# “We are Strong. We are Resilient. But we are Tired”

# – Voices from the Aboriginal and Torres Strait Islander Lived Experience Centre Yarning Circles Report

Compiled by The Seedling Group and The Lived Experience Centre, in collaboration with Black Dog Institute
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> ***“People ask you how you are, just they don’t really want to know how you are. If you told them, they’d run a mile …”***

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*Research prepared for the National Suicide Prevention Adviser and the National Suicide Prevention Taskforce, commissioned through the Suicide Prevention Research Fund, managed by Suicide Prevention Australia.*

**Caution:**
The knowledge shared here may cause a strong emotional reaction. Please take measures to care for your social and emotional health.

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## Acknowledgement

The Aboriginal and Torres Strait Islander Lived Experience Centre would like to acknowledge the courageous conversations and invaluable contribution of those who participated in our yarning circles. We acknowledge their contribution in such an open and honest way will directly contribute to our future work in suicide prevention and without this we wouldn't have as much insight of our communities Lived Experiences and potential solutions to work towards.

## History

Aboriginal and Torres Strait Islander Lived Experience is a relatively new area of research. To consolidate what had already been explored in Lived Experience, 12 Indigenous roundtables around Australia and a literature review was conducted by the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP) at University of Western Australia in collaboration with Black Dog Institute's  support to the National Suicide Prevention Trial sites. What they found was Indigenous peoples experience of suicide is inherently different to mainstream experiences of suicide, and that there are factors unique to Aboriginal and Torres Strait Islander peoples that contribute to suicide that non-Indigenous people do not share. The primary factor was the effects of colonisation (and the subsequent genocide, dispossession and forced removal of children amongst other significant atrocities) weighed into this Lived Experience .

The CBPATSISP and Black Dog Institute facilitated a workshop in June 2018 involving Aboriginal and Torres Strait Islander people from across Australia to investigate Aboriginal and Torres Strait Islander Lived Experience of suicide. This provided an opportunity to explore concepts of Lived Experience, how Lived Experience was grounded in their cultural history and practices, and what it would take to meaningfully engage their Lived Experience in a safe and appropriate way. The workshop found there was an urgent need for the provision of culturally appropriate services and responses to Aboriginal and Torres Strait Islander suicide prevention being culturally informed and guided by Aboriginal and Torres Strait Islander people with Lived Experience . The results of this workshop were published in an ethics approved report called "We are not the problem, we are part of the solution: Indigenous Lived Experience Project Report". The following themes emerged from the workshop:

- The Need for an Indigenous Lived Experience Definition and Network
- The Need for Self-Determination
- Experiences of Grief and Loss
- Experiences of Racism and Trauma
- Lack of Appropriate Services and Responses

- Isolation, Discrimination, and Racism in Mainstream LGBTIQ+ Services: Prioritising Engagement of Indigenous LGBTIQ+SB Peoples and Communities
- Hope for the Future.

## Background of the Aboriginal and Torres Strait Islander Lived Experience Centre

Following the workshop, a proposal was made to the Federal Government to fund an Aboriginal and Torres Strait Islander Lived Experience Centre. This proposal examined the needs for a specific Aboriginal and Torres Strait Islander Lived Experience definition and network and was made in consideration that this initiative needed to be developed, supported, and led by Aboriginal and Torres Strait Islander people.

In September 2019, funding was received from the Federal Government through Minister Ken Wyatt for the development of the Aboriginal and Torres Strait Islander Lived Experience Centre through Black Dog Institute; the first of its kind here in Australia, and Internationally. Leading the development and implementation of the Centre is Leilani Darwin. She is a Quandamooka woman, whose ancestral home is Stradbroke Island. Through her own personal Lived Experience of losing her mother to suicide when she was 10 and in being a survivor of suicide Leilani is dedicated to ensuring that the Centre meets the need for a culturally safe and appropriate support of network members, leadership and self-determination of communities across the country to have courageous conversations and speak their truth.

## Introduction

Yarning with those who have a Lived Experience of a suicide crisis tells us so much. We can begin to understand what was happening in the lives of those who have contemplated or succeeded in taking their own lives. There are clear learnings of what was happening emotionally at the crisis moment, what was happening in people's lives leading up to that point and also what slow-burning factors were stressors long before the crisis point. Aside from the learnings we can take immediately from these discussions, we are also guided towards what questions are important to ask in order to strengthen peoples' lives and help build protective factors from the traumas that are part of being human. Most importantly we can gather information about what has helped, interventions that have diverted a crisis, who has been available to help and what their healing journey has looked like.

## Objectives

The objectives of the Yarning Circles were to:

- Capture insights of Aboriginal and Torres Strait Islander people's Lived Experience of suicide to inform recommendations to government.
- To build on existing work that has been done for Aboriginal and Torres Strait Islander Lived Experience to further understand how this experience is different to how Lived Experience is conceptualised across other populations.
- Provide a culturally appropriate space for Aboriginal and Torres Strait Islander People's to share their experiences without judgement and allow space for healing to occur.

## Background of the Virtual Yarning Circles

The National Suicide Prevention Taskforce has partnered with the Expert Advisory Group and the Suicide Prevention Research Fund (managed by Suicide Prevention Australia) to commission research that will help to build a better understanding about Lived Experience of suicide in Australia to inform recommendations to government. In the initial phase of research, the major focus is on people who have attempted suicide or experienced a suicidal crisis, rather than other broader experiences of suicide.

