



Pathways to Resilience

Rural and Remote Indigenous Communities
Suicide Prevention Initiative

FINAL REPORT

June 2010

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Acronyms and abbreviations used throughout this Report

AMHFA	Aboriginal and Torres Strait Islander Mental Health First Aid
ASIST	Applied Suicide Intervention Skills Training
ASIST T4T	Applied Suicide Intervention Skills Training – Training for Trainers
ATODS	Alcohol, Tobacco and Other Drug Services
ATSIS	Aboriginal and Torres Strait Islander Services
BIMA	Brisbane Indigenous Media Association
CACH	Cunnamulla Aboriginal Corporation for Health
CDEP	Community Development Employment Program
CRRMHQ	Centre for Rural and Remote Mental Health Queensland
DETA	Department of Education and Training
DOC	Department of Communities
GOONDIR	Goondir Aboriginal and Torres Strait Islander Corporation for Health Services
HAT	Health Action Team
KASH	Kalkadoon Aboriginal Sobriety House Aboriginal Corporation
MICRRH	Mt Isa Centre for Rural and Remote Health
MHFA	Mental Health First Aid
NAIDOC	National Aboriginal and Islander Day Observance Committee
NGO	Non-Government Organisations
NIPA	Natjul Indigenous Performing Arts
NWQPHCS	North and West Primary Health Care Service
QH	Queensland Health
QLD	Queensland
RFDS	Royal Flying Doctor Service
SEWB	Social, Emotional, Cultural and Spiritual Wellbeing
TKRP	Traditional Knowledge Revival Pathways

Contents

Executive Summary	4
Part 1 : Pathways to Resilience Project	5
Background	5
Project Methodology	6
Local Governance	6
Activity Implementation	6
Across Communities	7
Aurukun Community Activities	8
Cunnamulla Community Activities	10
Doomadgee Community Activities	16
Mornington Island Community Activities	17
Mt Isa Community Activities	18
St George Community Activities	20
Part 2 : Project Evaluation	23
Purpose	23
Methodology	23
Evaluation Findings	23
Did the <i>Pathways to Resilience</i> Initiative achieve its project goals?	23
What were the <i>Pathways to Resilience</i> Initiatives most successful strategies?	26
Were any impacts and outcomes of the project able to be measured?	29
What were the areas for improvement that were identified in the <i>Pathways to Resilience</i> Project?	30
Conclusion	32
List of Tables	
Table 1: Activities completed against the project objectives	24
Table 2: Activities planned vs activities completed	25

Executive Summary

In September 2008 the Centre for Rural & Remote Mental Health Queensland (CRRMHQ) was funded by the Department of Communities to deliver a Rural and Remote Indigenous Communities Suicide Prevention project, *Pathways to Resilience (P2R)*. The development of the project was guided by the principles and objectives of the Queensland Government Suicide Prevention Strategy 2003-2008.

The *Pathways to Resilience* project focused on a range of community based activities centring on awareness raising, community partnerships and community capacity building. The project model was based on a strong recognition and acknowledgment that local communities' individuals, families and groups have the knowledge, ability and commitment locally to address the issue of suicide and to develop relevant and local solutions to the problem. The communities participating in this initiative were Aurukun, Cunnamulla, Doomadgee, Mornington Island, Mount Isa and St George.

Consultations were held during the first phase of the project, between November 2008 and February 2009 with community representatives and with individual representatives from identified health service providers and key organisations. The outcome of Phase One was the identification of a range of local actions and strategies that could be delivered in each community over the project timeframe that addressed some of the community issues which emerged during the consultations.

Phase Two of the project commenced in March 2009 and involved the implementation of activities and strategies identified in Phase One. Through partnership agreements with organisations that already provide a range of services within the participating communities, the CRRMHQ supported the facilitation and implementation of the activities.

Monitoring of the project was conducted by the CRRMHQ with local organisations engaged as partners in the project being responsible for collecting activity data and participant feedback following the completion of the activities.

A final evaluation for the *Pathways to Resilience* Project was conducted between December 2009 and February 2010 and aimed to assess the completion of the project objectives, measure the immediate effects of the program, and identify the lessons learnt along the way.

These common themes should be key considerations in the ongoing delivery of suicide prevention initiatives by the Department of Communities and the CRRMHQ. During the evaluation process a range of key success factors were identified. While different communities experienced different successes, six common themes were identified:

1. Strong community ownership and empowerment;
2. All activities delivered were culturally appropriate;
3. Activities focused on awareness raising and safe environments;
4. The model and processes had a strong capacity building focus;
5. Strong community partnerships and networks were formed; *and*
6. Flexibility in the range of activities ensured that they addressed community needs.

During the evaluation, information was collected on areas that could be improved if a similar project was to be conducted. Once again the key issues identified were grouped around key themes:

- Consultation processes need to be broader with more time allocated to each community;
- Project timeframes to be extended with additional time available to build and strengthen relationships and develop partnerships with community organisations to increase capacity building. If activities originally identified were unable to be implemented, project timeframes inhibited the exploration of other activities;
- Development of partnerships and engagement between the CRRMHQ and the Department of Communities regional staff;
- Additional funding allocated to training activities to enable graduates to immediately deliver the courses in their community would have enabled further skill development and sustainability;
- Sustainability considerations were discussed by all communities in identifying activities, however the majority of activities did require additional funding to complete. Ongoing funding considerations for training, printing resources or activities needs to be considered; *and*
- Processes for review of products and technical information developed at the commencement of the project would have been valuable instead of informal arrangement that developed during the project.

Part 1 : Pathways to Resilience Project

Background

With funding from the Queensland Department of Communities, the CRRMHQ was contracted to deliver the Rural and Remote Indigenous Communities Suicide Prevention project, *Pathways to Resilience* (P2R). The communities that participated in this initiative were Aurukun, Cunnamulla, Doomadgee, Mornington Island, Mount Isa, and St George.

In line with the underlying objectives that the Queensland Government Suicide Prevention Strategy 2003-2008 outlines in terms of suicide and suicide prevention in Aboriginal and Torres Strait Islander communities in Queensland, the project was guided by the following principles:

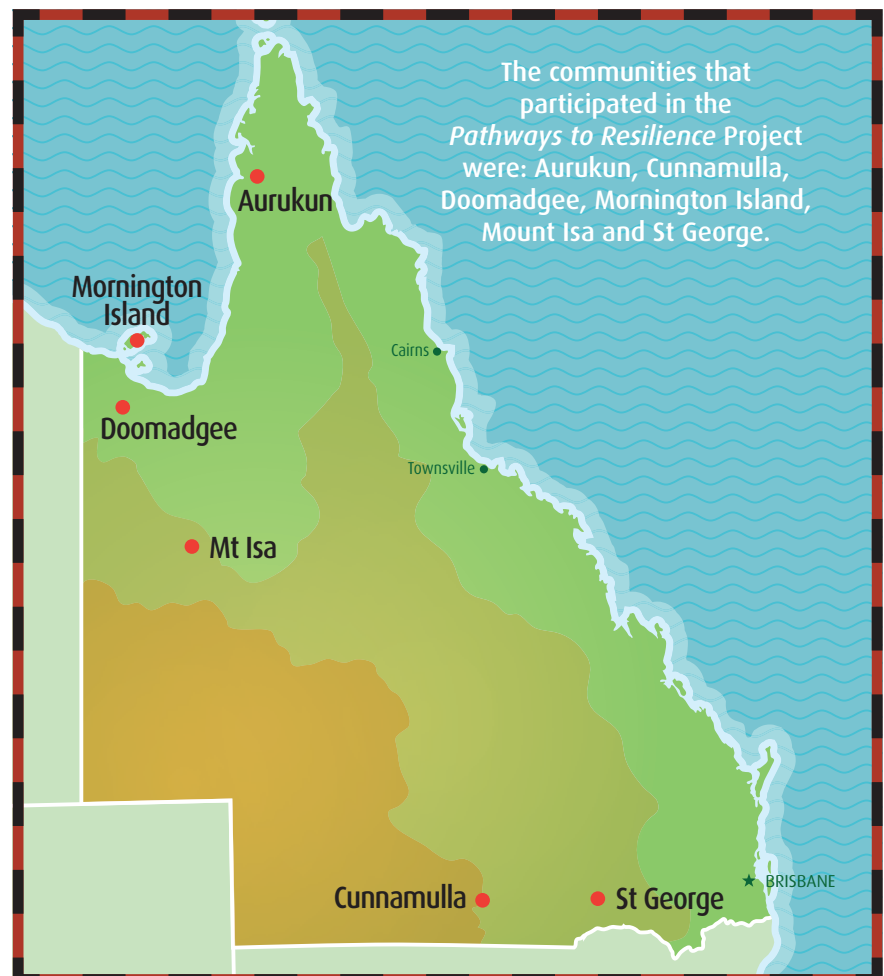
- Promotion of local approaches to enhance self esteem and capacity to enable individuals and communities to connect with a value system based on identity, place, people and land;
- Support for local engagement of communities to determine the cultural, historical and spiritual factors which may influence suicide and suicidal behaviour in their community; *and*
- Focus on supporting individuals and communities (where the incidence of suicide is above the national rate) through culturally appropriate engagement and responses.

