EXPLORATION & DESIGN

Aboriginal and Torres Strait Islander suicide crisis support and aftercare workshop

28-29 August 2017,
Central Oval
Port Augusta, South Australia
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Approximately 75 people from all over Australia travelled to Port Augusta to participate in a two-day workshop. The purpose of the forum was to bring professional and cultural expertise together to explore suicide prevention strategies and interventions that address suicidal crisis and follow up care, to explore what works for Aboriginal and Torres Strait Islander peoples, by hearing from a number of communities across the country. The agenda was developed to introduce participants to evidence of what works in both universal and Aboriginal and Torres Strait Islander settings, on the understanding that feedback of those practices continues to improve and further develop the evidence base. It was clear that there was an enormous amount of experience and knowledge in the room with many elders sharing unique cultural perspectives and practices.

The workshop was co-hosted by members of the LifeSpan team from the Black Dog Institute, the Poche Centre for Indigenous Health at the University of Western Australia and Country South Australia Primary Health Network (PHN) and supported by funding from the Commonwealth Department of Health. It was held on country of the Nukunu people who are the custodians of the east side of the Spencer Gulf and the Southern Flinders Ranges. This regional location was chosen to allow a diverse range of participants to attend, especially those from more remote regions. The Implementation teams from the Commonwealth Suicide Prevention Trial Sites were asked to invite local community leaders and community members who would benefit, and who would be involved in suicide prevention trial site intervention design.

A Welcome to Country was provided by local Nukunu Elder, Uncle Lindsay Thomas. We were also honoured to have the Dusty Feet Mob dance crew perform a newly choreographed dance that incorporated contemporary dance and traditional dance. For the young people who performed the Elders mentioned that it was their way of understanding and demonstrating their own experiences of losing community members and family to suicide.

Most participants were Aboriginal or Torres Strait Islander people, with many representing both the organisations they work for, as well as their communities. Many participants spoke openly about their lived experience of suicide. Counsellors from Standby Response were available to support participants who may have experienced challenging emotions, or needed a supported break. Their services were not formally taken up, however there were many smaller group discussions during breaks where people felt comfortable talking about their emotions and other perspectives brought up during the workshop.

LifeSpan covered the travel and accommodation costs of speakers, to ensure a diverse inclusion of perspectives from across the country. All the speakers were asked to give a brief 25 minute presentation followed by 20 minutes discussion to allow people to ask questions and bounce ideas around.

Day 1 proceeded according to schedule and there was sufficient opportunity for group and table discussions. The agenda was amended slightly at the beginning of Day 2 as it was observed that there was a need to provide clarity around the purpose of the event and there were different levels of awareness about the trial sites, the role of LifeSpan and the Primary Health Networks (PHNs). LifeSpan Senior Implementation Manager Michael Cook gave a brief presentation about LifeSpan and played a short video explaining the Framework. Many of the participants found this to be quite useful and helped them feel more comfortable with the concept of a systems approach. This was then followed by Bianca Albers’ presentation on Implementation Science. One challenge with opening Day 2 with two non-indigenous, science-based presentations was that it had a more distinctly ‘Western’ tone which did not align with the previous day’s discussion around cultural strengths based approaches and the discrepancy with the way success is measured.

In response, the organising team restructured the program for Day 2 allowed participants to voice their frustrations with the sector, and yarn openly about suicide prevention for Aboriginal and Torres Strait Islander people. Leilani Darwin facilitated a group discussion from 10:15-12:45 (effectively bringing forward planned ‘panel’ discussions into the morning). Participants appreciated the opportunity to speak openly about their perspectives, rather than in the context of presentations. These are captured in the discussion about key themes below.
Throughout the course of the two days several key themes emerged and were woven throughout both the presentations and the discussions. Each of these themes are summarised below with some recommendations for next steps.
Many of the presenters and participants stressed the importance of engaging local communities in identifying local issues and local solutions. There was unanimous support for the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) tools that guide funders to ensure that interventions are community driven. The ATSISPEP final report ‘Solutions that work – What the evidence and our people tell us’ was launched at Parliament House on the 10th of November 2016. The report is the result of a very wide consultation across the country about what works and what needs to happen to respond to suicide in Aboriginal and Torres Strait Islander communities, and to evaluate the effectiveness of existing suicide prevention services and programs.