The virtual Yarning Circles conducted by the Black Dog Institute and the Seedling group were used to further explore Lived Experience, building upon the existing work in Aboriginal and Torres Strait Islander Lived Experience[1,2]

### Importance of cultural ways in design and facilitation of the Yarning Circles

A Yarning Circle is an important mechanism in Aboriginal and Torres Strait Islander Culture, it provides a safe space whereby individuals can share their knowledge, culture, insights, and opinions without any judgement. The choice to conduct Yarning Circles ensured that our engagements with Aboriginal and Torres Strait Islander Peoples was culturally appropriate, led and informed.

In this context, our Yarning Circles were structured to emphasise the importance of being comfortable in sharing participant's experiences, and creating a safe space to share. It was

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[1] https://www.cbpatsisp.com.au/wp-content/uploads/2019/10/Indigenous-Lived-Experience-Literature-Review.pdf

[2] https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/lived-experience-report-final-nov-2018.pdf

also important that we acknowledged where each participant is from and their Lived Experience, as to demonstrate the diversity across the Yarning Circle not only in geography, age, and gender, but across their own diverse experiences.

Three core topics explored in this report were addressed through the Yarning Circles with seamless transitions from topic to topic as to not disrupt the flow of the conversation. The continuity of the Yarning Circles allowed the conversations to flow naturally, allowing the space for openness and sharing with all the participants. The three topics were determined by Prime Minister and Cabinet to be the areas of focus in these Yarning Circles. These topics are presented below:

**TOPIC 1:** What do people who have attempted suicide and/or people who have experienced a suicidal crisis believe were the most significant contributing factors to their suicide attempt or crisis?

- What was going on for you in the lead up to your attempt/crisis?
- What do you think were some of the most significant things that contributed to how you were thinking and feeling at the time?

**TOPIC 2:** What were their experiences with a range of services in the lead up to, during and following their suicide attempt?

- Did you interact with any services or organisations in the lead up to your attempt/crisis that you believe had either a positive or negative impact on you?
- What about during the crisis or after the crisis?
- Did you interact with any health services? What were your experiences of those?
- Did you interact with a government service or agency like Centrelink, a housing services, police etc? What were your experiences of those services?
- Did you interact with your school/ University/ workplace or a community group like a sporting club? What were your experiences of those places?

**TOPIC 3:** What services or which people were especially unhelpful or helpful with regard to the suicidal state that they experienced?

- Of all of the services or people that you interacted with were there any that were particularly unhelpful at the time? Were there any responses that were unhelpful after your attempt/crisis?
- Were there any services or people that were particularly helpful? What did they do that was helpful?

## Recruitment

Recruitment of Lived Experience participants took place through sharing an Expression of Interest form with stakeholders and networks through the Black Dog Institute and the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention, along with other key stakeholders. The EOI form which was distributed through social media, email, call outs, newsletters, and word of mouth. A total of 41 Aboriginal and Torres Strait Islander peoples submitted an expression of interest.

To participate in the workshop participants had to meet the below criteria:

- Be of Aboriginal and/or Torres Strait Islander descent
- Have a Lived Experience of mental ill health and suicide
- Willing to share their Lived Experience with the facilitators and extended group
- Willing and able to use zoom videoconferencing platform
- Have a self-care plan in place
- Assessment by the Seedling Group to ensure participants were in a safe place and had the appropriate support networks in place to manage any risk.

Once approved, participants were required to provide verbal or written consent to have the contents of the yarning circles recorded and used for the purposes of this report and other related materials.

Participants who were unable to attend were asked to contribute via creative activities such as stories, poems, music, and art. Of which two individuals participated.

## Reimbursement

All participants were reimbursed for their contribution to the yarning circles both for their attendance and participation in the work, and through creativity.

## Demographics

Following screening and approval from the Seedling Group, 22 individuals were invited to participate in the virtual yarning circle. From the 22 invited, 12 individuals were available to participate. Six individuals participated in the morning session and six individuals participated in the afternoon session. Two contributed through creativity in the form of written stories. The workshop took place through zoom, a virtual communications platform on Monday 6 July 2020. The morning workshop was held from 9am – 12pm and the afternoon session was held from 1pm – 4pm.

The overall demographics included four males, eight females and one genderfluid participant. Ages of participants varied from 15 to 75+ years. There was one participant in the 15-24 age bracket, two participants in the 25-34 age bracket, three participants in the

35-44 age bracket, five participants in the 45-54 age bracket, one participant in the 55-64 age bracket and one participant in the 75+ age bracket.
From the 12 participants who contributed directly in the yarning circles 12 were Aboriginal. One Torres Strait Islander person, and one First Nation's person participated via creativity. One participant identified as LGBTIQ+SB and one participant stated they would prefer to not say if they identified with LGBTIQ+SB.

Participants varied from location and state, six participants were from Queensland, two participants were from Northern Territory, two participants were from New South Wales, two participants were from Victoria and one participant from South Australia. From these number six were from metropolitan regions, three from regional regions, two from rural regions and two from remote.

