 15 months later there is still no sign of a new suicide prevention strategy from this minister and this government, and that too is a great shame.

I will leave the Auditor General's report for now. I will quote from a great number of documents on the issue of suicide and particularly Indigenous or Aboriginal suicide right around the state and in our communities in the north west and the Kimberley. A report from the federal Department of Health from 2013 entitled "Aboriginal and Torres Strait Islander suicide: origins, trends and incidence" points out the following —

While suicide is believed to have been a rare occurrence among the Aboriginal and Torres Strait Islander people of Australia in pre-colonial times, it has become increasingly prevalent over recent decades, accelerating after the 1980s, albeit with variations in rates and in geographical distribution from year to year.

Prior to the invasion, great numbers of suicides were not known among Aboriginal people. We know that appalling living conditions and traumas faced by Aboriginal people in our community have led to a suicide rate that far exceeds the suicide rate of the state's non-Aboriginal population. The federal Department of Health's report states that this issue has become increasingly prevalent over the past few decades. It refers to the 1991 Royal Commission into Aboriginal Deaths in Custody and how it drew attention to the links between substance abuse and mental health disorders in the years before most of the deaths that were investigated. The report highlights the disproportionate number of deaths in cases in which there has been a history of children being forcibly separated from their families. We know that the age distribution of Aboriginal people as it pertains to suicide is much lower than that of the non-Indigenous population because of high child to adult ratios and a shorter life expectancy. The report also tells us that the Australian Bureau of Statistics data on suicide in Australia reported that each year between 2001 and 2010, 100 people of Aboriginal and Torres Strait Islander origin ended their lives through suicide.

I point out that suicide figures take time to come to the fore. When a suspected suicide takes place, the coroner's office investigates it, but it may well be some time after the fact before the death is officially regarded as a suicide. The figures take time to seep out. However, it is fair to say that the figure of 100 people of Aboriginal and Torres Strait Islander descent committing suicide each year from 2001 to 2010 is probably about the same as the figure for today. Although the Auditor General referred to 366 deaths in custody in 2012, during a debate in the Legislative Assembly in late 2013, Hon Kim Hames, the Deputy Premier, referred to 325 deaths in custody.

Each year more than 300 deaths in this state occur as a result of suicide, with roughly one-third of those people being of Aboriginal and Torres Strait Islander descent.

We also know from the Department of Health's report that the suicide rate for Aboriginal and Torres Strait Islander people is 2.6 times greater than the rate of non-Indigenous Australians and that Aboriginal and Torres Strait Islander people take their own lives at an earlier age than do non-Indigenous Australians, with the majority of suicide deaths occurring before the age of 35. Given these facts and figures, we need to do more to target young Aboriginal and Torres Strait Islander people. I am not sure that the government is doing enough in this space.

I recently attended the official opening of the Alive and Kicking Goals office in Broome. The Minister for Mental Health, who was also at the opening, has certainly spoken fondly of that program; indeed, I think it is fair to say that she holds that program in fairly high regard. The program targets young Aboriginal people through football and has been successful. I will provide an analysis of it later. The program receives funding from the federal government but, I am afraid to say, the program is in jeopardy of stopping at the end of this year due to the federal government's decision to cease funding a number of organisations operating in this space. I have said this previously and made media comment about it, but I honestly believe that we cannot let this program collapse because it is making a difference to the lives of young Aboriginal people in the Kimberley and it would be a terrible shame if it fell over. If the federal government goes ahead with its threat to stop funding these types of services, I hope that the Minister for Mental Health will ensure that this project does not fall over. One of the key benefits of the project is that it takes heed of and ensures that Aboriginal culture is included in activities. It is recognised as a way forward and as a way of decreasing the number of young Indigenous people in the state who will commit suicide.

In January this year, an article was published in *The Australian* titled "Remote suicide response 'pitiful'". Andrew Burrell, a Western Australian-based writer for *The Australian*, wrote a story about suicides in the Kimberley. He stated that at least eight people from the Kimberley committed suicide in the eight weeks before the article was published. Members know that the Kimberley has a population of between 40 000 and 50 000 people, with at least 50 per cent of the population being Aboriginal. The article states that there has been a worrying spike in suicides in recent months, particularly of youth and children in the Kimberley. He points out that a number of experts suggest that the Kimberley has what is probably believed to be the world's highest suicide rate; indeed, if it is not the highest, it is certainly up there. The article refers to the apparent suicide of a young Aboriginal man near Halls Creek, which reignited calls for the state and federal governments to do more in this space. The member for Kimberley, from the other place, comes from Halls Creek. She, too, has made the point that Halls Creek has a population of only 1 800 people, yet it has been plagued by a number of suicides over the past year. I have heard of six suicides in that town up to 1 January.