Some participants felt that community should be addressing the issue of suicide prevention without the support of government, expressing the view that suicide has only become an issue since colonisation and subsequent layers of government intervention. While there was support for this form of self-determination, other participants felt that the Primary Health Network (PHN) model was an opportunity for collaboration and genuine community input.

Options for responding
Workforce development was identified as a possible bridge between these two views, with the suggestion that greater effort needs to be made to employ and develop the workforce of local Aboriginal people. Ideally this would be through the funding and capacity building of Aboriginal-led service providers, but also universal service providers employing workers for their cultural expertise and developing their skills (rather than relying too heavily on qualifications and other mainstream indicators of employability).

Recognition of cultural obligation (such as Sorry Business) is one way that organisations can be more attractive to potential Aboriginal employees and a way to maintain and develop existing workers.
Several participants noted the inadequacy of service provision for Aboriginal people and Torres Strait Islanders. Some of the concerns were about the lack of Aboriginal-led services in many areas. The complexity of funding processes means that smaller organisations struggle to compete with larger ‘mainstream’ service providers and ‘BINGOS’ (Big International Non-Government organisations).

It was also noted that the funding of faith-based organisations (church groups) reinforced colonialism and trauma, and should be avoided wherever possible when providing services to Aboriginal and Torres Strait Islander communities.

The competitive nature of funding also leads to mistrust between some organisations, and a reluctance to trust one another. Participants said that collaboration and interagency networking were crucial to delivering quality services to community. In many cases this can be addressed by building the capacity of Aboriginal-led organisations to meet selection criteria and demonstrate their cultural expertise. It also requires funding organisations to reconsider the weighting placed on each of the funding elements so that ‘Westernised’ performance measures don’t overshadow community expertise.

Data and service mapping were identified as two of those Western constructs that did not capture the actual demand for services. This is compounded by the fact that each state and territory is diverse in its population and politics. In many cases there tended to be lower rates of presentation at health facilities by Aboriginal and Torres Strait Islander people, and efforts to avoid the formal recording of suicidality in communities. It was repeatedly mentioned that ‘one size does not fit all’, and that localised, participatory review of community need is essential to designing effective services.

Adriel Burley noted in his presentation the need to begin developing stronger local evidence using culturally relevant evaluation criteria so that quality Aboriginal-led programming could be more readily funded. He also noted many quality reports are shelved and never operationalised. However, there was considerable optimism that the ATSISPEP report was being welcomed by PHNs and was practical enough to be implemented.

Prof. Pat Dudgeon reiterated that if the community is not engaged in the process nor the holder of the funds, then the funding body (PHN) will need to start over until they are. Other concerns related to exclusion criteria which made it difficult (and sometimes impossible) for children and communities outside catchment areas to receive any services at all. In those cases the burden of suicide prevention, crisis support and aftercare fall mostly to the community. General dissatisfaction with services not operating outside of business hours, or the limited availability of culturally appropriate workers.

Adele Cox stressed the importance of transparency of funding in her presentation. If a service provider is not delivering the contracted outcomes to Aboriginal and Torres Strait Islander people will not even present for care. This is compounded by many universal services not operating outside of culturally appropriate workers.

Options for responding
PHNs could consider supporting smaller Aboriginal-led organisations (including Aboriginal Community Controlled Health Organisations, Aboriginal Medical Services and Non-Government Organisations) to apply for funding. The tools within the ATSISPEP report are a good foundation for opening community consultation and assessing the suitability of services.

Tender processes should require organisations to demonstrate their cultural knowledge and understanding, ideally in the form of Aboriginal and/ or Torres Strait Islander governance with an adequately skilled workforce representing the local community to meet needs. Where there is no suitable local Aboriginal or Torres Strait Islander organisation, the funded body needs to accountable for their delivery and performance to community and inclusive and proactive employment strategies.

Funding documents need to contain clear statements about expected actions and outcomes, and clear mechanisms for accountability in performance measures.

Where a person does not meet the criteria for a mainstream or larger service, such as beyondblue’s Way Back aftercare service, all care should be taken to refer them to a culturally appropriate service through warm referral (rather than exclusion with no follow up).