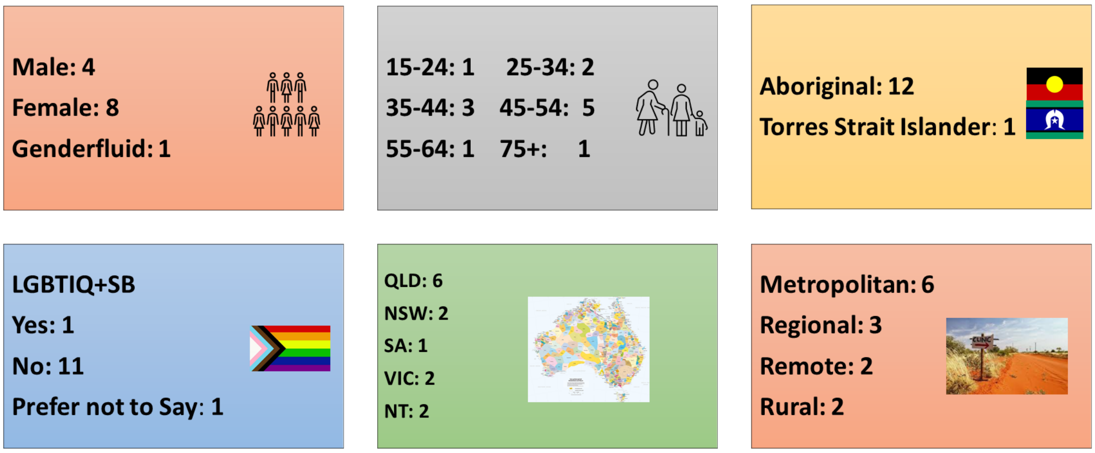


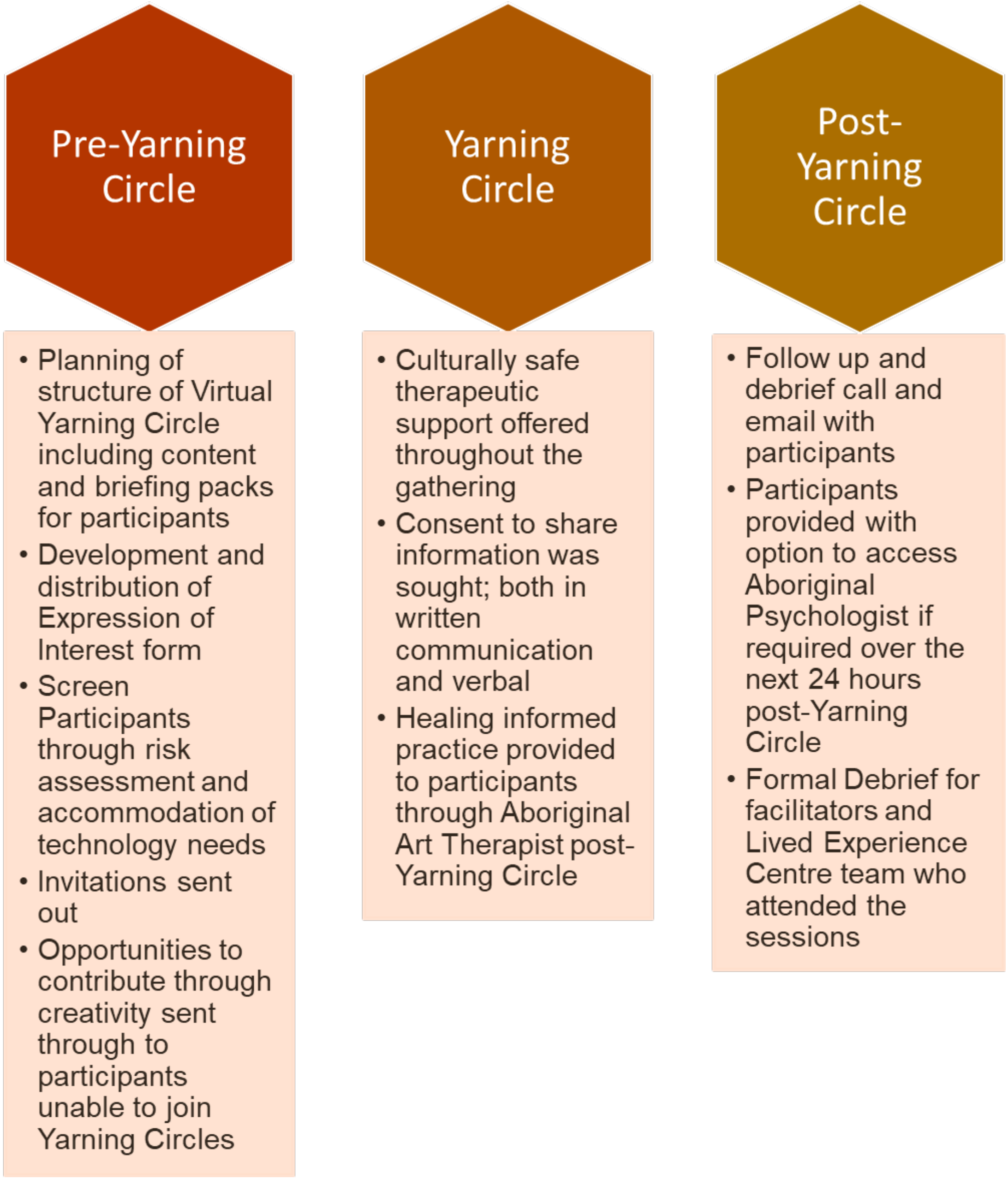
*Figure 1: Demographics of participants who attended the virtual yarning circle.*

## Virtual Yarning Design and Process

The planning for the virtual gathering for Lived Experience participants incorporated several important factors. The design, implementation, delivery and follow up post virtual yarning , were guided by principles of Trauma Informed Practice, telehealth client and practitioners' safety (Better Access guidelines), person-centered therapeutic approaches? and Cultural Safety. All forms of communication, planning, invitation, engagement and pre and post therapeutic support upheld best practice in working with Aboriginal and Torres Strait Islander vulnerable populations at its center.

