

KIMBERLEY SUICIDES

Motion

MR M. MCGOWAN (Rockingham — Leader of the Opposition) [4.00 pm]: I move —

That this house expresses its concern about the tragic suicide crisis in the Kimberley and calls on governments to do more to address the issue.

I rise on an incredibly serious matter, which is the number of people in the Kimberley, but also more broadly across regional Western Australia, particularly Aboriginal people, who are taking their own lives. I am raising the case of the Kimberley in particular because the problem is most dire across the Kimberley. We need to focus most closely on the Kimberley, and we need to look at providing solutions in the Kimberley, rather than take away things that will make a difference in the Kimberley, as is currently planned.

I am trying to do this in a non-partisan fashion. Members will note from the motion that I am trying to do this in a way that looks at all levels of government, not just this level of government. I am not saying it is the fault of this government. I am not saying it is the fault of the federal government. I am not saying it is the fault of local councils. I am saying that everyone has a responsibility to do more. This is a matter that transcends governments of recent years. It is a historic legacy for us. It has developed over many years. However, it is now particularly acute, at least according to the figures I have seen, across the Kimberley. There is, therefore, a responsibility on us as a Parliament to be open and frank and to acknowledge that this is a massive problem and we need to do something about it. This is not a trifling matter.

This issue was brought to my attention by the member for Kimberley, who in her inaugural speech to this place raised the issue of suicide in her community of the Kimberley and said it was an issue that she wanted to raise as a member of Parliament. A few weeks ago, the member for Kimberley brought into this chamber and presented to the Parliament—I think in a very sensitive and memorable fashion—a message stick from the community of Beagle Bay. That message stick had on it 10 stripes to acknowledge the 10 families in that one little community who have lost loved ones to the scourge of suicide in recent times. The member for Kimberley said that she would raise this issue in this place, and she has done that.

I made a point of visiting the Kimberley last week. I spent four or five days travelling around communities with the member for Kimberley. I must say it was an arduous visit, in the heat. We met with a range of people and communities, and suicide was one of the issues that was addressed. The Kimberley is an amazing place. I encourage members who have not been to or who have not had much experience with the Kimberley to get up there. It is an amazing place with amazing communities. The role of the member for Kimberley is so much harder than the role of a member who represents a metropolitan electorate. The member for Kimberley, Hon Stephen Dawson and Hon Sue Ellery from the upper house, and I travelled around some of the communities in the Kimberley. We went to Derby, Beagle Bay, One Arm Point and Broome. Many issues are facing the communities up there, but a matter that particularly stuck in my mind, and which I was determined to raise today, arose when I was sitting in a hall in Beagle Bay listening to family members tell me about their brothers who had taken their lives. One very articulate, sensible and forceful young woman told me about her brother who had taken his life under a ceiling fan in a room of their house and how another of her brothers also took his life under exactly the same ceiling fan, in the same room, in the same house. She explained just how difficult it was for her and her parents, who were also present, to cope with that. I cannot imagine how I would cope with a tragedy of that magnitude in my family, yet it is not uncommon across the Kimberley and the Pilbara. Indeed it is very prevalent among Aboriginal people in Western Australia.

The reasons for those tragedies are many and varied; they are historic and come back to a loss of culture, dispossession, a sense of helplessness and hopelessness, the inability to see a long-term future, the scourge of alcohol and drugs, the problems of violence and, unfortunately, sexual abuse—which happens to many young people—and other issues to do with housing, unemployment and the like. Although the reasons are many and varied I do not think they existed prior to European settlement and, therefore, we have a special obligation to do something about it. God knows, governments have tried over many years to do something about addressing these matters and there is goodwill on all sides to do something about them, but the rate of suicide among the Indigenous population shows that some of those initiatives have not been successful. I believe that some of the things taking place today will make the situation worse. I will talk about those things, and I have a few ideas about what could make a difference.

The rate of suicide in Western Australia is the highest of any Australian state. The rate in regional Western Australia is the highest and roughly comparable with that of the Northern Territory, which has the highest suicide rate anywhere in Australia. In regional Western Australia the rate of suicide is 18.5 per 100 000 people per year. There are various figures, but the rate amongst Indigenous Australians is roughly double the rate in the

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non-Indigenous population. In areas like the Kimberley the suicide rate of Indigenous people is many multiples of that of the non-Indigenous population. The Kimberley is one area, and I suspect the Pilbara another, where suicide is incredibly prevalent. The statistic is 18.5 people per 100 000 across regional Western Australia, and that figure is significantly worse in the Kimberley.

The member for Kimberley came in the other day with a message stick from the Beagle Bay community. It showed the pain and the horrible nature of what has gone on in that community. I sat in a hall and heard it from the people who have been directly impacted. According to reports that I have seen about Derby, 40 people have been admitted to Derby Hospital in the past year, largely from the Mowanjum community, for self-harm, attempted hangings and overdoses. That does not include those people who actually were successful. I am told that in Mowanjum, in Derby, it is very prevalent.

In regional WA, the suicide rate is 18.5 people per 100 000. The figures I have here show that in the 12 months leading up to September 2012 in the Kimberley region alone, 35 people took their own lives. In the community of Mowanjum outside of Derby—a population of just 300 people—five citizens took their lives in a matter of a few months. Those statistics show that it might be 18.5 per 100 000 people across regional Western Australia, but in the Kimberley it is way more than that. I just gave some raw figures. I cannot put that in percentage terms, but I can tell members that it is a massive issue in those areas.

What is happening to make it worse? As I said, employment, direction in life and hope is very important for people so that their life has some greater meaning. I think we were successful in the East Kimberley. Whenever I visit the East Kimberley region, I hear about the huge levels of Indigenous employment at the Argyle diamond mine. I think that helped a lot of Aboriginal people who live in the vicinity of the Argyle diamond mine. There have been success stories in other parts of the Kimberley, including the Clontarf program in schools that encourages young people to stay at school. I saw that in operation in Derby. I have seen it in operation in Broome before and in other communities. It has been very successful. On an individual basis, often we find individuals who have broken free and done very well. Other individuals have successful lives and occupations, including working inside their communities. I met the gentleman who is the community CEO for One Arm Point. He had a long period of employment as a gardener at the One Arm Point Remote Community School. In fact, I remember meeting him a number of times at One Arm Point Remote Community School when I was Minister for Education and Training. Lots of people have done well; they have led successful lives and everything is good. But for lots of other people, that is not happening, for the reasons I elucidated to the house before.

What do we do to make it better? I will tell members some things we should not do. One thing we should not do is reduce resources to the Aboriginal and Islander education officer program. Aboriginal and Islander education officers work in the classrooms in remote communities. If members visit a remote community, they will see predominantly, not exclusively, young Aboriginal women working in the classroom with Aboriginal students. They provide guidance, assistance and a way forward. They are role models; someone who understands and can speak to the students and help them along the way. That is what members will find talking to any single teacher in any one of these schools, including Derby, One Arm Point and Beagle Bay. I have been to many communities and schools across the Kimberley, including Bayulu and Kununurra. Every single teacher will say that the Aboriginal and Islander education officers—AIEOs—are incredibly important to ensure that those students can progress and that they have advice on health. They also provide role models to students as to what they might be one day. We even had programs to convert the education officers into teachers so they could study at university without having to achieve the TEE results that they might ordinarily have had to. They could go on to university and then go back to their community and become primary school teachers. That is one of the things we did back in 2007.

The education cuts to schools that we are now seeing are hotly opposed by these communities and wildly opposed by the teachers because it means that Aboriginal and Islander education officers will be lost. They will be sacked, their contracts will end and many of them will be out. Every single school I went to told me how many would be gone from those schools. If we take those people away—by the way, they are pretty cheap employees—we will see an increase in disaffection and in children not attending school and young people will not be as engaged in education. What will be the ultimate outcome of that? There are already massive suicide rates across the Kimberley. The ultimate outcome of young people not being engaged in education is potentially catastrophic. The one thing we should not be doing is taking away those education officers in the Kimberley.