The objectives of the Rural and Remote Indigenous Suicide Prevention project were to:

- Increase communities' knowledge and awareness of suicide and responses to suicide and suicide risk for Indigenous people;
- Increase knowledge and skills of communities to intervene early and respond effectively to Indigenous people who are displaying suicidal behaviour;
- Enhance the coordination of the system of care across sectors in the local community; *and*
- Ensure that community responses to suicide are culturally appropriate for Indigenous people (i.e. cultural strengths from within family or clan groups).

Suicide prevention strategies can be seen as a continuum, from prevention strategies that target the whole community to prevention and early intervention strategies that target identified at risk individuals. In this context the focus was on prevention responses to Indigenous people who are at elevated risk of suicide or self-harm and on families and communities to promote positive mental health and wellbeing of Indigenous people at risk. As outlined in the CRRMHQ recent report on Social, Emotional, Cultural and Spiritual Wellbeing (SEWB), some of the key protective factors for Aboriginal and Torres Strait Islander people include kinship, family and community, spirituality, culture and identity.¹

The project also focused on early intervention responses that build capacity of communities to identify and provide direct support to Indigenous people displaying early warning signs of suicidal behaviour. The *Pathways to Resilience* project commenced in October 2008 and was implemented over two phases. Phase One was a consultation phase and Phase Two an implementation phase.



1. Centre for Rural and Remote Mental Health Queensland, *Key directions for a social, emotional, cultural and spiritual wellbeing population health framework for Aboriginal and Torres Strait Islander Australians in Queensland*. 2009: Cairns.

Project Methodology

Phase One centred on awareness raising, community consultation and community capacity building. This phase recognised and acknowledged the necessity that individuals, families and groups of a community have the knowledge, ability and commitment locally to address the issue of suicide and to develop relevant and local solutions to the problem.

A qualitative research methodology was employed to undertake the community consultations, using focus group discussions, interviews, site visits, and telephone interviews with key stakeholders.

Consultations were held between November 2008 and February 2009 with representatives from services in each community in order to map activities currently in progress in the provision of suicide prevention support and response for Indigenous people living in these communities. Interviews with individual representatives from identified health service providers and key organisations were conducted.

At the community level, both group and individual discussions were held with key informants including individuals, groups, and members from the broader community.

Discussions with community members, representatives and service providers were guided by the following key areas:

1. Improving individual, family and community awareness and understanding of suicide prevention;
2. Building individual, family and community strength, resilience and capacity in suicide prevention;
3. Taking a coordinated approach to suicide prevention;
4. Providing targeted suicide prevention activities (early identification and intervention, supportive environments for help seeking); and
5. Strengthening community post suicide response.

Following the consultations, reports were developed and endorsed by each community. They outlined the information collected and a range of activities identified by the community organisations that responded to the issues highlighted during the consultations. The activity plans developed were consistent with the objectives of the project, realistically costed and had no recurrent cost implications. Detailed monitoring and evaluation for each activity is outlined in Part 2 of this report.

Local Governance

As part of the planning process communities identified local structures that they had in place or they created a structure to oversee the projects within their community.

In St George, a *Pathways to Resilience* Group was established that consisted of a range of Indigenous organisations. Mt Isa also established a local steering committee for the healing camps project and Aurukun utilised the existing Health Action Team. In Cunnamulla a workshop committee was formed to oversee the Pathways through Resilience art workshops activity run through the Cunnamulla Aboriginal Corporation for Health.

Activity Implementation

Phase Two of the project was the implementation of local actions and strategies outlined in the Suicide Prevention Activity Plans for each community. Mental Health First Aid Training was identified under the project funding agreement to be provided to each community.

Through partnership agreements with organisations that already provide a range of services within the communities, the CRRMHQ supported the facilitation and implementation of the activities identified in each plan. As outlined in the LIFE framework, two of the key principles to achieve coordinated service provision include, Facilitation: Central agencies facilitating and enabling rather than controlling and directing, as well as Local Capacity and Ownership: Engaging local leaders across sectors.²

Operating in partnership with communities builds long-term relationships based on equity of power and influence and has the potential of leading and contributing to community wellbeing and economic stability, and assisting in building community capacity according to the report *Engaging Queenslanders: Introduction to working with Aboriginal and Torres Strait Islander Communities*. The report recognises partnerships as an important example of active participation which acknowledges a role for individuals and communities in shaping program planning.³

Depending on the activities, decisions were made between the community working group, partner organisation and the CRRMHQ as to how it would be best implemented and which organisations are best placed to deliver the activities. Responsibility for the activity implementation ranged between health, education and welfare services. In this way activities were embedded into other local services for increased sustainability as well as development of local capacity. Phase Two commenced in March 2009 and completed March 2010.

The following section contains an outline of activities that were undertaken by each community.

2. Department of Health and Ageing, *Research and evidence in suicide prevention*, in *Life: Living is for everyone*. 2007, Australian Government.

3. Department of Aboriginal and Torres Strait Islander Policy, *Engaging Queenslanders: Introduction to working with Aboriginal and Torres Strait Islander communities*. 2005, Queensland Government.

Across Communities

Aboriginal & Torres Strait Islander Mental Health First Aid (AMHFA) Instructor Training

Partner organisations:

- ORYGEN Research Centre
- Queensland Health
- Cunnamulla Aboriginal Corporation for Health
- Goondir Aboriginal and Torres Strait Islander Corporation for Health Services

Timeframe:

April to August 2009

Target group:

NGO staff and Indigenous service agencies

Key areas addressed:

- Providing targeted suicide prevention activities (early identification and intervention, supportive environments for help seeking)
- Building individual, family and community resilience and capacity in suicide prevention
- Improving individual and community awareness and understanding of suicide prevention

Activity summary:

ORYGEN Research Centre, the provider of the training, was contacted and it was negotiated to hold an instructor training course in Cairns during August 2009.

The P2R project coordinator at the CRRMHQ liaised with agencies in each community to identify suitable candidates for the instructor course.

Candidates were identified from Cunnamulla, St George and Mt Isa with those selected from Mt Isa also being able to provide training to Mornington Island and Doomadgee. Candidates identified from Aurukun were unable to attend the training in the end due to competing work demands.

The five day training course was held in Cairns with the P2R candidates as well as other candidates from around Australia and the Pacific. All successfully completed the course. All P2R instructors have since held AMHFA courses in their communities.

Success factors identified:

All candidates passed the course and feedback identified that they gained a great deal from the experience. All were confident and motivated enough to run AMHFA courses soon after their training (with the assistance of experienced mentors).

Aurukun Community Activities

Natjul Theatre for Change

Partner organisations:

- Natjul Indigenous Performing Arts (NIPA)
- WIK Media
- Aawuch Ngangk Kemp Min Aak (Aurukun Wellbeing Centre)

Timeframe:

May 2009

Target group:

Whole community and youth

Key area addressed:

Improving individual, family and community awareness and understanding of suicide prevention

Activity summary:

Natjul Indigenous Performing Arts visited the community of Aurukun in May 2009 and introduced 'Theatre for Change' as a tool to engage the community around suicide prevention and alcohol induced domestic violence. 'Theatre for Change' is a performance where the actors invite audience members to participate by contributing possible solutions to social issues being acted out before them. NIPA held three workshops with different groups in Aurukun.

Natjul also performed 'Piccaninni Dreaming', a stage production to students of Aurukun State School. During Natjul's four day visit approximately 150 residents participated in a NIPA event in the community. WIK Media filmed the workshops and school performance and compiled a DVD.

NIPA and the Wellbeing Centre in partnership with other service providers provided a range of promotional and supporting activities around the visit. The Wellbeing Centre provided a good venue where three of NIPA's four facilitated community interactions occurred.

Success factors identified:

Natjul identified that local people could easily follow the 'Theatre for Change' processes. Natjul received feedback at the conclusion of each workshop or gathering that showed people saw the need and importance of facilitating discussion around difficult community issues, although they also acknowledged that care needed to be exercised when posing questions around these issues.