First Nations' peoples have a long and troubled history of not having a voice in the way services are delivered to them. As such it was important that individuals where given the opportunity to participate in the sessions but also to be held in cultural and therapeutic safety.

Below is a chart detailing the design phases, preparation, sessions and post-yarning circles. More detail about the design process can be found in Appendix A.



**Pre-Yarning Circle**

- Planning of structure of Virtual Yarning Circle including content and briefing packs for participants
- Development and distribution of Expression of Interest form
- Screen Participants through risk assessment and accommodation of technology needs
- Invitations sent out
- Opportunities to contribute through creativity sent through to participants unable to join Yarning Circles

**Yarning Circle**

- Culturally safe therapeutic support offered throughout the gathering
- Consent to share information was sought; both in written communication and verbal
- Healing informed practice provided to participants through Aboriginal Art Therapist post-Yarning Circle

**Post-Yarning Circle**

- Follow up and debrief call and email with participants
- Participants provided with option to access Aboriginal Psychologist if required over the next 24 hours post-Yarning Circle
- Formal Debrief for facilitators and Lived Experience Centre team who attended the sessions

*Figure 2. Detail of Yarning Circle designs pre, during, and post Yarning Circles*

## Lived Experiences

These yarning circles brought together a breadth of Lived Experience across all participants. This diversity of experience is not to be understated, and it is important to consider that there were many Lived Experiences, each unique and different from one another. Below are some of the conversations that were brought to the Yarning Circles:

From the morning yarning circle, a participant described their Lived Experience as a big black hole, with a roller coaster trying to get to the top of the hole. Lonely, despair, confusion, no trust, and the only way out is to die because you have tried everything else.

One participant grew up in an abusive household and from a young age decided to end their life at the age of 16 as a goal they were looking forward to. They have had experiences of PTSD, depression, and anxiety throughout their life however on their 16th birthday they decided they didn’t want to die, and wanted to live. They have now grown over the years in recovery, building a support network, and getting in touch with their culture.

Another participant lost a niece to suicide nine years ago of which the effects are still felt today. As a result they have had to take on more family responsibilities, particularly in support of other family member’s mental health. Alcohol and other drugs have played a role in contributing to some family issues. The experience of their son regularly having mental health outbursts has given them the skills to work in the space of mental health and suicide.

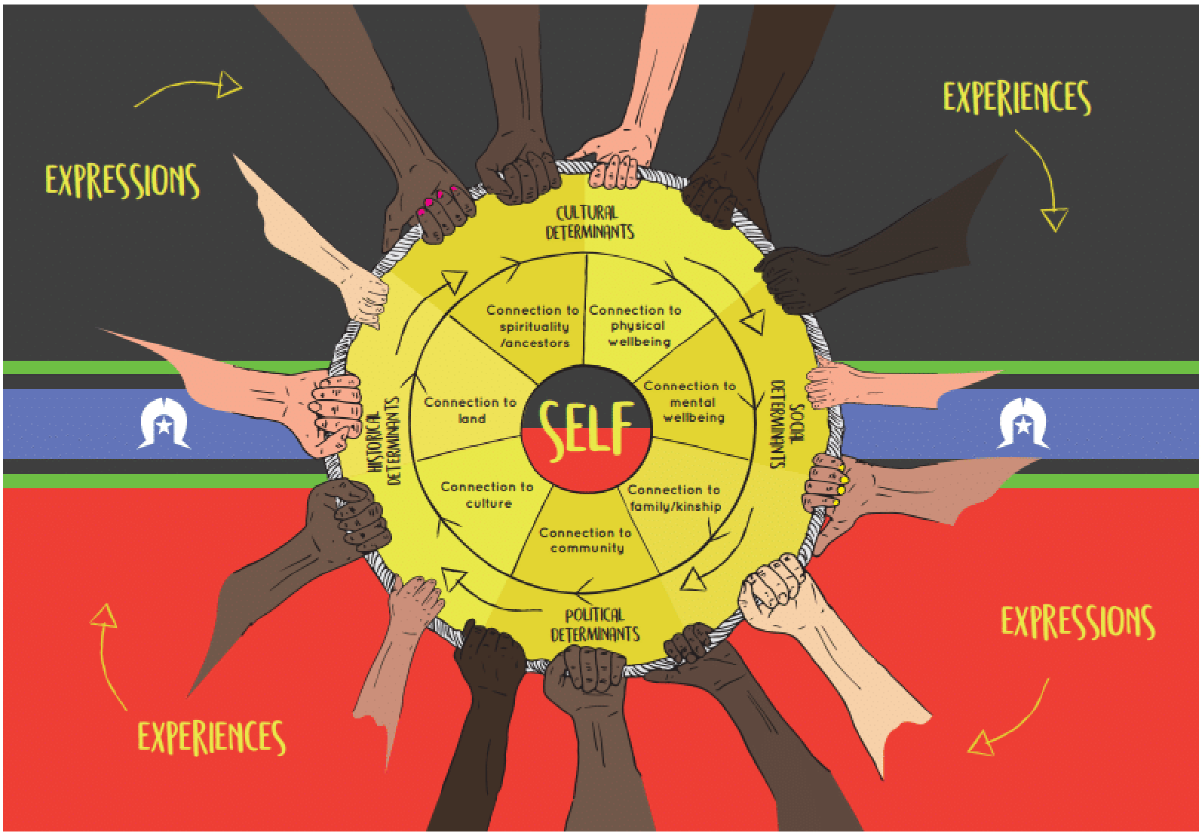
Another participant described their Lived Experience from a family perspective as their whole family has been ripped apart over the years by loss of life to suicide. They weren't just our young people but a 70-year-old elder also took their own life.
The above descriptions of Lived Experience do not come close to the enormity and ongoing impacts of what it has been like for the participants to live through those events.