What troubles me the most about the number of suicides in our Indigenous communities is that more children seem to be committing suicide. It pains me greatly when I hear of nine-year-olds and 11-year-olds taking their own lives. I cannot comprehend how or why they end up in such a circumstance. What we have seen in some towns—it might be crass to call it this—are copycat suicides. We are certainly seeing clusters of suicides in some communities. When a young person commits suicide for whatever reason, in the weeks or months later we see a number of other people in those towns and communities who knew that person take their own lives too. We are not just seeing young people commit suicide in the Kimberley. In the past year we saw an 11-year-old boy in Geraldton commit suicide. Again, these are nine-year-olds and 11-year-olds. These are kids who should be at school and who should have loving parents. I am not suggesting in these cases that they did not. These are kids who should be loved by their parents, who should be engaged in schools and who should be playing footy. They should have their whole lives ahead of them, except in these cases we have seen untimely deaths.

In the article I referred to earlier, a researcher with the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project, Gerry Georgatos, who may be known to members in this place as he is involved in a great number of Indigenous or Aboriginal agencies or causes, was reported as saying that —

... the holiday season was a high-risk time for many Aboriginal people, who had a greater sense of hopelessness at being unable to buy presents or provide adequate food.

The problem was exacerbated in the Kimberley due to the high levels of poverty among Aboriginal people. "Almost 100 per cent of suicides in the Kimberley are poverty-related," he said.

They were the words of Mr Georgatos. I am not sure where he got his figures from when he said that around 100 per cent of suicides in the Kimberley are related to poverty. Without having that kind of research in front of me, I will say that poverty can certainly be linked to many of the cases but things such as alcohol and drugs are also responsible for or related to these suicides. Mr Georgatos then referred to local Aboriginal-led suicide prevention strategies or bodies that operate around the state, including the local Halls Creek Healing Taskforce,

which had been running some good, local, culturally appropriate projects in Halls Creek. But that body was unable to attract funding from the Western Australian government, which meant that the programs it was running were at risk. The article goes on to state —

Mr Georgatos said the state government's response to the suicide crisis was "pitiful".

It is a complex issue. I return to the amount of effort that the government put into shark deaths in this state. I honestly do not believe that we have seen the same level of focus on the number of Aboriginal people taking their lives. For that reason, I, too, think it is pitiful. I am certainly not saying that this government or this minister has been doing nothing in the space of suicide prevention. I guess I am saying that I am not sure we are doing all we can. I look forward to the minister's contribution to this debate later. I hope she can tell us what she and her colleague the Minister for Aboriginal Affairs are doing and intend to do in this space to ensure that the number of Aboriginal people committing suicide, particularly young people, decreases.

I want to touch briefly on the Halls Creek Healing Taskforce, which is run by Darrell Henry, a Wunmulla man who has worked as a psychologist for two decades in Aboriginal communities. The Halls Creek Healing Taskforce has been working to develop a long-term 25-year intergenerational strategy that it believes, and I certainly believe, will have a positive collective social impact. It has developed a plan with the community—a model of social change that deals with suicide and trauma issues amongst the community. It supports people to live a mentally well and strong life. It supports people to have access to work and education and it is about fundamentally changing the community and ensuring that young people upwards are involved and plugged in. I think it is a good program. At the moment we often see that some of the responses around suicide are reactive or short term. We give money for a finite period; for example, with the One Life program, small amounts of money were given to groups. I think the concept behind the strategy was good—it was about empowering communities—but it gave money to communities for a short period. It was hoped that those communities could be empowered to kick on those projects or roll them over or keep them going. We have a great deal of social disadvantage in some of our communities or in some cases dysfunction in the community. We have seen that those communities do not have the capacity to just take up that issue or keep it going. We need to ensure that our response is not piecemeal or a one-off but that we have ongoing policies that have lasting benefits.

The One Life program was a limited response to fill the gap. I now take the opportunity to say that I think the Premier and this government's talk about closing Aboriginal communities is not helping the issue because that, too, is creating extra stress in the communities and placing stress on the residents of those communities. I guess a lot of people are thinking about what will happen to a great number of programs that operate in the Kimberley and whether they too will cease, as I presume they will, if these communities close. In fact, some of these programs are having a positive benefit in some of these communities and they, too, are at risk of closure. We could spend more money in the mental health space and we might never address all the problems. In fact, we know that only a finite amount of money is available, so when we spend money in these areas or on projects tackling issues such as suicide, we have to ensure that those projects are targeted and that they have lasting benefits.

One of the lessons we should have learnt over the years is that it is no good white people deciding what is best for Aboriginal people or Indigenous people. We need to ensure that Aboriginal people and Indigenous people are at the table talking to us, are part of the solution and are part of the decision-making of what the solution or the answer might be.