On Friday I met a great group of people who run a program. Members might be surprised by this but there is a worldwide charity called Save the Children, which works in Africa, parts of Asia and South America to save children's lives. It has hunger programs and health programs and it rescues kids from war zones and the like. Save the Children has a program in the Kimberley called HYPE—Helping Young People Engage. It basically consists of a bus with youth workers who travel around Broome at night picking up kids off the streets. There are

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lots of kids on the streets. They are virtually all Indigenous. They are on the streets for various reasons. Sometimes they are fleeing home. Sometimes their parents may not know where they are. HYPE, this bus service with youth workers, picks up children off the streets and takes them to a safe house or a youth engagement facility; I think they call it a chill-out zone. In effect, hundreds of kids are on their books. I met them during the day and that night I saw them out on the streets. I did not go out with them; I was having dinner and I saw them driving past picking up kids. They are real; they do it. They are out on the streets of Broome of an evening picking up children, making sure they are taken somewhere safe and they are engaged in something productive and constructive.

Save the Children's funding is being cut completely and the service is about to close. This community has the highest suicide rate in Australia and the highest rate of disengagement amongst youth in Australia. The Save the Children organisation that runs this bus—it gets roughly \$200 000 a year from crime prevention funding—is about to lose its funding. I met the young woman from Perth who runs it; I think her name is Bella. She has done a teaching degree or the like and runs this youth service in the Kimberley. Its funding is about to cease. It costs \$200 000 a year to run this service of an evening. It is about to end. There will be no youth service on the streets of Broome as of the end of this year. That is a state government-funded program. All those kids are being picked up—admittedly, most of them are not but a lot of them are—and taken somewhere safe where they have someone they can relate to and talk to. That service is about to close. Many of the Aboriginal and Islander education officers are about to lose their jobs. The HYPE bus service run by Save the Children is about to end.

When I went to Derby, I met with some local Aboriginal people. The community action plan is a relatively cheap program. It was a one-year plan, costing \$250 000 or so, that was meant to provide advice, engagement, help and support for Indigenous people in Mowanjum, Looma, Pandanus and Derby. Admittedly, it was a one-year program; I am not saying that a long-term program was cut. The community action plan on suicide services Mowanjum, a community of 300 people, where, as I read out earlier, five people killed themselves over a short period. That program will end. I was able to say to that community that I would raise the question of why that program is ending. I think it is a fair question. Has there been an analysis of whether it has been working? An analysis should have been done or an analysis should be done quickly to tell us why that program is ending.

Dr K.D. Hames: Who funded that program?

Mr M. McGOWAN: The state. The community action plan on suicide is part of the suicide prevention strategy. I understand there is still \$4 million unallocated and unspent in the suicide prevention strategy state bucket. Yet in a community that has the highest rate of suicide across Western Australia and probably across Australia, to be honest, the community action plan on suicide will end.

The last issue I will talk about is the Broome prison, which is to close. The Derby prison has opened. I met some prison officers in Derby, and, by all accounts, it is a good, new facility in a good location, doing a good job, as much as prisons can do a good job. But the prison in Broome will close. There is a high incarceration rate of children under the age of 18 in the Kimberley. I understand that those children are accompanied by two prison officers who fly up to Broome from Perth, pick up the children, put them on a plane and fly them back to the youth custodial facility here in Perth, where the children serve their time and afterwards are put on a plane again and flown back to the Kimberley. That process strikes me as unusual. The prison in Broome, which has been there for a long time, is to close. I think we should ask the Broome community—I would not advocate something without asking the people—what they want for the future of that prison. Should it become a youth custodial facility? Should the people working there keep their jobs and should it be somewhere for young people to go? I cannot imagine that in trying to prevent suicide, it is good to take children who are already disaffected and involved in crime and perhaps in drugs, away from their family support, their land, their culture and the like and transport them here to Perth where they may well be mixed up with other people who may not be good for them. Maybe it is good but I cannot imagine that it is. I suggest that we need to consider the options to make sure young people are kept in their own communities and that if they need to be incarcerated, we might save the cost of taking them away.

There are four issues: Aboriginal and Islander education officers being taken out of schools, the Helping Young People Engage program closing, the community action suicide program in Derby ending and what to do about kids in the Kimberley who need to be incarcerated. What other initiatives can we take, apart from reinstating those programs? When I listened to the people at Beagle Bay they wanted three things, the first being a police presence. Some of us remember the Gordon inquiry, which identified huge issues of some very unfortunate lawlessness in some communities across the state. The Labor government funded a huge program to put multifunction police centres in Aboriginal communities across Western Australia. One was in One Arm Point and one was established in Jigalong. I think two dozen or so were established. The community in Beagle Bay says that if an incident occurs there, it takes many hours for the police to arrive. A police presence helps. I know and understand that there is always demand for police. I do not know whether any analysis has been done since

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the Gordon inquiry 10 years ago on where police officers can be based to meet the needs of these communities. Beagle Bay tells me that if rape or a domestic violence incident occurs, it takes hours upon hours for police to arrive. However, more important than that, the police can play a preventive role in some communities. That is one point.

The second point is that people talk about activity for young people, such as a swimming pool. Beagle Bay is actually inland. Although it is called Beagle Bay, it is inland from the sea and people cannot swim in the sea anyway at that point. People want swimming pools and community activities. There was a swimming pool program. However, when I read about some of the Lotteries Commission expenditure—I support Lotteries and what it does—I sometimes wonder about the priorities. A swimming pool in a remote community is a good thing for kids who never have an opportunity to go swimming or to do all those things that my children take completely for granted.

Dr K.D. Hames: They did support the swimming pools; they put in \$3 million for the pools that we put in.

Mr M. McGOWAN: That is a good thing. It was back in the 1990s.

Dr K.D. Hames: Yes, but they supported them then.

Mr M. McGOWAN: I always wonder why the Lotteries Commission has not looked at some of these broader priorities. A swimming pool makes a huge difference to a community where children suffer from glue ear, boredom and a low rate of attendance at school. Some pools in remote communities have worked marvellously well, although there are sometimes issues with maintaining them and whatever. However, I understand that the Kimberley has the highest rate of suicide in any community across Australia. These are the sorts of things that the Lotteries Commission needs to look at, and I believe they are more important than some of the priorities that it currently funds.

I want to know about the future of the suicide prevention strategy that was put in place in Derby and is now ending. I want to know whether an analysis was done and whether there is funding to continue or reinstate it. I want the Helping Young People Engage bus service that takes kids off the streets in Broome to continue or to be reinstated. It is a good service and the people who run it are good people and do a good job. What are those kids who are taken off the streets doing if they are not picked up and taken somewhere safe? Members should think about what they are doing, where that leads to and what sorts of activities they might get up to at three o'clock in the morning. The HYPE bus does not solve all those problems but it helps.

I think we need to change the housing rules. I do not know how many times I have been told when I go out to these places that there is no private housing and that when someone gets a job somewhere they lose their house. I get told that all the time across the Pilbara and the Kimberley—and no-one does anything about it!

Dr K.D. Hames: That's not true. We are funding significant housing, particularly in Kununurra for those who get jobs, and doing joint ownership things with them.

Mr M. McGOWAN: That might be terrific.

Dr K.D. Hames: It is terrific.

Mr M. McGOWAN: But what the government needs to do is change the rules for public housing.

Dr K.D. Hames: It is.

Mr M. McGOWAN: The government needs to change the income test for people in an existing property or in an Aboriginal community in the Pilbara or the Kimberley when they get a job. It is great that the government is doing something in Kununurra. There are actually hundreds of communities out there; Kununurra is one. We need very flexible rules in communities where people cannot get private housing and where the income limit means they are out of government housing when they get a job. In Karratha and Port Hedland, for instance, people do not want to get a job because they will lose their house and they cannot afford to live in the community. That is the reality. We have no idea down here in Perth. That is the reality that people there live with. It might be the same in Warmun. These rules need a complete overhaul. It is terrific if the government is doing something in Kununurra. However, Kununurra is one of hundreds of communities. The rules in the Pilbara and in the Kimberley need to be different from the rules here.