## Social and Emotional Wellbeing

Social and Emotional Wellbeing (SEWB) is as a multidimensional concept of health that includes mental health, but also encompasses domains of health and wellbeing such as connection to land/country, culture, spirituality, ancestry, family, and communities. Throughout this report it’s important to understand that Aboriginal and Torres Strait Islander peoples Lived Experience should be understood from a holistic view, taking into consideration:

- Connection to Body, Mind and Emotions.
- Connection to Family, Kinships and Community.
- Connection to Land, Culture and Country.

- Connection to Spirit, Spirituality and Ancestors.


EXPRESSIONS
EXPERIENCES
CULTURAL DETERMINANTS
Connection to spirituality /ancestors
Connection to physical wellbeing
Connection to land
SELF
Connection to mental wellbeing
HISTORICAL DETERMINANTS
SOCIAL DETERMINANTS
Connection to culture
Connection to family/kinship
Connection to community
POLITICAL DETERMINANTS
EXPRESSIONS
EXPERIENCES

Gee, Dudgeon, Schultz, Hart & Kelly, 2013 on behalf of the Australian Indigenous Psychologists Association.
Adapted by Jacob Komesaroff from original art by Tristan Schultz, RelativeCreative

*Figure 2. The Social and Emotional Wellbeing Wheel that illustrates the interconnectedness of wellbeing for Aboriginal and Torres Strait Islander Peoples*

Using a whole of life SEWB viewpoint when interpreting the responses is helpful in addressing the complexities and interconnected experiences that contribute to an individual's suicidality and mental ill health. For Aboriginal and Torres Strait Islander people it extends beyond conventional understandings of mental health and mental disorders. Although mental health and wellbeing are an important component of SEWB, they are only one component and for Aboriginal and Torres Strait Islander peoples social, emotional, physical, cultural and spiritual dimensions of wellbeing must be considered.

## Yarning Circle Discussions

### Key Social and Emotional Wellbeing Themes from each topic

**Topic 1:** What do people who have attempted suicide and/or people who have experienced a suicidal crisis believe were the most significant contributing factors to their suicide attempt or crisis?

It is important to note that many different factors can impact an Aboriginal and/or Torres Strait Islander persons social and emotional wellbeing. Throughout this report each topic will include a summary table listing a wide range of SEWB factors that emerged from these yarning circle. Those that have attempted suicide or have experienced a suicidal crisis mention that the most significant contributing factors are a mixture of mental health disorders and SEWB problems. For instance, a few examples are how the effect of the Stolen Generation and children being removed, risk factors such as drugs, alcohol and chroming, loss of connection to family, kinships and community which results in not having a connection to land, culture and country threatening identity issues played a key role in contributing to a suicide attempt or crisis. Overall, these factors lead to communities having grief and loss, trauma, self-harm, suicidal thoughts and behaviors.

**Topic 2:** What were their experiences with a range of services in the lead up to, during and following their suicide attempt?

When discussing the experiences with a range of services in the lead up to, during and following a suicide attempt it is important to note that there is a flow on effect of not addressing SEWB needs for Aboriginal and Torres Strait Islander Peoples. Services not addressing SEWB needs appropriately may have had a negative impact on those who have reached out for help. For instance, one individual mentioned a factor that lead them to suicide crisis was an inability to cope with overwhelming emotions and another mentioned that bullying and cyber bullying was a factor. These instances may have occurred on multiple occasions and caused multiple traumatic experiences which have then led the individual not seeking out further support due to a lack of trust in services. This is further exacerbated by previous negative experiences or potentially the health professional not recognising the holistic approach to SEWB that affects Aboriginal and Torres Strait Islander people.

**Topic 3:** What services or which people were especially unhelpful or helpful with regard to the suicidal state that they experienced?

All services should be culturally safe and Aboriginal and Torres Strait Islander people should feel confident that they are going to receive the right support and have trust in the services that they are attending. However, unfortunately throughout these yarning circles many services were seen as unhelpful which in turn led to individuals being in a suicidal crisis. Mainstream services were largely not mentioned as a place Aboriginal and Torres Strait Islander Peoples go for help, and for most participants family and community played a crucial part for helping individuals through tough times. It's important to understand that

SEWB and culture plays a critical role in helping an Aboriginal and Torres Strait Islander persons healing journey and recovery.

## What was going on in the lead up to a suicide crisis?

At the time when those with Lived Experience of being suicidal felt most vulnerable and at most risk of taking their own lives, most people said that they felt an inability to cope with overwhelming emotions. Statements such as, “It’s like you go to this other plateau, like you rise above yourself and you think, I know, I’ve got the answer …” and “It’s an out-of-body experience, you can see your body there but it’s like being in two minds”, suggest a point where reaching out was no longer possible.