“If the community is not engaged in the process nor the holder of the funds, then the funding body (PHN) will need to start over until they are.”
There was consensus amongst participants that it was critical to measure Aboriginal and Torres Strait Islander satisfaction with services and programming, and that this should be used to inform subsequent funding.

Leilani Darwin and Prof. Pat Dudgeon presented on ATSISPEP report which included a comprehensive review of existing programs and identified of success factors. The ATSISPEP report also included tools which could be used by commissioning agencies to ensure appropriate levels of community engagement and leadership. They explained the importance of this work in developing a culturally relevant framework and evaluation processes that capture the views of Aboriginal people and Torres Strait Islanders to influence planning and delivery of sustainable, effective services.

In her presentation on Implementation Science, Bianca Albers emphasised the importance of actively translating the evidence of what works by initiating structured processes, rather than hoping for the best. She expressed this concept as ‘pay now, or pay later’, meaning that an investment in good processes at the beginning and throughout an intervention (pay now) would yield better outcomes than one that was rushed or not properly considered (pay later).

Both the ATSISPEP and Implementation Science presentations sought to make the point that research findings and reports have little relevance unless they can be applied in practical ways that meet the needs of the community.

There was discussion from the floor about the mismatch between policy interpretations of research and community expectations. Some participants felt that community needed to have more input into decision-making and that community views on what constitutes an effective intervention need to be heard more clearly. This aligns with the statement that was consistently made that all research findings and reports have little relevance unless they can be applied in practical ways that meet the needs of the community.

“Research findings and reports have little relevance unless they can be applied in practical ways that meet the needs of the community.”

Some of the participants felt that the technical approach of implementation science was ‘patronising’, and rooted too deeply in non-Aboriginal theory. They felt that the cultural expertise discussed below in communities was a superior way of delivering outcomes.
The Workshop provided a culturally safe and supportive environment for participants to share their lived experience. For many participants ‘lived experience’ is a broad and encompassing concept that accommodates not only experiences of bereavement and suicidality, but also of intergenerational trauma, cultural obligations and benefits.

One participant noted that suicide-related trauma begins early in life. Children become aware of suicide at an early age when they lose family members. They become desensitized to the risk, and tragedy is normalised. Lived experience becomes interwoven with other stresses (particularly alcohol and other drugs) and increases risk. However, service exclusion criteria mean that very young people may not get access to early support, which can perpetuate the cycle of trauma.

Numerous participants spoke of ‘rolling grief’ and the constant exposure to suicide and suicidality. This was also reiterated by Adele Cox and Adriel Burley in their presentations. One participant described the survival and unresolved grief as ‘breathing underwater, like coral’.

Many people spoke about the dual responsibility of working in the field, as well as being a supportive and/or grieving community member. Consequently, many people in the community do not get respite from suicide prevention.

**Options for responding**

Suicide prevention program and service criteria should be sufficiently broad and flexible to include children and young people, in recognition of their early exposure to trauma.

Suicide prevention and postvention services should allow for staff respite, particularly for Aboriginal and Torres Strait Islander workers, in recognition of the constancy of their exposure to grief, and the need to attend to personal sorry business.
Closely linked to trauma and lived experience are the more positive attributes of healing, social and emotional wellbeing (SEWB) and resilience. These were raised repeatedly throughout the two days as vital protective factors, both by presenters and participants.

Janet Kelly of Flinders University and South Australia Mental Health Research Institute (SAMHRI) was unable to present on the day due to rescheduling. However, her attached presentation shows that the many elements of culture (such as language, the presence of elders, identity and connection to tradition and the past) and connection to Country are important factors in preventing suicide in Indigenous communities.

Adriel Burley referred to Queensland Mental Health Commission findings that life events relating to suicide aren’t always accurately collected. He similarly noted that transience, lack of connection to Country and other socio-economic problems can undermine protective elements.

The ATSISPEP Report, presented by both Leilani Darwin and Prof. Pat Dudgeon, similarly identified the importance of ‘primordial prevention’ (or getting back to cultural roots) as one of the documented success factors in suicide prevention in Aboriginal and Torres Strait Islander communities. A holistic interpretation of culture and individuals recognises that ‘upstream’ factors such as adequacy of housing, employment, and the absence of alcohol and other drug problems are critical for suicide prevention.