The stage production for children was also received very well by all students and teachers.

Areas for improvement identified:

Although the community responded well to 'Theatre for Change' and the Natjul Indigenous Performing Arts process, Natjul identified that in order to raise and discuss issues around suicide prevention more successfully, adequate time leading into the discussions and adequate time drawing out the discussions using 'Theatre for Change' was needed.

A community engagement period of between two and three week long visits was needed to develop a rapport and to draw out from the community what they believe is required to establish a suicide prevention and response team.



Aurukun Community Activities *continued*

Creative Recovery

Partner organisations:

- Access Arts
- Aawuch Ngangk Kemp Min Aak (Aurukun Wellbeing Centre)
- Aurukun Arts Centre
- Traditional Knowledge Revival Pathways
- Queensland Health
- Aurukun General Store

Timeframe:

Initial Mural Project: November to December 2009;

Ongoing arts workshops from February to June 2010

Target group:

Initial Mural Project: school aged males

Ongoing arts workshops: community members and young people experiencing mental health issues. Associated events, launches and exhibitions will be inclusive of the wider community

Key area addressed:

Providing targeted suicide prevention activities (early identification and intervention, supportive environments for help seeking). Social and emotional wellbeing initiative to encourage social inclusion

Activity summary:

Aurukun utilised creative programs to increase capacity to engage young people with mental health problems. The program developed built on the strengths and learnings of the existing model of Creative Recovery piloted in Lockhart River. The approach was responsive to the expressed needs of the community and comprised the following elements:

1. Initial Mural Project: November / December 2009

A Cairns based Indigenous artist conducted art workshops with at risk young men (grade 8-10) who were attending the "Tree of Life" program. He assisted in creating a mural for the side wall of the local store in Aurukun. The themes of the artwork were validating culture, strengthening kinship and language connections and discovering personal totems. The workshop facilitator was assisted by some of the local artists from the Aurukun Arts Centre. The Mural Project was documented for the purposes of evaluation and a short film made to give back to the community to celebrate the outcome. The film will be uploaded to the HITnet touch screen in Aurukun.

2. Ongoing Arts Workshops

The next phase involved offering weekly art workshops at the Wellbeing Centre, to targeted participants experiencing mental health problems. The workshops are conducted by the manager of Aurukun Arts Centre, who has experience as an art therapist, assisted by artist mentors and other significant community leaders.

Success factors identified:

Community arts projects are an effective way to meaningfully engage with specific target groups. The lead up workshops provided an excellent opportunity for the group to express their ideas in artistic form and experiment with techniques while getting to know the artists better. The evaluation showed that the mural project had a positive impact on the participants as well as the wider community who witnessed the group painting the mural on the shop wall. The location of the mural is in a highly visible, central location in the front entrance to the local shop. This enabled unexpected community input and positive feedback of the resulting artwork. Local health workers reported that the project assisted them in getting to know the participants in a social environment; they were able to be taught by them instead of always having to play the expert. The local artists involved gained valuable experience in mentoring local young men in the creation of a large scale group artwork and are inspired to extend this experience to future planned mural work.



Areas for improvement identified:

Although there were several weeks of workshops prior to the mural being painted on the wall a comment was made that the actual mural painting process seemed a bit rushed. A bit more time spent on related activities to solidify the experience for the participants and further positive relationships with them was desirable. There needed to be more opportunities for more local community involvement as there was an expressed desire for engagement with others as the mural work was completed.



Cunnamulla Community Activities

Certificate IV in Facilitating Abuse Prevention Programs

Partner organisations:

- Cunnamulla Aboriginal Corporation for Health (CACH)
- Queensland Health's Southern Population Health Services
- Save the Children Australia

Timeframe:

October to November 2009

Target group:

Young people / parents

Key area addressed:

Building individual, family and community strength resilience and capacity in suicide prevention

Activity summary:

Eight participants undertook an accredited Certificate IV program in Facilitating Abuse Prevention Programs which consisted of 13 units of competency. The training format consisted of a mixture of e-learning / three teleconference sessions and 10 days of face-to-face training.

The course was aimed at successful participants being able to go on to deliver the Future Parents Program as well as providing skills to effectively work with and support young people. The Future Parents Program educates and trains young people about child health, safety and practical skills to care for younger children.

Course participants covered the following units:

- Work within specific communities
- Support the rights and safety of children and young people
- Work within a relevant legal and ethical framework
- Participate in networks
- Work effectively with young people
- Support young people in crisis
- Develop approaches to include cultural and human diversity
- Facilitate the Future Parents Program
- Plan and organise group-based delivery
- Facilitate group-based learning
- Facilitate individual learning
- Design and develop learning programs
- Foster and promote an inclusive learning culture

Success factors identified:

Initially participants lacked confidence in their ability to develop and deliver training in abuse prevention to young people. Following the training, most participants indicated that they were more confident to deliver training. Others indicated that they would be more confident with more practice. All participants indicated they found information in the training useful.

Areas for improvement identified:

While there was an excellent turn out for the face-to-face training, attendances for teleconferences were poorer in comparison which meant that areas already covered had to be repeated. Participants preferred to complete assessments in small groups which meant that it was difficult to find time to work together outside of training hours. In response to this facilitators provided time in the second training block to allow group work.



Cunnamulla Community Activities *continued*

Suicide Critical Incident Response Protocol

Partner organisation:

Cunnamulla Aboriginal Corporation for Health (CACH)

Timeframe:

May to November 2009

Target group:

Cunnamulla health service providers

Key area addressed:

- Taking a coordinated approach to suicide prevention
- Strengthening community post suicide response

Activity summary:

CACH, in collaboration with Queensland Health, were to coordinate the development of a regional suicide critical incident response protocol for health service providers in Cunnamulla. The aim of this protocol was to identify processes and responsibilities for supporting the local community following an attempted suicide or completed suicide.

CACH appointed a project officer who undertook research and developed a draft policy and strategy. The proposal for the Regional Suicide Critical Incident Response Strategy was presented to a regional mental health planning forum in July 2009. This was an opportunity for service providers within the southwest region to be able to participate and bring their knowledge and expertise to developing a regional strategy in partnership.

Whilst a regional strategy was the desired long term outcome for this project, the timeframes available were insufficient to develop the working relationships and extensive consultations required. As a starting point CACH went ahead and developed an internal policy and procedures document around critical incidences. CACH is continuing to engage regional service providers through a range of forums to develop a regional policy.

Success factors identified:

CACH has developed a brochure which will be distributed through the Primary Health Care Centre and the local hospital. They have utilised the project officer to develop well researched policies and information.

Areas for improvement identified:

The aims of the project to develop regional protocols for all service providers have not been met. The original need as identified at a local level was to provide a mechanism to identify processes and responsibilities for supporting the local community following an attempted or completed suicide. The Cunnamulla community is still working to address this need.



Cunnamulla Community Activities *continued*

NAIDOC Week Celebrations

Partner organisations:

- Cunnamulla Aboriginal Corporation for Health
- Cunnamulla NAIDOC committee
- Queensland Health's Southern Population Health Services

Timeframe:

September 2009

Target group:

Whole community

Key area addressed:

- Improving individual, family and community awareness and understanding of suicide prevention
- Building individual, family and community strength, resilience and capacity in suicide prevention

Activity summary :

NAIDOC Week is an annual event celebrated in Cunnamulla. The aim of this project was to create a local NAIDOC Week identity that would bring together people with diverse interests and increase social interaction, cultural identity and community connectedness.

A broad stakeholder committee planned a series of community events over six days in September incorporating the theme 'Honouring our Elders, Nurturing our Youth' for NAIDOC Week 2009.

A full program of activities included;

- an art exhibition showcasing collections of works by Indigenous artists,
- an elders' morning tea,
- a NAIDOC march through the town centre,
- lawn bowls,
- a family fun day with body painting and BBQ with traditional foods served,
- a baby show,
- careers expo and traditional games at Centenary Park,
- youth disco and ball and awards night dinner with special guests comedian Sean Choolburra and motivational speaker Marcus Pedro providing his DJ services.

Success factors identified:

Healthy partnerships were generated in the community. Interagency cooperation was the greatest success. Activities were successful and well planned generating a sense of achievement and community pride.

Using well known Indigenous identities helped foster a sense of cultural pride.

The promotion of the funding of the event raised awareness of mental health services available in the area and was used to promote an upcoming Aboriginal Mental Health First Aid course.

Areas for improvement identified:

The NAIDOC committee identified a lot of lessons learnt and potential areas for improvement. These included not being able to run all planned activities due to time and resource restraints and a review of the NAIDOC awards categories.