Mr M.J. Cowper: I'm pretty sure they are.

Mr M. McGOWAN: They are not.

Mr M.J. Cowper: They are.

Mr M. McGOWAN: I hear it all the time from people up there that if a person gets a job, they lose their house, so people do not want to get a job. It is a terrible disincentive and they cannot get a house any other way. We

cannot say, as we might hear, that if people get a job, they can move out of public housing and rent somewhere. There is no non-public housing, so they cannot rent somewhere. It is a hopeless situation and flexibility needs to be imposed. Huge flexibility is needed in those communities; huge changes are needed to the rules across the Kimberley and the Pilbara.

In 2006, we passed laws to provide for much greater capacity for communities and the state to intervene on drinking in those communities. Those laws have been exercised in Fitzroy Crossing. I met June Oscar when I was up there; she is a very courageous, good woman who did great work. There needs to be a greater focus by the Minister for Racing and Gaming and the agency on allowing for those drinking rules to be put in place more effectively in more communities. It is a much greater focus. Those rules worked. They were used in Fitzroy Crossing and they made a difference. I know there will be people who leave the community to go somewhere else because they want to drink; I know there will be people who sly grog. However, the figures show there has been a reduction in domestic violence and drinking in the communities where these rules have been used. These rules need to be more aggressively promulgated and used by both the state and local communities to ensure we reduce the rates of drinking in these communities. Members of these communities tell me that rates of sexual abuse of children is still high and they tell me that getting something done about it is often very difficult. To be fair, it is very hard for women fighting these things in remote communities. Obviously, people who go to prison for these things, emerge from prison and go back to where they know—the community they came from. It is a terrible, terrible conundrum as to how to deal with this issue. There are no easy answers. People who act in a certain way sober often act in a different way when intoxicated. The most reasonable of people become very unreasonable when intoxicated, and the drinking rules, as contained in the liquor reform legislation passed in 2006, provide the capacity for the state to intervene and put in place these rules in conjunction with Aboriginal communities, and for those communities to take up these rules. One non-Indigenous woman suggested to me that we should just have no alcohol in the Kimberley. I do not think that is actually doable, but having a much more aggressive approach to using the laws and the capacity we have is doable, and it has been done in some communities. We need to have a very good, hard look at how to put those in place more effectively.

This is a big issue and I have tried to be non-partisan. I suspect that the ministers and the Deputy Premier sitting in this place do not even know about these programs being cut. They cannot know about everything going on in government. Things happen and departments do things, and the government cannot know everything that is going on. However, I have now made the government aware, and I would like to see some action taken. I have been talking about what I saw in those communities, but I suspect it is going on elsewhere. The generic matter of the education officers is happening everywhere and the government knows about this, so it is now a matter for the government in determining what it does in relation to these things. This is a big issue and I have tried to be non-partisan and reasonable in the way I have put it. I know the member for Kimberley wants to speak next. She has great experience and insight in these things. I hope the government supports this motion—it is written in such a way that it can be supported—and that we as a state take this issue up more in the future.

MS J. FARRER (Kimberley) [4.34 pm]: The rate of Aboriginal suicides is seven times the rate for non-Indigenous Kimberley residents. This year, there were nine suicides in almost as many weeks. Keeping people in the mindset of wanting to stay alive is not an easy task in my electorate. Strong, positive Indigenous leaders are doing everything in their power to improve lives and strengthen their community, but these people are only human. Where is the support for these community leaders who are so heavily relied upon to help everyone else with their issues on the ground? They get calls at 3.00 am, being asked to help with a crisis or being informed that a death has happened. There are no 24-hour on-call counsellors in remote Kimberley communities. These leaders play that role without payment, without benefits and without formal training. People are not approached and counselling is not offered enough to at-risk youths or adults showing signs of depression—we have seen that often up there—or even to grieving family members mourning the death of a loved one.

I have been told that there is often a six-week waiting list to see a psychiatrist in Broome, and I am serious. There simply are not enough mental health professionals. I have said that before when I have talked about suicide. The government should provide subsidised training specifically targeting local Indigenous community members to become mental health workers, drug and alcohol counsellors and clinical psychiatrists. There is a big need in our community and the Aboriginal medical services throughout the Kimberley are trying to address that. However, they are qualified to go only to a certain level when they are doing their type of work. It is a continuing comment from locals in my electorate that the people who are supposed to help prevent suicide come after the event has occurred, and we need prevention. We do not want another report written. I am certain that every government department and organisation in the Kimberley has enough doorstops. We need action. We need funding to flow on the ground in communities, rather than being swallowed up by administration and travel costs. Despite the WA mental health minister, Helen Morton, announcing that a \$13 million suicide prevention strategy would be fast-tracked to address a Kimberley-wide tragedy, the rates of suicide continue to grow.

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Clusters of suicides in Fitzroy Crossing, Halls Creek, Kununurra, Balgo and Oombulgurri have led to coronial inquests. Many of the recommendations have not been effectively implemented.

I am concerned that the cuts to funding for education will have a detrimental impact on young people. The Kimberley will face bigger cuts than any other region in the state, with the additional cuts to the Aboriginal and Islander education officers on top of the cuts to other programs and positions that will occur in all schools. Of the 105 Aboriginal and Islander education officer positions being axed, approximately 20 will be lost in the Kimberley. The roles that these Aboriginal and Islander education officers undertake include supporting Aboriginal students in the areas of academic achievement, participation, attendance, discipline, retention and communication; liaising with the community to engage parents in their children's education and addressing issues that arise; ensuring that the culture of the community extends into the teaching and learning program, leading to inclusive practices within the school; and providing classroom support to assist the teachers in the delivery of planned education programs. In the Kimberley, we find that teachers who come fresh out of college in Perth and go to the Kimberley sometimes do not know how to communicate with the community, so these assistants, as in the Aboriginal and Islander education officers, work very closely with the teachers in helping to educate them and make the transition and to understand a lot of the issues. I am concerned that the loss of this support, which helps to keep young people engaged in school, will have a long-term impact on their future. Education has an important role in giving young people hope and opening up their opportunities in the future.

We talk about the Kununurra school, and the Kununurra Clontarf Academy provides a great incentive in improving and retaining the attendance of at-risk students. It works across the Kimberley with our disengaged youth and young men. It is important to help these young ones by giving them opportunities to feel involved in activities. Mainstream processes do not suit everyone. Football is what many of our disengaged youth are interested in, and extremely talented in. Playing sport provides structure and focus for their often difficult home environment. It gives them a sense of pride and boosts self-esteem.

Former State Coroner Alastair Hope, following his investigation into suicide in the Kimberley, made several recommendations. I believe that some of those recommendations have not been worked on. The former coroner recommended that the efforts of the Clontarf Foundation be supported and that the state government continue to work in partnership with that foundation, with a view to expanding the program to more schools throughout the Kimberley. It is important that the Barnett government implement the recommendations made by Alastair Hope between 2008 and 2011. There are so many children growing up into confused, angry, frustrated and bored teenagers. If members travel to one of the remote communities and talk to them, they will see and hear from them that there are no after-school activities, no youth services, no weekend sporting activities and no swimming pools.

Recommendation 23 from the same coronial investigation was for the Western Australian government to give ongoing consideration to possible positive health programs that could provide long-term health benefits for the people of the Kimberley. He particularly recommended that consideration be given to the construction and operation of a swimming pool in Fitzroy Crossing. That was one of Alastair Hope's recommendations, and we know that the swimming pool in Fitzroy has been a success and has helped improve many aspects of the lives of our young people. Results include improved school attendance, improved general health and fitness, reduced skin conditions and reduced ear and eye infections. However, there is a great need to replicate this success in the wider Kimberley region. I recommend that more swimming pools are urgently constructed in remote communities such as Beagle Bay, Balgo, Ringer Soak and Billiluna. These places are all out in the desert and there is nowhere for them to swim; the only time they can swim is when the rains come and the billabongs fill up. Kalumburu should also have a swimming pool constructed.