> *“I wanted to die so many times because I couldn’t see a way out.”*

Common factors in peoples’ lives may help us recognise when things are reaching a point of overwhelm. At the time leading up to the crisis, the most common factors in peoples’ lives were heightened and problematic substance abuse (drugs, alcohol, chroming) and major problems or changes in significant relationships. One participant who is still using drugs said, “having to sit with my emotions is harder than the drug cravings”. Sorry Business (Cultural Practices and Protocols associated with Death for Aboriginal and Torres Strait Islander Peoples), including other suicides in the extended family increased feelings of overwhelm. Other signs were self-harming, eating disorders, sleep problems and risk-taking behaviours. Many people had heavy and complex parenting responsibilities, including taking on the parenting role of the deceased. Some were experiencing bullying (including cyber bullying) up to the point of taking their lives. Others had lost a job, stopped working because of health issues or stopped attending school. Some had experienced multiple periods of incarceration, significantly rupturing family life. Some people had suffered racism, chronic financial hardship and loss or threatened denial of identity. Having children removed left parents in a particularly vulnerable state, with little emotional support or strategies to deal with the distress. Apart from these escalating issues, other more long-term factors had already placed many participants and their family members at risk.

**Factors Leading to Suicidal Crisis**

- An inability to cope with overwhelming emotions
- Drugs, alcohol, chroming
- Changes in significant relationships
- Sorry Business & other suicides
- Self-harming
- Eating disorders
- Sleep problems
- Risk-taking behaviours
- Complex parenting responsibilities

- Bullying/cyber bullying
- Loss of employment
- Stopped working/ going to school due to health issues
- Incarceration
- Racism
- Chronic financial hardship
- Loss or threatened denial of identity
- Children being removed

*Figure 3: Common themes that emerged from the yarning circle that led to a suicidal crisis.*

## Common experiences contributing to suicidal crisis

Looking beyond the crisis circumstances, most families had a story of multiple traumas and sometimes mental health issues, which were mentioned by many of the gathering participants. These included emotional, physical, sexual and institutional trauma. Some participants were descendants of Stolen Generation survivors and they spoke about how that had negatively impacted their lives and still to this day they are feeling and living with the ongoing legacy of these practices. Many spoke of multiple incidents of grief and loss within their family, families broken because of family members being incarcerated, having experienced trauma in foster care and interruptions to attachment in early life.

All participants spoke of the ongoing fallout living in a family where someone has taken their own life, sometimes multiple suicides had happened in their family. “I just wanted to die with them, I didn’t want to live.”

> *“Lives are never the same after that, addictions, regret, anxiety, anger, waiting for the phone call …”*

Those who have survived an attempt to take their own life, or who have a family member who has been successful, have no support to help them go on. One participant said that you pass your trauma on to those close to you without realising it. There is no-one there to help you deal with that. One woman who has lost her son to suicide said that she hasn’t smiled for 14 months, suffers panic attacks and finds it difficult every day to find a reason to live, her plea is, “Please help us, the ones who are left behind”.

> *“It’s still very raw today and I’m still picking up the pieces in my family.”*

Participants felt that financial hardship prevents many people from getting access to culturally appropriate care. Some participants said that the public system fails them, or they may be too shame to attend their local Aboriginal Medical Service due to knowing someone who works there. They believe that if they didn't have private health cover, they wouldn't be here today. If you go to the public hospital, you are left to wait for the hours, they make some future appointments for you and then say you are okay and send you home. One participant said that if her family member hadn't been admitted because of their private health insurance, he wouldn't be here today.

> *"I access my super so that I can pay for a psychiatrist to help with my mental health issues."*

**Common Experiences Contributing to Suicidal Crisis**

- Multiple traumatic experiences
- Mental health issues (emotional, physical, sexual, and institutional trauma)
- Descendants of Stolen Generation
- Grief and loss
- The impact incarceration has on not only the individual but family
- Trauma in foster care
- Interruptions to attachment in early life
- Flow on effect of suicide within family
- No support to help individuals who have attempted suicide
- No support to families of individuals who have successfully died from suicide
- Panic attacks
- Financial hardship preventing individuals from getting good care
- Public system failing individuals

*Figure 4: Common experiences that contributed to a suicidal crisis from participants within the yarning circle.*

## Barriers to reaching out for help

Asking for help was considered impossible for participants for a variety of reasons. Non-Indigenous services were generally not trusted and Murri (Aboriginal) services were avoided because of the 'Murri grapevine' (not maintaining confidentiality). Some people stated that a lack of trust in services existed due to previous negative experiences and that prevented them from reaching out. One participant said that she felt her suicidal brother would only contact a service if he knew someone personally who worked there. Sometimes it was a matter of shame, having to tell services what was happening in their lives. Employee Assistance Programs (EAP) often had young psychologists straight out of university with no cultural knowledge or understanding. A participant felt she spent the first couple of sessions educating the psychologist. Doctors and psychiatrists didn't understand a holistic health view and were condescending and judgmental. Doctors don't recognise trauma and they simply medicate which in some cases creates a secondary problem of addiction. Others said lack of services at the time you need them most was a significant problem.

*"Shit does not happen Monday to Friday, it happens at 3 o'clock in the morning."*

Fear of services taking children into care, lack of financial capacity to engage services and not knowing who to contact, all hindered the capacity of people to reach out for help. Lack of continuity of funding means that services are often not around long enough for people to know where to go. Others said that trying to understand the complexities of their situation in order to talk to someone is sometimes impossible to do. When asked if current individuals experiencing mental health and suicidality are likely to ask for help, one participant said, "I think he feels that he is beyond help, that he is broken in so many places, that no-one can help." Another participant said that reaching out for help would mean having to talk about things that you did that led up to that point, things you may be ashamed of. Racism also featured in the reasons why people felt it was hard to get help. Participants felt that when they walk into a doctor's office, the doctor sees a black face and instantly judges them. Some had simply been told to 'stop drinking' when they weren't in the frame of mind to know how to do that.