The community wanted to introduce more local acts in following years, e.g. local band, youth acting and dancing.

Cunnamulla Community Activities *continued*

NAIDOC Week Celebrations ~ Marcus Pedro & Youth Activities

Partner organisations:

- Marcus Pedro
- Cunnamulla NAIDOC committee
- Paroo Shire Council
- Queensland Health's Southern Population Health Services

Timeframe:

September 2009

Target group:

Youth

Key area addressed:

Providing targeted suicide prevention activities (early identification and intervention, supportive environments for help seeking)

Activity summary:

Following a visit to Cunnamulla in 2008, motivational speaker Marcus Pedro returned to be a part of the Cunnamulla NAIDOC celebrations in September 2009.

The Cunnamulla youth services providers and the NAIDOC committee worked together with the regions schools to develop and arrange a program for Marcus' 10 day visit.

The trip included motivational speaking at all of the schools in the area. The speaking covered topics including respect, culture, identity, self confidence, self belief, self control, shame, leadership, goal setting, the warrior within, and hunting and gathering.

Marcus also ran DJ instruction at the Cunnamulla Youth Centre each afternoon. Approximately 40 students were involved in this program. Marcus DJ'd for approximately 80 young people and their parents and guardians at a disco in the Youth Centre.

Marcus also DJ'd and participated in a number of NAIDOC events including the march, the family community day, the lawn bowls tournament, judging the baby show, careers expo and traditional games, and the NAIDOC disco for youth under eight with parents.

The trip culminated in Marcus providing DJ entertainment to an estimated 200 people at the ball and awards night held in the Shire Hall alongside comedian Sean Choolburra.

Success factors identified:

Marcus identified really well with the Indigenous and non-Indigenous youth of Cunnamulla. He used popular culture to engage with the young people and to communicate important messages around self esteem.

The service providers in Cunnamulla worked in close collaboration to arrange the excellent program. This, as well as the motivational speakers willingness to participate with the community, ensured an extremely successful visit.

Cunnamulla Community Activities *continued*

Pathways Through Resilience

Partner organisation:

Cunnamulla Aboriginal Corporation for Health

Timeframe:

January to April 2010

Target group:

Young Aboriginal males presenting from the justice system

Key area addressed:

Providing targeted suicide prevention activities (early identification and intervention, supportive environments for help seeking)

Activity summary:

The aim of this project was to introduce art and creativity as a way of engaging misdirected youths through some organised art workshops offering them a sense of achievement and purpose, and develop their skills and motivation. Art provides an important expression of the continuing strength of Indigenous culture.⁴ Other projects have also demonstrated that it may be one way of engaging people who might not otherwise seek help.

These workshops were held in March 2010 using happiness as the central painting theme. Some young males painted fish, such as the fresh water golden perch, also known as the yellow belly, while others painted the river demonstrating the important role that water plays in their lives.

Most of the males who attended the workshops also attended another project targeting male youths and educating them on the effects of drug and alcohol.

Since connection and problem solving skills were known to positively influence resilience and suicidal thoughts / behaviours,⁵ these workshops correlated with many positive factors for young people's growth including:

- Developing a culture of cooperation;
- Providing an opportunity for meaningful contribution;
- Having a sense of belonging;
- A warm relationship with parents; *and*
- Having someone outside family who believes in you.

The final process was the unveiling of art to the community and family members.

Success factors identified:

All participants enjoyed the art project and continue to utilise the services of CACH.

Areas for improvement identified:

Due to the feedback on the importance of fishing and the river, CACH is hoping to conduct some fishing trips and organise some education sessions near the river.

4. Thomson N., et al. *Overview of Australian Indigenous health status*. 2008. 20th October 2009]. Available from: <http://www.healthinfonet.ecu.edu.au/ouroverview>.

5. Department of Health and Ageing, *A Framework for Prevention of Suicide in Australia*, in *Life: Living is for everyone 2007*, Australian Government: Canberra.

Cunnamulla Community Activities *continued*

Applied Suicide Intervention Skills Training (ASIST)

Partner organisations:

- LivingWorks auspiced by Lifeline Australia
- Cunnamulla Aboriginal Corporation for Health (CACH)

Timeframe:

September 2009

Target group:

Whole community and long term services staff

Key areas addressed:

- Providing targeted suicide prevention activities (early identifications and intervention, supportive environments for help seeking)
- Improving individual, family and community awareness and understanding of suicide prevention
- Building individual, family and community strength, resilience and capacity in suicide prevention
- Strengthening community post suicide response

Activity summary:

Applied Suicide Intervention Skills Training (ASIST) is a two-day workshop designed for members of all care giving groups. It enhances caregiver skills to intervene until either the immediate risk of suicide is reduced, or additional life-assistance resources can be found.

A two day ASIST workshop was held at the Cunnamulla Aboriginal Corporation for Health in September 2009 with participants from several local Aboriginal organisations.

In addition to the workshop a half day ASIST Tune-up course was held in October 2009. This course is designed as a refresher to those who have previously completed the two day workshop.

Success factors identified:

This was a workshop that had previously been delivered to CACH staff. Management of CACH specifically requested this workshop as they could clearly see the benefits to their staff.

Doomadgee Community Activities

Aboriginal and Torres Strait Islander Mental Health First Aid Course (AMHFA)

Partner organisation:

Queensland Health

Timeframe:

October 2009

Target group:

Whole community

Key area addressed:

Providing targeted suicide prevention activities (early identification and intervention, supportive environments for help seeking)

Activity summary:

Aboriginal and Torres Strait Islander Mental Health First Aid (AMHFA) aims to improve mental health literacy across the community and reduce stigma surrounding mental illness. The course provides education to community members on learning how to recognise early signs of mental health problems and mental illness, learning how to support someone developing a mental health disorder or experiencing a mental health crisis, knowing where to get help and what strategies have been effective in providing help. AMHFA has been adapted to provide culturally appropriate training for Aboriginal and Torres Strait Islander communities. It is a 14 hour program with six modules where participants receive a mental health first aid certificate at course completion.

Course content covers:

- Suicidal behaviours
- Acute stress reaction
- Panic attacks
- Acute psychotic behaviours
- Depression
- Anxiety disorders
- Schizophrenia
- Bipolar disorder
- Substance use disorder

Participants are taught five basic steps called the MHFA Action Plan

Assess the risk of suicide or harm

Listen non-judgementally

Give reassurance and information

Encourage the person to get appropriate professional help

Encourage other supports

Success factors identified:

Stories are shared.

Areas for improvement identified:

Identification of local community members to be trained as facilitators as well as ongoing support following the training to deliver the program.

Mornington Island Community Activities

Young, Strong & Proud

Partner organisations:

- Brisbane Indigenous Media Association
- Mornington Island Council
- Queensland Health
- Mark Bin Bakar (Mary G)

Timeframe:

June to September 2009

Target group:

Youth and whole community

Key area addressed:

Building individual, family and community awareness and understanding of suicide prevention

Activity summary:

The Young, Strong & Proud project works with young people in communities to develop a series of communication tools designed to be used locally featuring local artwork and developed in a language appropriate to the local community.

Students from the Mornington Island State School participated in song writing and recording workshops encouraging them to write songs containing life promoting messages. Two music videos were produced; 'Bricka, Bricka, Bricka' by the boys who sang about their life on the Island and 'Dance with Us' produced by the girls celebrating dancing, a fundamental aspect of the culture of the Lardil people. Music / radio personality Mary G provided an ideal marketing mechanism for the DVD launch on the big screen with 600-700 community members attending.

Several live national radio broadcasts were held by Tiga Bayles, host of 'Let's Talk' (an Indigenous affairs radio program) from 98.9fm, with students provided with some training in interviewing. Tiga interviewed community members and staff about the importance of culture, language, dance and bush tucker and the work they were doing at school.

Many resources were distributed throughout the community as a result of the program including bags providing information to community on services available to them in times of crisis, culturally appropriate help seeking messages, health promotion materials focussed on smoking, grog, cannabis, pregnancy, lifeline, parentline, know your rights, playing fair in sports, bullying, posters, caps and the locally produced music DVD.

Success factors identified:

Successfully marketed as a community event rather than a health promotion event reducing stigma attached to suicide prevention.

A whole of community approach promoted service collaboration and several services were engaged to manage the activities.

Local organisations used meant community ownership through organising the event and program themselves.

Availability of video recording and audio equipment already on the Island.

Areas for improvement identified:

Ongoing funding to enable activities to continue in the community on a regular basis.