Kimberley people refer to "quiet houses"; I know it is not a common thing, but Aboriginal people in the Kimberley would like quiet houses to be set up in communities, away from the other normal housing areas, for people who are depressed or need mental health support. The quiet house would be supervised 24 hours a day, and counselling offered 24 hours a day.

Please, minister; listen to our cries. We want our young people to be alive. We want them to be there. It is a continuing comment from locals in my electorate: the people who are supposed to help prevent suicide come after the event has occurred. We need prevention. I have also been told that there is often a six-week waiting list to see a psychiatrist in Broome. The government should utilise the local organisations that are already providing brilliant services but are not supported or funded effectively, so that they can expand their service areas. The Kimberley Aboriginal Law and Culture Centre is one of these organisations. The second of the Hope report's recommendations following the Balgo inquest in 2011 was for the state government to consider funding, or at least working with, Aboriginal organisations such as KALACC, to provide culturally based solutions that address the issues of substance abuse and youth justice diversionary schemes. He further recommended that

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consideration be given to relaxing the tendering procurement process in appropriate cases, in recognition of the fact that the organisations that are capable of providing such services are very limited in number.

As a mother and a grandmother, I would not like to one day wake up to find that another member of my family had been taken by suicide. I think this is a chance for all of us to get together and address this issue. Thank you.

DR K.D. HAMES (Dawesville — Minister for Health) [4.45 pm]: I rise to speak on behalf of the government on this motion. I thank the Leader of the Opposition for wording it in such a way that allows the government to support the recommendation, although I will move an amendment.

Amendment to Motion

Dr K.D. HAMES: I move —

To add after “issue” —

and notes the state government’s efforts in addressing this issue

This amendment gives me the opportunity to talk about some of the things the state government has done to try to respond to the massive problem of Aboriginal suicide in the Kimberley. I want to put a bit of context around the number of suicides in the Kimberley. Of particular concern, as expressed by the member for Kimberley, is that from 31 December 2012 until 30 April—a period of just four months—there were 12 suicides within the Kimberley. Since then, through to November, there have been a further two. But as the member will know, it tends to be during the wet season that suicides occur for a couple of reasons: firstly, children tend to be home from school, having been away; and, secondly, during the wet, it is hot and humid and emotions tend to run much higher, and sometimes people make decisions like that. It is interesting to note, of course, that not only suicides occur. Through that same period, there were 325 episodes of self-harm—that is, people doing things to themselves that cause harm but do not necessarily result in death. It might have been an attempted suicide or some other form of self-abuse.

The Leader of the Opposition talked about some of the things that he saw up there and the things that have been changed. I have two comments to make about that. Firstly, it is my intention to get the Ministers for Mental Health and Education to read what the Leader of the Opposition said, and to make sure that they very seriously look at the effect of what the Leader of the Opposition said had been cut, the accuracy of his statement and see what things need to be done. But in some way it was suggested that suicide within the Kimberley—in fact within Aboriginal communities—is a major issue that has suddenly appeared during our government. I have some figures that compare the suicide figures from 2007 with those for 2012. It is interesting to note that in the Broome region, there were 15 in 2008 and there were 15 in 2012—identical numbers in the last period of the previous government and those for this government. In Kununurra, there was one in 2008, and five in 2012, but those numbers vary significantly year by year: in 2009, there were seven, and this year there were five. Those numbers vary considerably. For people aged under 25 years, again the numbers varied, but there were seven in 2008, two this year, and 11 last year. For people aged over 25, the numbers show a similar pattern: six in 2008 in Broome and five in 2012. Those figures show that the problem of Indigenous suicide has been one of long standing across the community. For those in the metropolitan area who recognise that in terms of total gross numbers, suicide is a problem in all communities, not just Indigenous—although Indigenous rates are far higher—in Perth in 2012, there were 271 suicides, six of whom were Aboriginal. Obviously, suicide is major problem for all families.

While I was in opposition, I spent a short period in Beagle Bay as a doctor. I filled in there for three weeks with the army; I arranged for the army to come across and work with Indigenous communities when I was a minister, and then when I was no longer a minister, after 2001, I re-enlisted in the Army Reserve so I could do some work in Beagle Bay. I got to know the families there, and I was invited to a suicide summit in Billard. There was an amazing lady there, and in fact I saw her on television wearing a T-shirt representing the member for Kimberley and handing out how-to-vote cards. I went to the suicide summit with that family. In fact, I looked after his dad and probably saved his life when I was a doctor there in those three weeks. We talked with the Aboriginal community at length about the problems. Hon Helen Morton, who was then Parliamentary Secretary to the Minister for Mental Health, also came to that summit. Then when I became a minister, I was invited again and went back to that community to talk about the issue of suicide across the Kimberley. That year Balgo was represented because it had had a significant problem that year with suicides in that community. We talked about the cause of suicide. Why are these children committing suicide? There are so many reasons that people do not even know what they are all are. Members opposite talked about housing and accommodation and work and all those things, but some suicides do not seem to have a reason.

As I waited for this debate to start, I was outside having a cup of tea with a friend of mine from Wyndham. One of the Aboriginal fellows from Wyndham who works for him has a daughter aged 12 years old who was at school in the Northern Territory. She rang her dad and told him she wanted to come home. He told her that she

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had only a couple of weeks to the end of school. Two weeks after she came home, she attempted suicide. Luckily, a family member came in, found her, lifted her up and she survived. She is still in hospital now from that attempted suicide. She is a young girl who attends school, has a dad who works, and is from a strong family in the Wyndham area, yet she attempted suicide. Nobody knows the reason. Sometimes it might be bullying on Facebook that causes it. It might be disruptions within the family. It might be the sense of loss and despair in some of those communities where people cannot get a job and nobody knows where they are going. Ganja—marijuana—plays a huge part in a lot of these cases. I heard about another case involving a girl of a similar age. She was a 14-year-old girl who was sexually active, used ganja and drank alcohol, and she committed suicide. Ganja is a major problem throughout the community, including in those communities that are alcohol-free but often not ganja-free. Sometimes it is smuggled into communities. I am not talking about now, but in the past I am very much aware of huge quantities being taken into Kalumburu.

As we heard on many occasions, sexual abuse is a major issue. We have read in the papers recently about Oombulgurri being closed and bulldozed. This government did that, but within that community a number of elders were charged and some convicted of sexual abuse of children in that community. It is a major problem and linked to suicide within those communities.

I see another side to this issue. When I was in the Kimberley, I talked to one of the Indigenous elders about what happens when someone commits suicide in those communities. The children who survive see a huge outpouring of grief and love for that person who has died. This person was saying that they try to suppress that within their communities because the ones who survive—who do not necessarily get expressions of love and whose parents are sometimes in troubled circumstances—do not get attention and love. They are told to nick off and are often smoking dope. Indigenous families in particular are very family-oriented. A large number of people may come to a funeral with sadness and sorrow and love for the person who died, and the person is thinking: maybe that is what I have to do to get recognition, attention and love. A child might play up and be naughty and misbehave to get attention, and sometimes giving them more attention when they are not playing up is the way to get them to behave. I know Indigenous people are talking about this and how we can give more recognition to the kids who are with us and perhaps not as much attention to those who go.

I am not trying to lecture people on how they should behave towards people who have gone. I am just saying that this is an enormously complex issue and the solution is not a simple one or we all would have done it already. I am sure that there is an enormous commitment from both sides of government to try to address this tragic issue of suicide in the Kimberley. Sadly, the huge number of young children who are doing these things in not only the Kimberley, but also in Indigenous communities across the state—I talked about the huge number in Perth—is absolutely tragic. I might read into *Hansard* some of the numbers for other Indigenous communities. The number is particularly high in South Hedland, as it is in Kalgoorlie, although not so much recently.