*"There is no-one to talk to, so I have a box that sits on a shelf in my mind, and that's where I put things, that's how I survive."*

Proving 'indigeneity' was also a stumbling block for a young Aboriginal participant who had disruptions to her family life while growing up including incredible grief of losing young siblings and a mother who struggled because of those losses. She couldn't find anyone to vouch for her identity and therefore could not access Aboriginal health services. Another participant in the virtual gathering who was from the same area, offered to help her find some help regarding this. Exclusion criteria can be a barrier for some of our most vulnerable community members.

Calling some services, such as triage for mental health often instigates police involvement. The police unfortunately can be a negative trigger for many Aboriginal and Torres Strait Islander people.  School counsellors were particularly unhelpful, responding to calls for help with workbooks to be filled out.  Mental health services have long waiting lists.

**Barriers to reaching out for help**

- Non-Indigenous services not trusted
- Aboriginal Medical Services were avoided due to distrust and shame
- Lack of trust in services due to previous poor experiences
- Shame
- EAP not being culturally appropriate
- Health professionals not understanding a holistic health view
- Health professionals not recognising trauma
- Medicating creating a secondary problem of addiction
- Lack of services at the time you need them
- Fear of services taking children into care
- Lack of financial capacity to engage services
- Not knowing who to contact for help
- Services not around for long enough (due to funding)
- Trying to understand the complexities of their situation
- Individuals believing that no one can help them
- Reaching out for help would mean having to talk about things that you did that led up to that point
- Racism
- Racism from doctors
- Proving ‘indigeneity’ & identity issues
- Grief and loss
- Getting help from police being triggering
- School counsellors being unhelpful
- Mental health services having long wait lists

*Figure 5: barriers to reaching out for help that were identified in the yarning circle.*

## Where was help found?

Survivors of suicide crises found help in unanticipated places and said that they were more likely to speak to someone they trusted than to services. These contacts ranged from a university staff member, a psychologist who is able to give the participant the tools they needed at the time. One participant received help from her child's principal at the local Catholic school, then from the local parish priest. Another found a teacher she could trust when she was struggling with her sexual identity. This participant also said that the organisation, Flo Connect, that aims to reconnect young people who have been out of school for three months or longer, showed her a way to find hope. Headspace was mentioned several times as a place that was helpful at different times in participants' lives.

One participant said that the Phoenix 28-day rehabilitation unit attached to the Manly Hospital was very helpful. Other useful organisations that were mentioned included Kidz Youth Community (KYC), Stymie, Kurbingui and Gallang Place. The LGBTIQ+ community members were particularly supportive when a young boy took his life after being bullied about his sexuality.

**Places individuals got help from**

- University staff members
- Psychologist
- Childs school principal
- Local Parish Priest
- School teacher
- Flo Connect
- Headspace
- Phoenix 28-day rehabilitation unit
- Kidz Youth Community
- Stymie
- Kurbingui
- Galang Place

*Figure 6: Places individuals who attended the yarning circle found help.*

## Suggestions for healing

Participants insisted that Aboriginal and Torres Strait Islander people need their own Crisis Assessment and Treatment team (CATT) who can deal with emergencies without engaging the police. They wanted to see more 'Lived Experience' people working with service providers. Services need a back-up system for afterhours callers as that is when people felt most at risk of taking their own lives. It was suggested that service providers should participate in genuine community engagement continuously, not just for a week at NAIDOC week. They need to understand and know community better and people need to know them. It was suggested that culture should be embedded in all mainstream services. Participants who were taken 'back to country' found the experience to be extremely healing. Reconnecting with family and place were both put forward as important healing practices.

Participants spoke about the need for support for survivors of a suicide crisis including the families of those who have successfully taken their lives. Families are left broken and don’t know who to turn to. Survivors have specific needs as their trauma affects other family members, sometimes compounding shame and guilt.

> *“I didn’t start healing until I went back to country. I went back to the brown water and then things started changing for me. We must remember how we heal.”*

**Healing**

- Indigenous Crisis Assessment and Treatment team (CATT)
- Lived Experience individuals working in this space
- Culture being embedded into mainstream services
- Going back to country
- Reconnecting to family and place
- A back-up system for afterhours callers
- Services participate in genuine community engagement continuously
- Support for survivors of a suicide crisis including the families

*Figure 7: Suggestions yarning circle participants raised for further healing.*

## On being part of the virtual gathering

Many participants felt their participation in the virtual gathering was in itself a healing process.  They felt it gave voice to those who can't be heard.  Some felt that by talking about this subject, the young ones coming through won't feel weird about discussing their mental health.  Participants want to be involved in a 'follow-up' forum in the future and be reassured that the findings from the forum do not 'just disappear'.  In the written feedback given by participants, many said that they felt reaffirmed that they were not alone and that there were others sharing similar stories.  The said that they felt culturally and spiritually safe and respected in the space.  Some said that they had shared more than they had ever shared before.  Others said that they felt empowered by the Yarning Circle and left feeling uplifted.

> *"I personally feel privileged to have been in this circle, it was good to be able to talk about our Mental Health and tried suicide in a Culturally, Spiritually safe and caring environment. I thought the debriefing session was really good and as we all know the debriefing is one of the most important things for participating members and leaders in a session like this one.  I was going through Sorry time at the time, which was not known, but that debriefing helped me in that area also. Thank you for including me in this Yarning Circle,"*

Suggestions for future gatherings included talking more about culture and its part in healing, allowing more time to reflect, release and breathe and have time to reflect upon the good things each person has achieved in their community.