Aaron Stuart’s presentation used healing camps and a reflection garden as illustrations of how to foster a connection to Country and ancestry. He noted that in the bush there is no interference of policy or regulations, there is just learning and mentoring and connection. This was seen to deliver equal (or more) promising results compared with a structured program delivered through a school or other institution.

Options for responding
There was support for the suggestion that community members should be remunerated for their lived experience, and their contribution to community healing outside of formal service provision. This would be logistically challenging, however some of the suggestions about better recognising and accommodating dual responsibilities and the need for respite could alleviate some of that pressure. Where elders and other community leaders are asked to participate in structured activities their time and commitment should be recognised and they should receive payment for services. This should also apply when community members are asked to interpret language in various settings.

PHNs should consider using the ATSISPEP findings and tools to commission activities that focus on healing, social and emotional wellbeing and resilience.

“Transience, lack of connection to Country and other socio-economic problems can undermine protective elements.”
Many participants spoke about the impact of recognising cultural expertise has on the effectiveness of programming and services. This included statements about the importance of engaging Elders, as well as respecting and acknowledging that community members themselves are best positioned to know what will work for their people.

Anthony Ah-Kit and Eric Fejo noted that culture is evolving (and that is a natural process that must occur), and strongly reminded participants that Aboriginal and Torres Strait Islanders must be the drivers of that evolution, not the passengers. They emphasised reconnecting with language, stories and traditional law as pathways to build strong culture in modern times. Another participant stated that investment in Aboriginal business and Aboriginal-led initiatives was a key step towards building better recognition of Aboriginal culture and enhancing self-determination.

Several presenters and participants mentioned mentoring of younger people and developing leadership skills as a critical component of preserving and strengthening culture for subsequent generations. It was mentioned that young leaders should be identified to begin assuming responsibility for other young people.

One participant cautioned that sometimes communities need to admit that they don’t have all the answers, and that there is a need for reflection and review.
THE ‘MULTIPLE HATS’ OF SERVICE PROVISION & COMMUNITY OBLIGATIONS

Low numbers of Aboriginal people employed in suicide prevention and postvention services means that those workers tend to be stretched and exhausted. It was repeatedly raised that Aboriginal and Torres Strait Islander service providers are not able to ‘switch off’ at the end of a workday due to the cultural obligations that they also hold, and their own experiences of grief.

The ongoing responsibility and supporting and advising community, often while experiencing grief and bereavement, can lead to burnout and increased personal risk. Many participants felt that this was poorly understood in non-Indigenous workplaces. One participant spoke about the isolation of being a lone Aboriginal worker in a mainstream organisation.

Options for responding
Employers and commissioning bodies need to develop a greater understanding of the impact ‘multiple hats’ has on workers.

Recognition of Sorry Business and respect for cultural duties may improve the attractiveness of Aboriginal-identified roles, which are often difficult to recruit to.

“Aboriginal and Torres Strait Islander service providers are not able to ‘switch off’ at the end of a workday due to the cultural obligations that they also hold, and their own experiences of grief.”
Adriel Burley, Anthony-Ah-Kit and Eric Fejo and several participants drew attention to the fact that ‘traditional’ (or those living in non-urbanised environments) people respond to suicidality differently to non-traditional people. Accordingly, the approach taken in more urbanised areas may be different to that of non-urban areas.

Adriel Burley noted that there were different challenges to suicide prevention depending on the demography and geography of where communities live. He used a comparison of Townsville (Urban), Palm Island (Suburban) and the Cape (non-Urban) to illustrate. The pressures in urban areas include health, employment, housing, financial and low connection, whereas in suburban areas the lack of services, lack of self-determination, wide diversity in language groups and transport are the major issues. In the remote areas, transport is also a problem, as well as limited input into decision-making and the devastating impact of critical incidents in tight communities.

Options for responding
There is a need to know more about the experiences of suicidal Aboriginal and Torres Strait Islander people who do not present to Emergency Departments or other Health services. This is especially so for those who are living in less urban environments. This understanding will help better focus services and target vulnerable groups.