There are things that governments have to do. Although I say that we support this motion, I have moved to add that we note what the government is doing so I can talk about some of those things. I think we need to recognise that all governments—ours included—need to do more to try to work out the issues and the problems.

Mr P. Papalia: I understand that you have already mentioned a couple of ministers to whom we can refer some of the issues that were raised. Is the potential negative impact of cuts to Aboriginal and islander education officer assistance something that you can refer to the education minister for consideration?

Dr K.D. HAMES: The Leader of the Opposition referred to that, and I said that I will make sure that those ministers read his contribution, because I think it is worth them looking at those comments, firstly, to see whether they are accurate and, secondly, to read the words of the local people to see whether changes need to be made to address those issues. A significant amount of stuff has been done by this state government. It was initiated from our trips to Billard. We were deeply moved by the stories that were told at Billard and the sadness and horror that people expressed at what happened. The story that the Leader of the Opposition told was told at the Billard summit that I went to three years ago.

Mr M. McGowan: Was that about the fan?

Dr K.D. HAMES: It was about the two people. I think it might have occurred in that family.

I am pleased that the Leader of the Opposition talked about swimming pools, because I initiated that program when we were in government previously. We put swimming pools in Burringurrah, Mugarinya and Jigalong. Subsequently, based on the studies that we arranged Fiona Stanley to do into before-and-after research into the impact of swimming pools, the federal government funded swimming pools in Warmun and Bidyadanga. I have promised a swimming pool to the people of Balgo, member for Kimberley; I have said that to them personally. It was probably about two years ago. I put aside \$1.5 million to do it, but, sadly, it is not enough. I am currently working very hard to make up the rest of the money that is needed for that swimming pool.

Mr M. McGowan interjected.

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Dr K.D. HAMES: Some of it will come from the Lotteries Commission, Leader of the Opposition. I have had discussions with it already. Swimming pools are very expensive. We have to put in a pool that will last a long time. The pools we use are called Myrtha swimming pools. They are very sturdy and longstanding. We put those swimming pools into those communities 10 years ago and they are still going strong, but the cost is high. On top of that, the Royal Lifesaving Society Australia manages the swimming pools. That has been an outstanding success. It obviously needs a house for its operator. That person looks after the pools, trains Aboriginal people in their management and runs swimming programs for children. The Leader of the Opposition is right. It is not just the health aspects; it is about stopping kids from doing something that they should not be doing, such as sniffing glue. Kids swim in the pools with their families, enjoy themselves and have a great time. Of course, we brought in the no school, no pool policy, which we nicked from the Northern Territory after I visited the Northern Territory and saw that program in place. We need to do more. But the total cost of a swimming pool is in the order of \$5 million, so it is not a cheap exercise. I am sure we could put in cheaper pools. But it is our view that we need a quality pool and a quality service. It costs in the order of \$130 000 a year for the maintenance of a pool and for the staff to manage it. That is a major additional contribution by government. Our Standing Committee on Education and Health, chaired by Hon Tom Stephens at the time, did a review of the swimming pool program, and there is a report in this house that recommends the expansion and continuation of that program. We have not seen any more swimming pools yet, but I assure members that it is not through lack of trying.

I now want to talk about some of the projects that have been put in place by Hon Helen Morton. As I have said, she went to Billard as Parliamentary Secretary to the Minister for Mental Health, and she saw the problems and listened to the issues expressed. The former Minister for Mental Health, Dr Graham Jacobs, also had a strong commitment to address this issue, and that commitment has been carried on by Hon Helen Morton as Minister for Mental Health. The Minister for Mental Health committed the \$13 million that the member talked about for the statewide suicide prevention strategy. The minister visited Broome on 11 March 2011 to announce funding of \$1.36 million for suicide prevention in the Kimberley. That included \$800 000 from the Ministerial Council for Suicide Prevention for the Kimberley Aboriginal Medical Service to develop community action plans; and \$536 000 from the Mental Health Commission for the enhanced StandBy postvention support service.

Under the WA suicide prevention strategy, \$1.9 million has been invested to deliver six stage-2 community action plans in the Kimberley until June 2014. These comprise the Kimberley empowerment project, with \$428 000 for the Kimberley Aboriginal Medical Service and the University of Western Australia to provide community training in the Kimberley; and, in the Shire of Derby, \$531 710 to Anglicare to cover the Derby township, Mowanjumb, Pandanus Park and Looma. That may be the program that the member said was to be cut. These briefing notes state clearly that this funding will continue until the middle of June next year. So that is something that we will need to check.

Mr M. McGowan: Is that the community action plans?

Dr K.D. HAMES: Yes; it is to deliver six stage-2 community action plans in the Kimberley until June 2014.

Mr M. McGowan: I might have had that date wrong. I thought it finished at the end of December, but it must be 30 June. I am sorry about that.

Dr K.D. HAMES: They would not even consider whether those funds would continue until we had gone through the budget process, I would imagine. They would clearly want to know well before the end of June, because the budget comes out well before the end of June. That is over \$500 000 from the state government as part of our suicide prevention strategy in these communities. We have talked about Beagle Bay and One Arm Point. Funding of \$304 650 was given to the Kimberley Aboriginal Medical Service to cover Ardyaloon, which is One Arm Point, Djarindijn, Lombadina and Beagle Bay, which are the four major communities on the Dampier Peninsula. In the Fitzroy Valley, funding of \$200 000 was given to Garnduwa Amboorny Wirnan—I cannot pronounce that name properly; I am sure the member for Kimberley could—to deliver back-to-country camps, suicide prevention awareness workshops, and Aboriginal mental health first-aid training. In Kununurra, \$217 880 was given to the Ord Valley Aboriginal Health Service to deliver back-to-country camps, youth Aboriginal mental health first-aid training, delivery of the healing, empowerment and leadership program, and the Aboriginal mental health first-aid train-the-trainer program. Halls Creek was given \$217 950 for similar sorts of objectives. A note says that on 12 November 2013, yesterday, 244 agency-pledged partners are supporting the strategy by promoting suicide prevention to their workforces and stakeholders. That brings together a number of agencies to work on suicide prevention. Of course, we also have Closing the Gap funding as part of the national partnership agreement. As members would know, the state government again committed \$31 million this year.

Mr R.H. Cook: What has happened to the other partner?

Dr K.D. HAMES: The other partner—the commonwealth?

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Mr R.H. Cook: In the partnership agreement.

Dr K.D. HAMES: The commonwealth, under the previous federal government—not the current federal government—decided to roll that into mainstream funding, are the words used; but, sadly, rolling money into mainstream funding often means we cannot keep track of it to see whether it goes up or down. I hope they continue to fund it properly.

Mr P. Papalia: You will be watching closely.

Dr K.D. HAMES: The member for Warnbro should watch closely. The people who needed to be watched closely were the government that was just there.

Mr P. Papalia: You are the government. You will watch the new government and make sure they don't cut the funding on behalf of Western Australia.

Dr K.D. HAMES: I will watch them closely as the member for Warnbro watched his government before.

Dr A.D. Buti: But you're the government of WA.

Dr K.D. HAMES: We are, but they were the member for Armadale's associates. They were his buddies; his mates.

Dr A.D. Buti: But you have the influence; you're the minister.