Mt Isa Community Activities

Health & Social Services Directory

(www.mountisahealthdirectory.info)

Partner organisation:

Mt Isa Centre for Rural and Remote Health (MICRRH)

Timeframe:

April to October 2009

Target group:

Whole community

Key area addressed:

- Improving Individual, family and community awareness and understanding of suicide prevention
- Strengthening community post suicide response

Activity summary:

The aim of this project was to develop a guide to health and social services available in the Mt Isa region and make that available to the community. MICRRH had commenced the development of an online services guide, but limited inhouse staffing levels to undertake the project meant that it had not progressed very far. A consultant was engaged to undertake the project.

Agencies were contacted and information was collected and collated into a database. A graphic designer and web designer were sourced to design the website and hard copy resources, including booklets and magnets. A local artist was engaged to provide the artwork along with its story.

The draft services guide and website were launched at a family fun day during Mental Health Week in October 2009. Approximately 200 people attended the family fun day and launch.

The remaining information was collected in the following weeks and the final booklet and magnet sets were printed and distributed through MICRRH and service providers in early 2010.

Success factors identified:

Utilising an external consultant meant that sufficient time was dedicated to this project.

Areas for improvement identified:

The following up of agencies to ensure accuracy of information at the time of printing was extremely time consuming and led to a three month gap between the launch and the distribution of the hard copy resource.



Mt Isa Community Activities *continued*

Healing Camp Feasibility Study

Partner organisation:

Kalkadoon Aboriginal Sobriety House (KASH) Aboriginal Corporation

Timeframe:

April to September 2009

Target group:

Community and representative groups (e.g. youth, men, women, families, health and social services)

Key area addressed:

Building individual, family and community strength, resilience and capacity in suicide prevention

Activity Summary:

A consultant was engaged on behalf of KASH, to undertake a feasibility study into the establishment of a healing camp for the Mt Isa region.

A steering committee was established that was made up of Indigenous Mental Health and Alcohol, Tobacco and Other Drug Services (ATODS) professionals servicing the Mt Isa area. The committee then undertook a literature review of cultural and healing camps. The literature review outlined the risk and protective factors that should be addressed to enable healing, and presented numerous examples of other existing successful programs that provided an evidence base for this strategy as a suicide prevention mechanism.

Several sites were investigated and a combination of mobile and permanent camp sites discussed. The feasibility study report recommended utilising a combination of these two models within the program, according to resourcing levels and capacity over time.

A local organisation was selected by the steering committee to take this proposal forward and to further develop and manage the program as part of their holistic primary health care approach.

The feasibility study report recommended that the local organisation identified is supported and resourced to provide a cultural healing camp program for Mt Isa to prevent the significant rates of suicide in the community. A draft program outline, draft plan with estimated costing, and a monitoring and evaluation framework have been developed as a guide to take this proposal forward and seek further funding.

Success factors identified:

The thorough methodology of this project was identified as a success factor. KASH and the consultant took great care to include all relevant stakeholders and ensure that all options were investigated, discussed and agreed upon. The use of a consultant to drive this project meant that staff were not taken off line and there were no competing responsibilities.

Areas for improvement identified:

The difficulty in coordinating steering committee meetings for all to attend was identified as it is elsewhere in this project. This is indicative of the levels of work and competing priorities for mental health and non-government organisation staff. The consultant had to take significant care to ensure meetings were held at the most convenient times and followed up with those who were unable to attend.



St George Community Activities

Peer Skills Workshops

Partner organisations:

- St George State High School
- Lifeline Community Care in Queensland

Timeframe:

April to May 2010

Target Group:

School students

Key Area Addressed:

- Building individual, family and community strength resilience and capacity in suicide prevention
- Providing targeted suicide prevention activities (early identification and intervention, supportive environments for help seeking)

Activity Summary:

Research has shown that young people are more likely to turn to their friends first for support and advice on personal problems they may be experiencing at home or at school than seek help from an adult. Peer Skills is a peer based program with the belief in the worth of young people and their capacity for effective engagement with each other, family and the greater community.

St George State High School facilitated a two day interactive course to help students develop skills and provide knowledge and strategies toward assisting themselves and their peers. Students were introduced to materials and activities such as exploring values, playing listening and responding games including role playing, problem solving, identifying stress factors and sharing self caring strategies and identifying ways of getting help.

There are six sessions in a Peer Skills Workshop which are run over two school days.

- Introducing Peer Skills sets up a safe and supportive environment, explores concerns and strengths of young people and introduces participants to the concept of peer helping.
- Exploring Values helps group members to consider their own values, beliefs and attitudes and how these influence their lives.
- Really Listening includes many fun and practical activities that build on participants natural listening and communication skills.
- Problem Solving introduces participants to a particular framework for solving problems for use in their own lives and when assisting others.
- Looking After Yourself encourages young people to be aware of their strengths and limitations when helping friends and peers and to consider strategies for appropriate self care.
- Getting Help explores obstacles to help seeking and identifying when adult or professional help is needed and how to access that help.

St George Community Activities *continued*

St George P2R Suicide Prevention Project

Partner organisations:

- Kunya Consultancy
- Goondir Aboriginal and Torres Strait Islander Corporation for Health Services

Timeframe:

September to November 2009

Target group:

Whole community

Key area addressed:

- Improving individual, family and community awareness and understanding of suicide prevention
- Building individual, family and community strength resilience and capacity in suicide prevention
- Strengthening community post suicide response

Activity summary:

Goondir planned to develop a suicide prevention /social and emotional wellbeing fact sheet for the Aboriginal community of St George. This was in response to an identified lack of awareness of mental health and suicide prevention and the services currently available to the community.

St George Goondir staff identified that they did not have the time, resources or skills to take on this project and engaged a consultant who worked within the St George community to lead the project on their behalf.

A reference group, the St George *Pathways to Resilience* Group, was formed with members from service providers and the community. The consultant provided basic information on mental health issues utilising modules from the Aboriginal and Torres Strait Islander Mental Health First Aid training program.

The group utilised their experience and the consultant's expertise to develop a mental health fact sheet appropriate for the St George Aboriginal community. The fact sheet was launched at the St George NAIDOC celebrations as part of a family fun day. The launch was supported with a range of promotional items including pens, water bottles, mugs, colouring pencils, compact hair brushes and manicure sets and there were stalls and information available from appropriate service providers including Goondir, Queensland Health and Lifeline.

Success factors identified:

The community development approach to this project was identified as a great success. The support from the Aboriginal Community in terms of membership on the *Pathways to Resilience* reference group was excellent. These members all received training on mental health issues that was not only used to develop the brochure, but can be used in their personal and professional lives. This level of community ownership will help with the uptake and use of the information contained in the brochure.

Areas for improvement identified:

The short time frame of the project meant that only basic knowledge sharing in mental health could be provided to the reference group. The group engaged expert guidance in the content of the brochure which added to their capacity development.

It was planned that artwork for the brochure would be provided by the community via an art competition. The short timeframe and printer deadlines meant that this was not possible.



St George Community Activities *continued*

NAIDOC Week Activities

Partner organisation:

St George Aboriginal Housing Co Ltd

Timeframe:

September to October 2009

Target group:

Whole community

Key area addressed:

Improving individual, family and community awareness and understanding of suicide prevention

Activity summary:

The aim of this activity was to enhance cultural awareness with a focus on mental health during St George NAIDOC Week celebrations. A number of activities and events were held in September bringing together different generations and families, helping to nurture a deep sense of connectedness to country as well as one another.

Specific activities supported by this project were:

- Cultural bus tours visited and explored sites of significance to the Aboriginal people of the region;
- A Family Fun Day was held in conjunction with the *Pathways to Resilience* mental health fact sheet launch to help raise awareness of social and emotional wellbeing in the community. The day encompassed many activities including a special morning tea, a BBQ lunch and a jumping castle and judo demonstrations for the children. Approximately 150 people attended;
- Lawn bowls was a successful event promoting participation from all age groups reinforcing the NAIDOC theme, 'Honouring our Elders, Nurturing our Youth';
- Funding of a *Pathways to Resilience* marquee for community events.

Success factors identified:

The St George NAIDOC activities focussed on families and communities celebrating together. The *Pathways to Resilience* marquee provided a display area and by combining community activities with a mental health and wellbeing focus, information was able to reach a wide audience.

The engagement of the community as a whole and the successful partnerships formed.

Areas for improvement identified:

A large number of activities were planned however not all were able to be held.

Part 2 : Project Evaluation

The final evaluation for the *Pathways to Resilience* Project was conducted between December 2009 and February 2010.

Purpose

The evaluation aimed to assess the completion of project objectives and measure the immediate effects of the program, as well as identifying the lessons learnt along the way.