As mentioned above, knowledge of tradition and connection to Country can be a protective factor. However, many urban and suburban Aboriginal people and Torres Strait Islanders do not have knowledge of their traditions. There are people able to reach out and provide that support, particularly for transient populations. Similarly, ‘traditional’ people (or people who are used to a country/rural or remote lifestyle) need support when they are living or working in the city.
The findings and recommended action items have been circulated to all invited participants and anyone who wrote their contact details on the attendance sheet. Feedback on this report was invited from all participants and speakers which was then collated into this final version.

The Black Dog Institute will continue to work with the PHNs that attended the event, and those who have identified Aboriginal and Torres Strait Islander communities as a priority in their suicide prevention trials. The key themes of the workshop will inform the planning and delivery of localised community engagement and strategy design.

Country South Australia PHN will also build upon the discussions and the goodwill generated at this event to undertake focused trial planning.

As discussed at the end of the workshop, participants would like to be given the opportunity to keep communication open and learn about what was happening. Black Dog Institute and the Poche Centre for Indigenous Health at the University of Western Australia will facilitate this process.
APPENDICES

The following documents are attached as Appendices:

1. Agenda
2. Summary of feedback captured on the Evaluation Sheet
# AGENDA

## Day 1 (28 August) – Exploration

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td>9:00 – 9:15am</td>
<td>Welcome to Country</td>
<td>Lindsay Thomas, Nukunu Elder</td>
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<tr>
<td>9:15 – 9:20am</td>
<td>Local Member's welcome</td>
<td>Rowan Ramsey MP, Federal Member for Grey</td>
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<tr>
<td>9:20 – 9:30</td>
<td>Welcome and Introductions</td>
<td>Bianca Albers (Facilitator) and Leilani Darwin (MC)</td>
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<tr>
<td>9:30 – 10:15</td>
<td>Introducing the ATISPEP findings and tools</td>
<td>Leilani Darwin</td>
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<tr>
<td>10:15 – 11:00</td>
<td>Cultural support for suicidality</td>
<td>Anthony Ah-Kit and Eric Fejo, Darwin</td>
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<td>11:00 – 11:30</td>
<td>DANCE PERFORMANCE AND MORNING TEA</td>
<td>Dusty Feet Mob</td>
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<td>11:30 – 12:15pm</td>
<td>The Way Back program and Beyond Now App</td>
<td>Bella Burns, Beyond Blue</td>
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<td>12:15 – 1:00pm</td>
<td>National Indigenous Critical Response Project</td>
<td>Adele Cox, Thirrili</td>
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<tr>
<td>1:00 – 2:00</td>
<td>LUNCH</td>
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<tr>
<td>2:00 – 2:45</td>
<td>Indigenous Lived Experience in North Queensland - help-seeking and disclosure</td>
<td>Adriel Burley, Townsville Suicide Prevention Network</td>
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<tr>
<td>2:45 – 3:00pm</td>
<td>Cultural connection/healing camps for at risk males, Country SA</td>
<td>Aaron Stuart, Centacare Port Augusta</td>
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<tr>
<td>3:00 – 3:45pm</td>
<td>Local and international evidence for crisis and aftercare support, new LifeSpan guidelines</td>
<td>Dr Fiona Shand, Black Dog Institute</td>
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<tr>
<td>3:45 – 4:00</td>
<td>Wrap up and summary</td>
<td>Bianca Albers (Facilitator) and Leilani Darwin (MC)</td>
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## Day 2 (29 August) – Design