Dr K.D. HAMES: The state government did not know what the former federal Labor government was doing with the Closing the Gap money. The former federal Labor government would directly fund groups that the state government had no idea about. The issue of overlap of commonwealth–state government is impossible to manage because the state government was not told what the federal government did. The state government is proud of what it did with Closing the Gap funding. It has been enormously successful. One of our mutual buddies, Sandy Davies, a senior figure in the Geraldton Regional Aboriginal Medical Service, in the electorate of Mr Acting Speaker (Mr I.C. Blayney), is complimentary and deeply involved in that program as a member of the governing council to ensure that those funds are properly expended. My point is that \$22.47 million was committed over four years to the Statewide Specialist Aboriginal Mental Health Service to increase accessibility and responsibility of mainstream public mental health services for Aboriginal people with severe and persistent mental health issues. My briefing notes refer to other funds for different areas. I am sure other members will want to talk about that.

The member for Kimberley talked about the difficulty of accessing psychiatrists, psychologists and counselling. I recognise that is a critical issue. I recall one of the early things the state government did with the former Labor commonwealth government in Fitzroy Crossing. As part of the state–commonwealth agreement on the Closing the Gap funding, we went to the community to talk about what people wanted. When the Aboriginal people of Fitzroy Crossing were asked what they would like for their community, their top priority was psychological counselling services—a critical area. An Aboriginal psychologist visited the town and was overwhelmed by the number of people who wanted to talk about their issues.

The opposition has talked about better management of alcohol in Fitzroy Crossing, which has been an enormous success, initiated by this government and the current Minister for Sport and Recreation. As the Minister for Indigenous Affairs at the time, I was involved in what happened at Halls Creek. There was huge opposition from the council; the mayor happened to own the local pub.

Mr P. Papalia: From the National Party.

Dr K.D. HAMES: No, not from the National Party because the minister from the National Party was the person who instigated the repetition—

Mr P. Papalia: It does not mean he wasn't from the National Party.

Dr K.D. HAMES: I am not aware; in fact, I think it was some of our side who were the greatest critics in that region at the time. I was a very strong supporter. I talked to one of the doctors who looked after patients in Halls Creek and Fitzroy Crossing. She said there was a massive difference in behaviour in both towns. In Fitzroy Crossing, where the alcohol ban had been in place for some time, she still treated people as there was still some violence. There were still fights, particularly at home. However, when a mother in Fitzroy Crossing came in for treatment with a cut eye, she would stitch her up and send her home. She said that in Halls Creek the mother would come in with serious injuries—not just a cut; say, broken bones. The mother would bring the kids in with her, and the doctor would not let them go home because those kids would be subject to sexual abuse if they went home without the mother. Alcohol was destroying a generation of Aboriginal people. We have seen the issue of foetal alcohol spectrum disorder in Fitzroy Crossing. I am sure it will be replicated in Halls Creek. Alcohol is a major issue. But in remote communities where there is no alcohol, such as Balgo and Beagle Bay—supposedly no alcohol and mostly no alcohol—it is still a major issue. I think ganja is also a major contributor. It is an

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alternative to alcohol. It has led to mental illness, depression and suicide in those communities. I know there are people in this house who have had the occasional smoke, but chronic, frequent and heavy use of marijuana is a brain destroyer. There is a very strong linkage between that and suicide in all communities, let alone Indigenous communities. When that is combined with an inability to get work, poor housing and a lack of esteem for whatever reason, something as simple as a fight between a boyfriend and girlfriend—I have seen that happen so many times—can lead to someone committing suicide as a way out of that situation. We have to work together as a government and as a community to ensure we do everything possible to address that. I am sure there is nothing more tragic, nothing more sad and nothing more devastating for a family than to find a child—be it a daughter, son, granddaughter, grandson, cousin or friend—who has committed suicide, and people have to deal with those tragic consequences.

With that amendment that I have moved, which has allowed me to talk about the things the government has done to address this issue, we support the motion.

Amendment put and passed.

Motion, as Amended

MS A.R. MITCHELL (Kingsley — Parliamentary Secretary) [5.13 pm]: I am pleased to rise to speak to the amended motion. I thank the member for Kimberley for bringing forward her thoughts on this matter. I also thank the Leader of the Opposition for raising this matter. I believe that everybody in this house, even though they may not be fully aware of the impact of suicide in the Kimberley, has probably seen the impact of suicide in their own metropolitan areas and regions and how devastating it can be to families and communities. I suspect we all have some understanding, even though many of us have not actually lived through it, that this is a tragic situation and certainly one that we want to spend a lot more time trying to address.

A number of matters were raised that I would like to respond to without going through all the issues again. The member for Kimberley has our deepest sympathy for the experiences that she has had with her personal family and her community. As the Leader of the Opposition said, there is no doubt that anyone who has the opportunity to spend time in some of these Kimberley communities and in the country understands a great deal more about how incredibly important they are and how incredibly important the people are. I think the crux of all this is the people. It is about the people who make a difference in the community. It is important to ensure that we have strong communities that will be able to support the other members of the community going forward. I know that is what the member for Kimberley and the Leader of the Opposition are trying to do with this motion. The strength of our communities will ensure that we have a successful community.

We have spoken about many of the things the member raised, including lack of employment, lack of activity for people and the lack of feeling that people belong and have a purpose in life. There is no doubt that every one of us has that same need in our lives and in our communities. If we do not have one of those things, we may find it a bit difficult but in many of those communities most of those things are missing. I think it is very important that not only money, but also services are made available and that we help people develop. The development of the people in the community, particularly in the Kimberley—the elders, the relationships, getting back to country and understanding their role in the family and in society—makes a huge difference. Any of the work that is being done, particularly the community action plans through the suicide prevention strategy, is very much part of what this is about. It is not just a case of government coming in and tossing money in because we know that is not always the most effective way to achieve the results we are trying to get. We have strength in the community and strength in the people and we need to give everyone a sense of purpose because those things are absolutely critical.

I would like to let the Leader of the Opposition know that there will be a full evaluation of the suicide prevention strategy. Edith Cowan University is very much part of that study, and also the Ministerial Council for Suicide Prevention is looking at the overall strategy. That is due to be completed by March 2014. Future funding and the direction of the strategy will follow after that. It is certainly not something that is just finishing and that is the end of it. We want to make sure that it proves to be of worth, we want to know how it could be improved and we also want to get rid of the areas that are not achieving what we set out to do. That is underway and will be completed by March 2014.

I will also respond quickly to the comments relating to the HYPE program—Helping Young People Engage. There is no doubt that that program and a number of programs that are conducted like that in other country towns have a lot of value. HYPE has been running in Broome for eight years. It started through the Shire of Broome and it received funding through the Department of the Attorney General's criminal property confiscation grants program. That concluded on 30 June. The Department for Child Protection and Family Support provided additional funds. Save the Children believes that it might be finishing in November 2013. It is my understanding that funds have been obtained through the Department of Regional Development. That process is going through and the program will be funded through to 2014 while things get re-established. I have seen the program operate

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in Port Hedland. Unfortunately, we need those programs. They are extremely beneficial and they play a great role in providing safety to the children in the towns at night-time, which is absolutely essential.

Mr M. McGowan: Are you giving an assurance that that program will continue until 2014?

Ms A.R. MITCHELL: It will continue until June 2014.

Mr M. McGowan: That is not a great assurance. Their understanding is that it finishes at the end of this year. If it is just extended another six months, that is really not a great assurance because they have to employ people and people will look for other jobs.

Ms A.R. MITCHELL: That is always the case with grant funding, unfortunately. Because it has moved around, it will come up under a different area. We will look at the best way to do this and do it collaboratively. I cannot give specific details at the moment. Everyone knows that it plays a valuable role. It acts as a triage role as well in linking the services. It has just happened and we have to deal with it, so we will deal with it. There is no question about that.