In my preparation for this debate, I found that time and again Aboriginal people are calling for more culturally appropriate services. Just because that is not what we are used to, and it seems a bit odd and unusual to us, it should not be discounted. We have countless reports. We have reports from the Australian government's Institute of Family Studies' Closing the Gap Clearinghouse about culturally appropriate services. We have a very good report called "Hear Our Voices" which was undertaken by a number of individuals and organisations in the Kimberley. That talks about how we have to ensure that the services we provide are culturally appropriate, and that culture is part and parcel of anything we do. The "Hear Our Voices" report was a project initiated in response to the high number of suicides in the Kimberley. It examines the number of suicides in that region and how suicide accounts for twice the mortality burden of alcohol-related mortality. The people involved in producing the report sat down with people in the communities and sought the views of people in places like Beagle Bay, Broome and Halls Creek. During these consultations, people spoke of the need to make themselves strong and to focus on rebuilding families. The consultation process confirmed the need to ensure individual and community readiness to commence any kind of healing and empowerment program. It cannot be people down here deciding what is best for people up there, if I can put it that way. It needs to incorporate empowerment and healing, and provide leadership options. The key findings of the report include the following —

Some of the most important influences on positive social and emotional wellbeing and mental health are opportunities that enable people to exercise control over their lives, to use their skills, to engage in supportive social interactions and to be able to set goals and experience a variety of opportunities ...

Empowerment and healing strategies that enable people to take greater control over their life and responsibility for their situation; to become strong culturally and spiritually and establish more equitable power relations, are effective ways of addressing suicide risk factors.

We need to ensure that we are providing the necessary services, or wraparound services in some of these communities. I will go back for a moment to the mooted closure of some Aboriginal communities in this state. It is not fair to say that there is dysfunction in each and every one of these communities, although there absolutely is in some of the communities. The Premier has made statements suggesting that the reason behind this policy is that he could not sit by and see kids not being educated, having poor health or being abused, and referring to the high rates of domestic violence. However, these things happen in society; it is not just Beagle Bay, Broome or Fitzroy Crossing.

Hon Jacqui Boydell: Are you saying that that's okay?

Hon STEPHEN DAWSON: I am glad I woke up Hon Jacqui Boydell.

Hon Ken Travers: It's nice to have the Nationals here.

Hon STEPHEN DAWSON: Absolutely. What I am saying is —

Hon Jacqui Boydell: What are you trying to say?

Several members interjected.

The ACTING PRESIDENT (Hon Amber-Jade Sanderson): Order! If the member allows Hon Stephen Dawson to continue, she will find out what he is trying to say.

Hon STEPHEN DAWSON: This is an important motion, so I am not taking rude interjections from Hon Jacqui Boydell. I look forward to her contribution to this debate.

The ACTING PRESIDENT: Order! Hon Stephen Dawson will direct his remarks through the Chair.

Hon STEPHEN DAWSON: Thank you, Madam Acting President; I certainly shall.

I am saying that there is some domestic violence and poor health in some of these communities, but to suggest that the Premier is closing down 150 communities in this state because of the things that happen in those communities is absurd. He is not closing down the towns and suburbs where these things also happen. We absolutely have to tackle these issues and get to the bottom of them, but to suggest that these things happen only in these communities is a disgrace, because they happen everywhere. Yes, we all have to work together—all the people in this room—to stamp out things like domestic violence. We have to ensure that we are reporting allegations of abuse of any kind. We have to ensure that all our young people get access to quality education and that everybody has a house or a shelter to live in. The Premier's suggestion that closing these communities will be a magic wand for fixing these problems is totally wrong and misguided. We already have issues in our towns right around the state where there is insufficient housing. In most of the bigger towns of my electorate we have 200 on the waiting list for Homeswest properties and 50 or 60 on a priority housing waiting list. They are destitute people who need the support now.

Those interjections took me off course, but I will go back to talk about some of the groups that are doing good, and some of the projects and programs that are doing some good work in the Kimberley communities, such as Alive and Kicking Goals. Another program we should support is the Yiriman project that is being run out of Fitzroy Crossing. This project was about preventing Indigenous suicides by taking young people onto country with elders, to reconnect them to their history and heritage. This project is run by Kimberley elders from the four main language groups and orchestrated through the Kimberley Aboriginal Language and Culture Centre, and has been run in a number of communities from Bidyadanga to Balgo. This project had been receiving some money from the federal government, but it faces an uncertain future. The Productivity Commission's "Overcoming Indigenous Disadvantage" report or the Closing the Gap Clearinghouse report present evidence to suggest that these projects are having great benefit and contributing to reducing the number of suicides.

This project is another that the state has not been funding to date. The Labor Party went to the last election with a commitment to provide funding for the Yiriman project to ensure that it could continue to do good work amongst our regions. It is unfortunate that the government to date has not seen the benefit of such a project.

Debate adjourned, pursuant to temporary orders.