This was done by:

- Determining the extent to which the *Pathways to Resilience* Initiative achieved its project goals;
- Documenting the *Pathways to Resilience* Initiatives most successful strategies;
- Exploring the acceptance and appropriateness of the activities undertaken in the communities;
- Determining the impact and outcomes of the project activities; *and*
- Documenting the key lessons learnt during the project.

Methodology

An impact evaluation was applied to determine the extent of the outcomes of the overall project, how implementation affected outcomes and to inform decisions about replication or extension of the project.

In order to evaluate the project, qualitative research activities were applied. This information was reviewed in collaboration with the individual activity reports and data collected from each community activity.

A range of stakeholders were consulted via either a telephone interview, or where possible, face-to-face interviews and focus group discussions. These stakeholders included:

- Aboriginal Health Workers;
- Community representatives;
- Staff and managers from Aboriginal Medical Services;
- Department of Communities personnel;
- Queensland Health staff; *and*
- Other community service providers and partners.

CRRMHQ staff and community facilitators involved in both the community planning and activities were included in a workshop held on 16 November 2009 to identify and discuss key lessons learned as well as identify changes or improvements that could be made to practice and project implementation. The workshop had two main objectives:

- Reflect on P2R achievements; *and*
- Identify and discuss lessons learnt - what did or did not work well and why.

Evaluation Findings

A number of key issues arose out of the evaluation. These issues would need to be considered by the Department of Communities and the CRRMHQ in the ongoing delivery of suicide prevention initiatives.

The evaluation findings have addressed the following questions:

- Did the *Pathways to Resilience* Initiative achieve its project goals?
- What were the *Pathways to Resilience* Initiatives most successful strategies?
- Were any impacts and outcomes of the project able to be measured?
- What were the areas for improvement that were identified in the *Pathways to Resilience* Project?

Did the *Pathways to Resilience* Initiative achieve its project goals?

The *Pathways to Resilience* project was funded by the Department of Communities as part of the Queensland Government Suicide Prevention Strategy. The project goals were orientated around the objectives of the Rural and Remote Indigenous Suicide Prevention project:

- Increase communities' knowledge and awareness of suicide and responses to suicide and suicide risk for Indigenous people;
- Increase knowledge and skills of communities to intervene early and respond effectively to Indigenous people who are displaying suicidal behaviour;
- Enhance the coordination of the system of care across sectors in the local community; *and*
- Ensure that community responses to suicide are culturally appropriate for Indigenous people (i.e. cultural strengths from within family or clan groups).

The following tables summarise the activities planned and completed in pursuing the project goals:

- **Table 1** outlines all the activities completed in the *Pathways to Resilience* project mapped against the project objectives;
- **Table 2** outlines the number of activities that were planned per community compared to the number of activities that were completed. The table also outlines the different approaches to implementation that the communities took.

Table 1: Community activities completed against the project objectives

Community	Community Activity	Increase communities knowledge and awareness of suicide and responses to suicide and suicide risk for Indigenous people	Increase knowledge and skills of communities to intervene early and respond effectively to Indigenous people who are displaying suicidal behaviour	Enhance the coordination of the system of care across sectors in the local community	Ensure that community responses to suicide are culturally appropriate for Indigenous people
Aurukun	Natjul Theatre for Change	✓	✓		✓
	Creative Recovery	✓	✓		✓
Cunnamulla	Certificate IV	✓	✓		✓
	Suicide Critical Incident Response Protocol		✓	✓	✓
	NAIDOC Week	✓		✓	✓
	Marcus Pedro	✓		✓	✓
	ASIST	✓	✓	✓	✓
	Pathways Through Resilience	✓	✓		✓
	AMHFA Instructor Course	✓	✓		✓
Doomadgee	AMHFA	✓	✓		✓
	ASIST	✓	✓	✓	✓
Mornington Island	Young, Strong & Proud	✓	✓	✓	✓
Mt Isa	Health & Social Services Directory	✓	✓	✓	✓
	Healing Camp Feasibility Study	✓		✓	✓
	AMHFA Instructor Course	✓	✓		✓
St George	SEWB Fact Sheet	✓	✓	✓	✓
	AMHFA	✓	✓		✓
	NAIDOC Week	✓		✓	✓
	Peer Skills	✓	✓		✓
	AMHFA Instructor Course	✓	✓		✓

All community activities completed in the *Pathways to Resilience* project were able to meet project objectives. Four activities met all of the objectives with remaining activities meeting three out of four objectives.

All community activities were identified as culturally appropriate and all activities with the exception of one increased knowledge and awareness of suicide and responses to suicide risk for Indigenous people.

Table 2: Activities planned vs activities completed

Community	Activities Planned	Activities Completed	Comments
Aurukun	5	2	Outside expertise was sourced to work with local community groups and organisations for project implementation. Due to staff changes for the local organisation some activities were not able to proceed. Following further community consultation an additional activity was identified which was completed.
Cunnamulla	9	8	Members of the interagency group auspiced the activities through their local organisations. A local project officer was recruited to implement some of the initiatives. Outside expertise was sourced to facilitate training. One planned activity was not completed due to changes in the Community Development Employment Program that were not known at the planning stage.
Doomadgee	3	1.5	Only one of the activities was able to be completed and one activity partially completed due to unforeseen community business. Feedback from community based staff and the community was that the other activities would be unable to be completed within the project timeframe.
Mornington Island	2	1	Outside expertise was sourced to work with local community groups for project implementation.
Mt Isa	3	3	Outside expertise was sourced to work across activities guided by local steering committees and organisations.
St George	5	4	A local steering committee was established that guided all the activities. Outside expertise was sourced to work with the steering committee and implement two of the activities. The others were all implemented by local personnel.
TOTAL	27	19.5	

As outlined in the LIFE Fact Sheet 15, the importance of building strong communities to prevent suicide is an essential strategy. A sense of belonging and being connected to and supported by a community is an important factor to prevent suicide. Local community programs, projects and activities that aim to build individual and community capacity and resilience can significantly influence the prevention of suicide and suicidal behaviours.⁶ While all the activities identified and implemented by the communities in the *Pathways to Resilience* project were varied across sites, they all addressed enhancing protective factors and building community capacity. There was a high level of desire in each community to work together to shape their own future.

6. Department of Health and Ageing, *Fact Sheet 15 What communities can do to prevent suicide*, in *Life: Living is for everyone*. 2007, Australian Government.

What were the *Pathways to Resilience* Initiatives most successful strategies?

During the evaluation process a range of key success factors were identified by the community partners and evaluation informants. While different communities experienced different successes, six common themes were identified:

1. **Community ownership and empowerment;**
2. **Cultural appropriateness;**
3. **Awareness raising and safe environments;**
4. **Capacity building;**
5. **Stronger community partnerships and networks formed; and**
6. **Flexibility in use of funding.**

1. Community ownership and empowerment

All the activities identified for each community were identified as part of the community consultation process. Many of these activities built on existing programs and activities that were currently being delivered by local organisations, such as funding Indigenous identities Marcus Pedro and Sean Choolburra to participate in Cunnamulla's NAIDOC week celebrations and continuing community based initiatives such as the Mt Isa Health and Social Services Directory which was unable to be completed due to staffing levels.

As well as local identification of the activities, the actual implementation was also driven locally. In some cases this required some visiting expertise to assist the local organisation but the approach encouraged community ownership and empowerment by giving individuals and local organisations control over the process to reach their own solutions to a problem. In some cases the community offering to support the projects in both volunteering time and resources was a good example of community ownership. In Aurukun, food for the workshops was donated as well as space on the shop wall. Elders donated their time to assist projects in both Aurukun and Mornington Island.

The establishment of local steering groups in two communities, Mt Isa and St George, ensured that there was clear community ownership and direction in all the activities and a coordinated approach.

"We formed our own P2R group with our own T-shirts and hats with the group's name printed on items making us easily identifiable to the community"

For each activity a project plan and budget was developed by the steering committee or partner community organisation. The process of empowering through collective action was a key feature of this project. The thorough project methodology around the Mt Isa Healing Camps Feasibility Study was identified as a key success factor in their project.

Evaluation feedback indicated that where activities were approached and marketed as a whole of community event rather than a mental health or suicide prevention event, better engagement with the community and other organisations occurred.

2. Cultural appropriateness

All the activities identified in the community plans were identified through the consultation process and based on an assessment of the needs of the community. While some information on best practice in community suicide prevention activities was provided to the community, it was the local community steering group or organisation that determined the appropriateness of each activity for their community.