I will also talk a little about why we find ourselves in this position. We have talked about education. I cannot give specifics on the Aboriginal and islander education officers, but I certainly know they are of value. I understand that there is a sense that their number will be greatly reduced. I can only say that I do not believe that is the case. Also, member for Kimberley, under the next student funding model, additional funds will be available for literacy and numeracy programs in remote areas and for Aboriginality. I think the member will find that model provides a greater capacity for schools to benefit from, particularly in the member's electorate and other remote areas. We are not cutting funding from areas that we know provide value. As I said, the important thing to do is work with Aboriginal people on their culture and language so that their sense of belonging, of worth and of being Aboriginal is strong and good, and that it is also acceptable within the white population. Aboriginal people need appropriate education that gives them a sense of worth and of belonging, and the Clontarf Foundation has been very good at providing that. However, I believe other programs can be run that may include people with other interests. Although many people are interested in football, not everyone is. Music, art, drama and other activities are suitable for young people in the Kimberley. I remember taking to Derby and Fitzroy Valley District High Schools a gentleman who had done an incredible job at a very low socioeconomic school in Auckland, New Zealand. Members opposite might say that what happens in Auckland, New Zealand, cannot be compared with what happens in the Kimberley, but through the work he did with the Maori he had a very strong message to people about engagement in the education process for Indigenous people. I think people are committed to that and that there are ways we can extend the normal school curriculum to make sure we give people an education that makes them feel valued and that gives them a place in society.

I believe also that engaging youth is very critical. I applaud the Minister for Health because I was involved in the program through which swimming pools were put into some communities. There is no doubt they were an outstanding success. It is difficult to know whether we can get them into smaller communities, but we may be able to do other things. Nonetheless, youth activity, family involvement and cultural inclusion are absolutely critical. Together with the member for Kimberley and other key people in the community, we will do a lot. We are trying to work strongly also with the federal government because we do not want two separate streams operating; we want to work together. Collectively, with the involvement of the National Mental Health Commission, Pat Dudgeon, who is a very strong woman, and a lot of other people, we can make a difference. We will certainly watch how that works in the future. I am happy to sit down because I think it is important to say that, on our side of the house, the work in this area is not lost. We are certainly committed to it and we will work hard to ensure that we improve the situation.

MR P. ABETZ (Southern River) [5.22 pm]: One suicide is one suicide too many. Every single human being is precious. In our western society, founded on our Judaic-Christian background, every human being is made in the image of God. Their inherent value is precious and we need to do all we can to ensure that people value life and, indeed, their own life. In my experience of life I have had the opportunity to walk through some very deep, dark valleys with many people. In the 1970s I started out my working life as a farm advisory officer in the Huon Valley when the apple industry was on its knees and third or fourth-generation orchardists were no longer able to make a living from the orchards their grandfathers or great grandfathers had planted, which brought social disruption and all the issues that went with that.

As a pastor I have walked through the valleys of people losing a child and I have counselled people who have experienced the horrific emotional pain of childhood sexual abuse and women who were caught up in the sex industry. I also had the privilege of walking alongside people who were caught up in drug addiction when I ran a drug rehabilitation support group.

Dark valleys do not always lead to people committing suicide. Some people are incredibly resilient; others find resilience much more difficult. Indeed, suicide never just happens; there is always a context when suicide takes

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place. Often there is a history of sexual abuse or physical or emotional abuse in childhood; people feeling socially very isolated; people who have experienced a bereavement in childhood; family disturbances; feelings of rejection by a significant person in their life; and so on. I could go on listing the things that often provide the context in which people commit suicide. One of the things that strikes me with government funding is that we are very heavily investing in ambulances at the bottom of the cliff but we are not doing as well at building fences at the top of the cliff. It is even more important to note that we are not doing well at all in preventing people from wanting to walk towards the edge of the cliff.

A number of groups are working with people in the Kimberley on suicide prevention, and that is all good. But what are we doing to build resilience into our young people there so that whatever life serves up to them, they have the internal courage and fortitude to be able to handle that without opting for suicide? Today I had the opportunity of having lunch with Bill and Joan Grosser. Bill and Joan are a retired couple but they still work very hard. I met them about 20 years ago when I was still a pastor looking for a parenting course. They have been teaching parenting skills for many years. When they retired, they went for a trip up through the Kimberley. They visited different Aboriginal communities and talked with the leaders. They realised that one of the key issues is parenting. They tried to get some funding to do some parenting work in those communities. I tried to help them get some funding but did not succeed. Bill and Joan decided that they would not be deterred. They put together a parenting package and trained Aboriginal people to teach other parents how to parent in places such as Beagle Bay, One Arm Point, Looma and so on. The response has been absolutely amazing. When Bill and Joan went to those communities—Joan had spent part of her childhood in one of the Aboriginal communities in the Kimberley when her parents were there—they were very blunt and said to the parents that one of the key issues was parenting. Very many of the kids up there are not parented. Kids basically doing what they like when they like could be called permissive parenting. Kids are asked, “Do you want to go to school today?” We never asked our kids whether they wanted to go to school today. It was a case of, “You go to school.”

Bill and Joan are doing really important and valuable work to teach parents the skills to build into the lives of their children, so that their children actually do what they ought to be doing. The impact on the communities has been quite amazing. I was told that an Aboriginal person up there said that to take away a man’s work is to take away his pride. If his pride is taken away, in many ways his motivation for living is taken away. When kids grow up in a community where there is no work and where there is no pride, there is a real problem. It reminds me of what the late Livingstone West, one of the elders in Warburton, said to me some years ago. I go up there every year with a team from our church to run a holiday program for Aboriginal children. One afternoon he asked me to come to his place. We sat under a tree and he spoke and I listened for about three hours. He gave me a history of Warburton and a whole lot of things. It was close to Australia Day and there was an article in the paper saying that it perhaps it should be renamed “invasion day”. I asked him what he thought about that. He said, “Peter, one of the best things that has happened for our people is that the white man did come, because life was short and brutal for my grandparents and my parents.” I asked what the worst thing was that happened to his people. The interesting thing he said to me was that it was the fact that his people got the dole and that they can drink alcohol. I asked him to explain that a little further. Alcohol, of course does not need much explanation, but I wondered about the dole. He said, “Before we got the dole, my people did work.” They were given opportunities to work and there was that sense of pride in what they were doing. He was very keen that his people in the communities did not just get the dole, but rather have the whole concept of work for the dole. To really do constructive things was something he was very big on. He said that pride for Aboriginal men came from being skilled in hunting down a kangaroo or an emu, finding food and being the hunter. That was so valuable and gave them a sense of pride and identity. Boys would aspire to gain those skills. He said his people were nomadic people. They gathered what they could from the land and they had their walking circuits and areas. He said that now they just hold out their hands and get money, and that there was no pride in that for his people. The result of that is a whole sense of loss of meaning, purpose and direction in life. The kids see that they can just hold out their hands and money comes. Livingstone said because his people were happy with a lot less than what white people are, the kids do not aspire to anything.

Mr D.J. Kelly: You have missed out the bit where they took the land off them and they couldn’t do the walking anymore.

Mr P. ABETZ: In the Warburton area that is actually not the case; they could do it if they wanted to because the land was still there. In the Ngaanyatjarra lands, that is not the case.

Mr D.J. Kelly: So you’re not generalising here?

Mr P. ABETZ: I am talking about what this one man said to me. I am recounting what he said in regards to Warburton.

Mr D.J. Kelly: Sorry, I thought you were generalising.

Mr P. ABETZ: No, I am not. This is about one particular case. I think it paints a picture of a wider difficulty.

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Ms J.M. Freeman: So you are generalising.

Mr P. ABETZ: No, by painting a picture —

Dr K.D. Hames interjected.

Mr P. ABETZ: In the Kimberley there was —

Mr D.J. Kelly interjected.

The ACTING SPEAKER (Mr I.C. Blayney): Member for Southern River, I ask you to address your comments to me.

I do not think the member is asking for general debate about what he is saying. He should just be able to say what he wants to say and that is that.