<table>
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<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td>9:00 – 9:30am</td>
<td>Reflections and Expectations</td>
<td>Bianca Albers (Facilitator) and Leilani Darwin (MC)</td>
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<tr>
<td>9:30 – 10:15</td>
<td>The principles of Implementation Science - Exploration and Design</td>
<td>Bianca Albers, Centre for Evidence and Implementation</td>
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<tr>
<td>10:15 – 11:00</td>
<td>Panel Discussion – Comparing approaches from Day One</td>
<td>Bianca Albers, Centre for Evidence and Implementation (Facilitator)</td>
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<tr>
<td>11:00 – 11:15</td>
<td>MORNING TEA</td>
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<tr>
<td>11:15 – 11:45</td>
<td>ATISPEP Tools – Small group exercise to ensure the process is community led and inclusive of all interests</td>
<td>Bianca Albers (Facilitator) and Leilani Darwin (MC)</td>
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<tr>
<td>12:00 – 12:30</td>
<td>Protective and Risk factors associated with Aboriginal land Torres Strait Islander suicide in South Australia.</td>
<td>Janet Kelly, SAMHRI</td>
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<tr>
<td>12:30 – 1:15pm</td>
<td>LUNCH</td>
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<tr>
<td>1:15 – 2:00</td>
<td>Designing local approaches- small group activity</td>
<td>Rachel Green, Director LifeSpan</td>
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<td>2:00 – 2:45</td>
<td>Panel style discussion with all presenters - challenges, opportunities, taking it back to community</td>
<td>Bianca Albers (Facilitator) and Leilani Darwin (MC)</td>
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<tr>
<td>2:45 – 3:00</td>
<td>Wrap up and Close</td>
<td>Bianca Albers (Facilitator) and Leilani Darwin (MC)</td>
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*Agenda changed on Day 2 to reflect the dynamics of the group. A yarning session was held between 10:15 and 12:45, Janet Kelly was unable to present and the panel discussions and small group activity were collapsed into broader discussions.*
22 respondents (representing over a third of participants) completed the evaluation.

1. Did you get what you wanted out of the workshop?

63% of the respondents who answered this question said that they got ‘a little more than what I expected’ or ‘A lot more than what I expected’ out of the workshop.

2. Who else would you have liked to have been involved in the workshop?

Multiple respondents expressed that there be representatives from local and federal governments. Other respondents indicated that there be representatives from the local community, service providers, and lived experience representatives.

3. Are there other topics we should have covered? What would you like to learn more about?

Many respondents who answered this question indicated that they would like to learn more about service provision in the suicide prevention space. In particular:

- Overlaps and gaps in services
- How current programs can best support Aboriginal and Torres Strait Islander people
- Aftercare services for families
- Schools programs and education

Other respondents indicated they would like to know more about examples of successful programs, how government and NGO money is used, traditional healing and how Aboriginal and Torres Strait Islander people can lead the way.

4. What did you like the most about the workshop?

There was a great emphasis across most of the respondents on the openness and honesty that Indigenous people had about their experiences. The importance of lived experience was also noted numerous times as something people liked most about the workshop. There were many comments about the flexibility of the program and how it adjusted to meet the community’s needs.

5. What did you like the least about the workshop?

Answers to this question were varied. The most common answer was regarding the section on implementation science which was cut short during the day. Other answers included that some PowerPoint presentations had a negative impact on a lot of Aboriginal people in the room, particularly the section on at risk males which was seen to make some individuals at ‘cultural risk’. Of the remaining comments, what respondents did not like were the blaming of agencies, non-indigenous patronising and that services did not speak about their services and the failures associated.

6. What did we do well, and what could have been done better?

Most of the responses to this question were around how well the workshop was organised, in particular thanking Leilani Darwin for her facilitation throughout the 2 days. Respondents said she was ‘brilliant’ and ‘fantastic as an MC and giving space to lived experience, stories and sharing’. There was also comments about how great the venue is, and support for the next event to be in a remote/rural/regional location. One respondent noted that it would have been good to know who was in the room and where they were from.

8. Do you have any other comments?

Many respondents thanked the organisers for holding the workshop, one noting that they had a ‘wonderful experience’ and there were multiple requests for the workshop to be held more frequently. The importance of lived experience came up again in response to this question in addition to including the importance of non-clinical approaches.

More comments regarding funding came up, about the timeframes for funding placed on PHN’s as rushing into programs to meet timeframes ‘may lend itself to program failure’.

Throughout the survey and in response to this question, there were comments that the purpose of the workshop could have been better described. Other comments stated that the workshop should have run longer so as not to rush the information and presentation.

Other responses raised the importance of resources, media, and education in suicide prevention, asking Elders about what the workshop should look like, holding an Aboriginal only workshop, involvement of young people, and being invited to more information sessions on prevention, intervention and postvention.