Forms of storytelling and performance to pass on knowledge already exist in Indigenous culture. Many of the activities identified by the communities incorporated this approach with the influence of technology enhancing traditional forms of storytelling and performance. In Aurukun, Natjil Indigenous Performing Arts (NIPA) whose performers are all Indigenous, continue using the same language which has been used in the culture for many years through their Theatre for Change program. Mornington Island also incorporated storytelling and performance in their locally produced music DVD as part of the Young, Strong & Proud Program. Community Elders were consulted and participated in as many community activities as possible.

Storytelling continues in other examples like Aurukun's Creative Recovery, the art-based community activity producing a mural and a DVD detailing the process, and the "Pathways through Resilience" art workshops held in the Cunnamulla community. These activities all utilised Indigenous facilitators and artists.

The theme is evident again in Indigenous comedian Sean Choolburra who,

"Brought laughter into the community ... something I haven't seen for a long time"

"It was black comedy which fit into the culture"

With such a high level of activity at a community level all the resources were designed and developed locally.

"The document was developed in the community, by the community, for the community, it is well received"

"The launch of the fact sheet at St George NAIDOC week celebrations (19 September 2009) as part of family fun day, ensured dissemination of information was going to the community. Artwork was designed by local artist"

3. Awareness raising and safe environments

Feedback during the evaluation identified awareness raising as being a successful key element. This aspect was an important objective of the project, raising awareness of issues in the community and creating a forum for people to talk about sensitive topics where they might not be able to in everyday life. Activities such as the theatre performance in Aurukun provided a safe environment encouraging people to feel comfortable to talk about suicide and alcohol induced domestic violence.

“I’ve never laughed so much”

“It demonstrated you don’t need alcohol to have a good time”

“The hall was jammed packed...I couldn’t get over it”

The use of art and theatre enabled environments where young people could engage and explore issues around culture, strengthening kinship and language. Feedback collected from key stakeholders in the project at a community level outlined their satisfaction with the level of knowledge that they obtained from participating in the project.

“It has given me a better understanding of suicide and will enable me to assist and be more helpful to our Indigenous people”

“It has helped me hugely in my knowledge on mental health illnesses”

“Has given me confidence to deal with situations when they arise”

The Cunnamulla community hosted the Certificate IV training in Facilitating Abuse Prevention Programs. This activity was aimed at preparing the participants to be able to deliver abuse prevention programs to groups of young people. The program was run over 10 days with all of the participants completing the face-to-face training blocks.

In relation to the Aboriginal Mental Health First Aid facilitators training, evaluations were completed. All participants indicated that their knowledge and awareness of suicide risk and responses for Indigenous people had increased a lot as a result of the project. It also helped the participants understand more about mental health issues within the context of their own culture.

“It helped me to identify that I need to know more and appreciate my culture”

“I am going to use the training by educating people in my community”

4. Capacity building

A key success strategy that was identified during the evaluation process was the focus by the project on capacity development both at an organisational level as well as individual level. Utilising local organisations as partners ensured a bottom-up approach and local capacity builders were identified. These local builders are essential as they have local knowledge; understand the local situation and the people.

Evaluation informants outlined that additional activities and resources have already been developed locally following the *Pathways to Resilience* project. Groups established for the project have continued to meet regularly and additional community groups and programs have been identified.

“Weekly meetings were established and continue through St George Pathways to Resilience Group”

“Lead to other resources being produced i.e. 10 ways to reduce stress for mothers”

“Gaps were identified in groups meetings (6 weekly) – Murri Group. As a result there were other community programs identified such as the mums group, nutrition classes”

Training and development programs such as Aboriginal and Torres Strait Islander Mental Health First Aid (AMHFA) and Applied Suicide Intervention Skills Training (ASIST) were also utilised to leave communities with trained local leaders helping to develop communities’ capacity. By supporting people in the community to obtain the knowledge and skills through the AMHFA Instructor course, participants were able to then run their own courses within their respective communities.

Throughout the whole *Pathways to Resilience* project the only specific activity that was recommended to each community was Mental Health First Aid training. While exploring this training option in some communities such as Cunnamulla and Doomadgee it was identified that additional suicide prevention training such as LivingWork’s ASIST program was also required.

The five day Instructor training for Aboriginal Mental Health First Aid was held in Cairns in August 2009 with six *Pathways to Resilience* candidates as well as 18 other candidates from around Australia and the Pacific. The course was run by ORYGEN Research Centre and all participants successfully completed the course.

All candidates passed the course and feedback identified that they gained a great deal from the experience particularly by sharing the training experience with Indigenous people from throughout Australia and the Pacific. All were confident and motivated enough to run AMHFA courses soon after their training (with the assistance of experienced mentors).

“Good sharing stories”

“Good to see strong black men in the course”

“The instructor said we were natural presenters which was supporting”

5. Stronger community partnerships / networks formed

The development of locally formed networks are a key element in building community capacity in relation to suicide prevention. In some communities formal steering committees that specifically addressed suicide prevention were established as a platform for information sharing, planning and overseeing project implementation. In both St George and Mt Isa the networks had cross-sectoral representation.

“Our St George Pathways to Resilience Group keeps going”

Feedback during the evaluation identified that in many cases the local organisations were able to embed the activities into their organisation as well as supporting the development of local capacity e.g. St George’s *Pathways to Resilience* Suicide Prevention Project and Cunnamulla’s development of a Suicide Critical Incident Protocol.

Other communities discussed the excellent partnerships and willingness of organisations to be involved. This was especially identified with some community visitors such as Mary G, Tiga Bayles, Sean Choolburra and Marcus Pedro who actively became involved in a wide range of community activities during their visits.

Feedback from participants in the AMHFA Instructor course were extremely positive in relation to the networks that had been formed during the training. During the evaluation informants reported that several participants continued to remain in contact via email and occasional phone calls particularly around supporting each other with the training back in their home sites.

AMHFA facilitators will be able to target specific groups or at risk groups in their future training workshops.

6. Flexibility in use of funding

Another key success factor identified by all the communities participating in the project was the flexibility they had in deciding what were the best initiatives for their community. The flexible funding guidelines and methodology of this project allowed the communities to determine what were the most appropriate suicide prevention activities for their community. Decisions were based on best practice, existing services, local capacity and local needs.

Mental Health First Aid training was the only activity specified in the funding agreement. While this training was supported in five of the six communities, additional training was also added in Cunnamulla. Doomadgee decided that they had recently had AMHFA training and identified that to meet their needs specific suicide prevention training such as Applied Suicide Intervention Skills Training would be best. The Department of Communities funding and guidelines was flexible enough to allow for these communities different needs.

Were any impacts and outcomes of the project able to be measured?

A key question of the evaluation was to examine the impact on health outcomes that can be attributed to the project to the extent that it is possible to measure within the relatively short intervention period. This includes looking at evidence of changes to individual/family/community behaviour and lifestyles as a result of involvement in *Pathways to Resilience* activities.

Building individual and community strength, resilience and capacity in suicide prevention through community ownership and empowerment was a key focus for all the activities identified in each community. Feedback from the evaluation as well as evaluations of the key activities indicate that participants believe that by being involved they feel more “empowered” and have increased health capacity. Several of the communities have now been successful in developing further resources and delivering additional training programs. Personal stories of change and stories of improvements in health and wellbeing from both community members and organisations involved indicated that the activities had a positive effect on individuals’ lives.

“Younger people now have the capacity to talk”

“It’s not going to stop here, this is just the start”

“ASIST helped save someone’s life, you can tell the Department that, I was praying we would never have to use it but we have and it was good that it was there”

“There seems to be an openness to discuss the issues around suicide and depression in the community”

As outlined in the interviews of community members and organisations during the evaluation, several people talked about the changes that they had been able to make to their lives following their participation in the activities around the P2R project. However, in the short period of time that P2R has been conducted, building individual and community strength, resilience and capacity in suicide prevention may not translate to changes in mental health outcome data. This will occur over longer periods of time.

Improving individual and community awareness and understanding suicide prevention was a key goal of the P2R activities. Each community identified different approaches to addressing this goal from the development of resources through to music and art workshops. Engagement of young people on Mornington Island through the Young, Strong, & Proud program, as well as the Creative Recovery and Natjil Indigenous Performance activities in Aurukun provided avenues to discuss a range of health promotion issues such as smoking, grog, cannabis and pregnancy.

The development of community resources was also identified as a key need in some communities and feedback from the evaluation indicated that the information developed through this project will be a continuing community resource. St George community developed a fact sheet on social and emotional wellbeing that has been widely distributed in the community and Mt Isa completed both a website and printed resource that outlines help that is available within the community.