Mr P. ABETZ: The point that needs to be borne in mind is that we need to build into the lives of our Aboriginal people the skills to be parents. Part of the problem, of course, is that those who were separated from their families as children have not seen parenting—it has not been modelled—because there was a break in the generations. So we need to address a lot of issues there. However, the thing that I want to highlight is that of all the things that have been mentioned about what can be done about suicide prevention, no-one in this house has mentioned the importance of teaching parents to be parents. In places such as Beagle Bay, One Arm Point, Fitzroy Crossing and Looma, which I also had the opportunity of visiting when I was on the Education and Health Standing Committee and we did our drug and alcohol inquiry, one of the things that came through was that there were many families in which the kids—for example, two and three-year-olds—were walking the streets at night, and the Department for Child Protection and Family Support workers told us that it was safer for the kids to be on the street than to be at home. That is a tragedy. We really need to build into, invest in and get alongside those families. I want to commend Bill and Joan Grosser for the work that they have done, without any government funding, to strengthen families in the communities. That work will continue to build the lives of people and also make a significant contribution to a reduction in the number of suicides.

Very briefly, I want to pick up on the point that the member for Kimberley mentioned about what I think she called a quiet house.

Ms M.M. Quirk: A safe house.

Mr P. ABETZ: I think she used the words “quiet house”. People can go to a quiet house to get away from the noisiness of the community, so to speak. That is a really important thing. Karl and Pamela Walsh have put up a proposal, together with the former Speaker of this house, Mr Grant Woodhams, for the Crossroads Healing Centre—a place where Aboriginal people can go. These people do not need to be in a mental health hospital, but they need a safe place where 24/7 counselling is available and there are people to talk to to deal with their issues. In that way, mental health help is brought to those who are not depressed enough to warrant hospitalisation as such, but they can be amongst their own people, get the help that they need and be nurtured back to wholeness. I want to commend Karl and Pamela Walsh and also the former Speaker for putting together this business plan. I certainly hope that their desire to establish this centre will bear fruit in the not-too-distant future.

DR G.G. JACOBS (Eyre) [5.37 pm]: I would like to commend the opposition for bringing this very important motion to the house and for its bipartisan cooperation in addressing this very tragic issue. We have heard that the suicide rate in Western Australia is 12 per 100 000 people. In regions such as mine, in the country and in rural and remote areas, the rate is around 18.5 suicides per 100 000 population. In the 10 years from 2000 to 2010, there were 2 535 suicides. The demographic shows that for every three males who suicide, one female suicides. The coroner’s statistics provided recently show that in Perth in 2008 there were 303 suicides, and in 2012 there were 364. In the year to date, there have been 185 in total in Western Australia. It was brought home to me in my hometown of Esperance in 2009, when we sought the help of the community in facing a tragic 13 suicides in that one year. It brought home to me the pain of the community during a rural downturn due to drought, and the pressures placed on farmers and the farming industry; it led to 13 suicides in the community in that year.

As the first Minister for Mental Health, I introduced the program alluded to by the Minister for Health. A lot of work has been done by the current Minister for Mental Health, Hon Helen Morton, in the area of suicide prevention and suicide prevention strategies. I suppose the catchcry of the suicide prevention strategy—this was promoted by the Mental Health Commission, the minister’s office and, indeed, this government—is that this is “Everybody’s business”. This is not just one person’s issue; it is not just one group in the community; it is everybody’s business. In adopting the suicide prevention strategy, there were certain factors that we were very keen to see come within the strategy. Firstly, there was community awareness, and that is absolutely critical. There was also coordination of training in the delivery of a program of suicide prevention, and a network, coordination and, indeed, engagement of government and non-government organisations; and all the significant organisations within the community. In fact, it was everybody’s business. On a personal level, I think it is very

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important that we recognise the potential for someone close to us to be at risk. Whether it is a work colleague, a relative, a friend or a friend of a friend, we all know of someone in Western Australia who has tragically been taken by suicide. When someone talks to us about this issue, if there is an opportunity, we should not let it go by and we should take it on as our own business. We must pursue it, because there is a feeling within the community around stigma and talking about the issue and a feeling that, "It's not my business, it's a personal issue and I'll let it go". How often do we hear in the Australian parlance, "How are you today?" "Oh, I'm fine." But are they really fine? If someone says they are not fine, can we take it up? If we do not feel within ourselves that we can deal with it, we should at least follow it up to make sure that someone does and that it is talked about.

The member for Southern River touched on this very eloquently; much better than I could. Why do people suicide? They fall into a state, if you like, of hopelessness; a lack of hope, a lack of any dream and a lack of any reason to get up in the morning. We understand, of course, that there are significant risk factors to all that: the overuse of alcohol, the overuse of marijuana, no job, mental illness, poor health, poor health services and poor housing. There are issues in and around not only suicide itself but also the community, and as I said, I was exposed in our community in 2009 to general rural hardship. On a personal level, it can be the breakdown of a relationship, some form of helplessness, the failure of a business, a feeling of personal failure and that hopelessness that we all need to be aware of and need to address.

Another issue in the mental health arena and in my experience of the services provided for people with a mental illness or depression or a general feeling of hopelessness is the accessibility of help. There has long been a model of, basically, a clinic where people go along and sit in a waiting room to see a doctor, counsellor or psychologist. We have a great pristine clinic with all that opens and shuts and expect everybody with some sort of an illness, depression or emotional ill health to walk in that door and sit and wait their turn. That model does not necessarily engage a lot of the community. It does not engage a lot of the community where I come from, which is largely Caucasian. It certainly does not engage the Aboriginal community, because they do not come down to town and walk through the door of Banksia Medical Centre and sit and wait for the psychologist or doctor to call them into a room and say, "What's the trouble?" We need to go out into the community and engage people with a service; we should not expect them to walk in the door and come to see us, because while we expect that, we are missing a significant cohort of people who are suffering in the community with emotional issues, depression and all the other issues. They cannot all be pigeon-holed into one diagnosis. There is no such thing as pure depression; it can be dependent on many life issues. No-one comes just in a box, and people may have lived through many life events and faced the social consequences. It is really important.

I was privileged enough to be a member of the former Education and Health Standing Committee, and in the Kimberley particularly we saw issues associated with the socioeconomic conditions, particularly health ones. Seventy per cent of the children in some of those communities are deaf. So when they go to school they cannot hear, therefore they cannot learn, then they become disengaged from the system, and then they drop out and spiral into a life of dysfunction, depression, unemployment and related consequences, one of which is the consequence we are talking about today of eight or nine suicides just this year in the Kimberley.

What happens if school attendance plummets? We know that a child needs to go to school 90 per cent of the time to achieve average outcomes. That means that if there are 200 days of education in a school year, if a child misses only 20 days a year their outcomes will not be as good. It does not take much. In fact, as we have heard many times, education is the key to employment, a job and a career.

Then there are the effects of alcohol. I will talk about an alcohol program that has been put in place. Alcohol is a well-known depressant. Some people say, "When I take a drink I feel better." Yes, temporarily. But chronically, alcohol is a depressive drug, and it creates a lot of issues in the community. As has already been talked about today in this place, June Oscar and Maureen Carter had the guts to say that the full-strength alcohol content in their community needed to be reduced, particularly for their menfolk. Just the reduction from full-strength alcohol to light takeaways has resulted in a 30 per cent reduction in social dysfunction throughout the community. Across the board—for domestic violence, attendance at hospitals and police callouts—there has been a 30 per cent reduction in social dysfunction in those communities. That reduction can make a difference to families and communities, and address some of the problems that lead to the dysfunction and disengagement of particularly young people that may lead to the ultimate tragic consequence of suicide in our community. This is a big job for us, but we are aware of it. This government acknowledges not only the job it has done, but also the work it needs to do.

In finishing, I would like to comment that the \$4 million mentioned by the Leader of the Opposition has been spent. We have spent the whole \$13 million in our suicide prevention strategy; we did not think we should keep it for a rainy day. Subject to the minister's approval, the Mental Health Commission will prepare a business case to continue initiatives under the suicide prevention strategy. The continuation of the caps beyond 2014 is not yet

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decided, but the debate today will highlight that issue for further consideration into the future on our suicide prevention strategy.

Question put and passed.