“Community members have a Fact Sheet they can refer to providing info on social and emotional wellbeing and a listing on where to go to get support”

“Happy with resources and services provided – people are aware of it”

“They all opened up and told their story... that’s a lot for Aboriginal people”

Below is a list of the resources developed as a result of *Pathways to Resilience* community activities:

- Healing Camps Feasibility Study Report and literature review;
- Community Health and Social Services Directory booklet and website;
- DVDs;
- Mural painted on local shop wall;
- DVD of Creative Recovery;
- Locally produced music video;
- Bags distributed to community providing information on services available in times of crisis, culturally appropriate help seeking messages, health promotion materials focussed on smoking, grog, cannabis, pregnancy, lifeline, parentline, know your rights, playing fair in sports, bullying, posters and caps;
- Suicide prevention fact sheet covering social and emotional wellbeing;
- AMHFA workbooks, manuals, brochure, action plan cards;
- Resources for school based Peer Skills Workshops;
- Marquee for use in the community;
- Suicide Critical Incident Response Strategy;
- Crisis Response and Suicide Prevention Brochure; *and*
- Trained facilitators in Facilitating Abuse Prevention Programs and AMHFA.

While AMHFA instructors have completed their training, feedback from some participants as well as their community organisations indicated that they had not been able to roll out as much of the training as they had hoped. However, all instructors trained in AMHFA had been successful in delivering at least one course within their own community by the end of the P2R program.

“... was not able to roll out as much AMHFA training to the wider community as we had hoped”

What were the areas for improvement that were identified in the *Pathways to Resilience Project*?

During the evaluation, information was collected on areas that informants identified could be improved if a similar project was to be conducted within their community. The key issues identified were grouped around the following themes:

1. **Consultation processes;**
2. **Project timeframes;**
3. **Development of partnerships;**
4. **Training;**
5. **Sustainability; and**
6. **Quality of products.**

1. Consultations processes

Feedback in the lessons learnt workshop, and from informants during the evaluation interviews, identified key areas for improvement around the consultation process to develop the community plans. Some community informants identified a “bit of a lull” between the initial consultations and the feedback about the plan. During the development of the community plans, the participants identified several activities that would be appropriate for their community in addressing the needs identified during the consultations. Feedback from the evaluation consultations indicated that in some cases the community would have liked more information on options that were available both nationally and internationally, further time to explore these options and the appropriateness for their community, and the best mix of activities to achieve the outcomes.

Feedback also indicated that not enough time was allocated to the consultations. This included the allocation of additional site visits to each community to consolidate relationships which would have allowed for some informal meetings with community groups as well as having the opportunity to “broaden the net” in the scope and range of people that were included. Broader consultation and engagement around service provision of mental health and primary health services was identified as an issue that would have assisted some communities. Community champions were identified in some communities by the consultation teams which made the process easier and lead to other community introductions. However, in some cases this was reported as also being a limiting factor with some community consultations appearing to go no further than the community champion.

Informants identified that a closer working relationship between the CRRMHQ team and the Aboriginal and Torres Strait Islander Services regional officers would have improved the consultation phase. Stronger and earlier engagement would have enabled clearer expectations as well as being able to utilise AT&SIS community links and advice on community politics and community engagement mechanisms to enhance the whole process. The teleconferences between the CRRMHQ and the Department of Communities were identified as a very positive activity, however they needed to occur more regularly in the initial stages of the project. Additional time and processes around feedback on the draft consultations by the Departmental regional staff would also have enhanced the process.

2. Project Timeframes

Timeframes for the project both within the consultation phase as well as the implementation phase created some difficulties for both the CRRMHQ as well as the community organisations. Additional feedback and consultation visits would have assisted in building relationships, ensuring the broadest consultation possible as well as making sure that the most appropriate activities were identified for each community. When complications arose around activities, and some activities were unable to take place, little time was available to identify substitute activities. Evaluation feedback indicated that while the level of funding for the community based activities was good, the timeframes around the project were too short. This placed unreal expectations on community organisations to deliver activities within short timeframes that were not always achievable for sustainable quality activities. This was evidenced by the funding that was not able to be spent in most communities during the timeframe of this project and some of the identified activities were unable to take place.

3. Development of Partnerships

The development of partnerships to deliver coordinated community services can often take a long time to establish and can in some cases lead to a slowing down of activities. This happened in Aurukun where the AMHFA course and the healing camps activity could not be implemented as the local organisation was unable to progress the activities due to staffing changes.

Feedback from some community organisations identified that they were unable to develop partnerships within their community with other key providers to achieve the activities identified. Ongoing relationships and partnership development is a critical area to achieving community responses to suicide prevention.

“It was disappointing that another provider didn’t come to the party”

“They were difficult to connect with”

As identified earlier, stronger partnership development between the CRRMHQ and the A&T&SIS regional officers would have assisted in project implementation.

Evaluation feedback also indicated that if training had been open to non-Indigenous workers from the community, this would have been a way to increase connections within organisations in a community.

4. Training

Aboriginal Mental Health First Aid training was identified in the project requirements as an important activity in meeting the goals for the P2R project. All communities identified this as being a very important program to increase mental health literacy within their community. Two communities also saw the LivingWork's ASIST program as being appropriate to their needs.

Feedback included the need to also have Youth Mental Health First Aid Instructor training as well as long term ongoing support for facilitators when they return to their workplace.

Feedback from the participants in the training programs, including Certificate IV in Facilitating Abuse Prevention Programs, suggested that consideration be given to funding for the training to be delivered by the graduates immediately after they completed the course. In this way they could plan and deliver their Future Parents Program soon after their training.

5. Sustainability

Sustainability was another key focus within the project. By developing partnerships with community organisations for them to deliver the identified activities, a strong capacity building focus was part of the P2R project. The mobilisation of local resources when and where they were available was a key strategy. The organisations that the CRRMHQ partnered with to deliver the community activities were varied in the different levels of capacity and resources. Additional strategies by the CRRMHQ that focused on capacity building with local partners would have benefited the project.

Feedback from the evaluation informants in some communities indicated that the activities that had a product at the end such as the Mt Isa Services Directory and the St George SEWB fact sheet, left something tangible in community so they can refer to something once the project has finished.

“We need to have some tangible objects left in the community”

“Not enough left in community apart from some memories”

Many of the activities in communities also built on existing programs and structures such as women's groups and men's group activities. They were, however, supported by additional resources during this period and are now thinking through how they will get additional funding to repeat the activities. In some cases, where multiple organisations had come together to complete an activity, it was not always clear which agency was going to lead the ongoing work following the completion of the project. A clear exit strategy should be built into the activity planning.

“Help by providing more resources and funding to run more programs to educate our people to be able to help remove the stigma of mental health and the misunderstanding”

6. Quality of Products

The quality of the products that were developed by the communities were of a high standard. However, during the lessons learnt workshop with the CRRMHQ, it was discussed that in future projects, establishing a process from the beginning to review the products being delivered for technical information would be a valuable process. In most cases the community organisations sent draft information to the CRRMHQ project staff to review / comment prior to publishing. A formal process around this would have ensured that consistent, high quality, accurate and appropriate materials were developed from every activity.

All organisations that conducted activities under this project were provided by the CRRMHQ with a reporting template including data collection requirements. In some cases the reporting received did not meet the standard required. This was particularly evident where organisations engaged an outside provider to provide training or resource development. While the training was provided, the reporting was not always completed by the secondary provider. Additional support and discussion by the CRRMHQ with the community partners regarding the reporting requirements would have assisted the project.

Conclusion

In Australia, suicide is of considerable concern and is both challenging and complex. The *Pathways to Resilience* project focused on suicide prevention and in particular, early intervention and prevention strategies in six Indigenous Queensland communities. Suicide in Indigenous cultures needs to be understood beyond the traditional models of service delivery. The *Pathways to Resilience* project respected the diversity of Indigenous cultures and approaches between the six sites enabling the community to plan and facilitate what was best for themselves, their families, and the wider community.

Working with families and communities to promote positive mental health and wellbeing of Indigenous people through a range of community identified and led activities has been the key success of the project. The community activities undertaken built on existing programs and structures within the community enabling local decision making and direction setting. By focusing on community and organisational capacity building, the project has enabled a range of community based organisations to enhance and develop services.

The project was guided by the key areas of raising knowledge and awareness, increasing skills of communities to intervene early and respond effectively, enhancing coordination of care across sectors and ensuring cultural appropriateness. The activities were well accepted by the community and strong community engagement and development have occurred through the supportive relationship between the community organisations and the CRRMHQ.