## Recommendations

### Need for Culturally Competent and Appropriate Services

It has been stated time and time again the need for culturally appropriate and safe services for Aboriginal and Torres Strait Islander Peoples are critical to suicide prevention and treatment of mental illness. Out of these Yarning Circles, what was apparent was the lack of understanding of Social and Emotional Wellbeing and social determinants of Aboriginal and Torres Strait Islander Health.

Critically, it was clear from the participants of the importance of fostering genuine trust and communication from people and services. Person-centered and trauma-informed care is also important to empower individuals to feel safe in what they need for themselves.

All services should at a baseline, understand social determinants of Aboriginal and Torres Strait Islander health and integrate that knowledge into working with Aboriginal and Torres Strait Islander Peoples healing, treatment and recovery.

### Need for Aboriginal and Torres Strait Islander led Suicide Prevention Solutions that address Social and Emotional Wellbeing Holistically

There are many contributors to an individual's suicidality such as Alcohol and Other Drugs, homelessness, and mental health issues. For Aboriginal and Torres Strait Islander Peoples, this expands to colonialism and intergenerational trauma. As these factors are grounded in Social and Emotional Wellbeing, solutions to Aboriginal and Torres Strait Islander suicide prevention must address Social and Emotional Wellbeing holistically.

As Aboriginal and Torres Strait Islander People live, breathe, and understand Social and Emotional Wellbeing, they are perfectly placed to provide leadership in the design, implementation, and evaluation of suicide prevention initiatives about them. This aligns with the Gayaa Dhuwi (Proud Spirit) declaration where one recommendation is placing Aboriginal and Torres Strait Islander individuals in charge of initiatives that relate to mental health and suicide prevention.

### Advocacy and Integration of Aboriginal and Torres Strait Islander Lived Experience Voices in all levels of Suicide Prevention

Aboriginal and Torres Strait Islander Lived Experience voices are unique and distinct from mainstream definitions of Lived Experience as noted in a recent Literature Review[3]. Given that the experience is different, this means that their perspectives are inherently different, providing unique insights into how services and programs are developed, delivered and evaluated. Ensuring these perspectives are embedded from the beginning mean that initiatives are person centered from the outset, culturally appropriate, led and informed and should not be required to be 'adapted' once it is completed.

- **Mandatory renumeration for Aboriginal and Torres Strait Islander Lived Experience contributions**

Lived Experience contributions are considered to be a form of expertise, similar to the roles that researchers and clinicians provide in an advisory or specialist capacity. This expertise and experience must be appropriately remunerated. Thus elevating the importance and legitimacy of Lived Experience contributions on parity with others expertise and input.

- **Ensuring diversity of Aboriginal and Torres Strait Islander Lived Experience voices**

Aboriginal and Torres Strait Islander People are not a homogenous group and bring a variety of perspectives to the table. Engaging a diversity of Aboriginal and Torres Strait Islander People, at the very least will provide a comprehensive and realistic perspective on any suicide prevention practice. Further, ensuring representation from geographic locations,

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[3] https://www.cbpatsisp.com.au/wp-content/uploads/2019/10/Indigenous-Lived-Experience-Literature-Review.pdf

LGBTQI+SB status, age, and gender will contribute to those differing perspectives. As seen from the Yarning Circles, the diversity has resulted in productive and fruitful conversations.

**The Need for Healing through elevation of Lived Experience Voices**

It was very apparent that the Yarning Circles were a form of healing for participants. This showed that cultural practices were most appropriate to facilitate an environment of safety and healing, and that avenues that empower Aboriginal and Torres Strait Islander Peoples culture should be practiced.

The Yarning Circles highlighted that this forum to discuss suicide has been long needed. Having events like this consistently will not only allow the space for Aboriginal and Torres Strait Islander People to provide input into how initiatives are shaped, but also contribute to their own personal healing and recovery. As we are slowly able to address these issues we can look to a future where our future generations are not negatively impacted by our own lived experiences.

Other avenues to facilitate this healing would be in the form of State-based Lived Experience Coordinators and roles to continue to hold Yarning Circles like these and provide support in elevating the Lived Experience voices in local areas and emphasise the importance of holistic concepts of wellbeing and recovery.

## Summary

Below is a summary table of the contributors to the themes outlined in this report. As seen, a multitude of factors fall under each topic area. For Aboriginal and Torres Strait Islander Peoples, the experiences, factors, and suggestions addressed under each topic area vary significantly to what the answers would be for the general population. This highlights the ongoing effects that colonisation has had on Aboriginal and Torres Strait Islander Peoples, and how the impact is still felt after many generations.

| Factors Leading to Suicidal Crisis | Experiences Leading to Suicidal Crisis | Barriers to Reaching out for Help | Where Help was Found | Suggestions for Healing |
|---|---|---|---|---|
| • An inability to cope with overwhelming emotions<br>• Drugs, alcohol, chroming<br>• Changes in significant relationships<br>• Sorry Business<br>• Other suicides<br>• Self-harming<br>• Eating disorders<br>• Sleep problems<br>• Risk-taking behaviours<br>• Complex parenting responsibilities<br>• Bullying/cyber bullying<br>• Loss of employment<br>• Stopped working/ going to school due to health issues<br>• Incarceration<br>• Racism<br>• Chronic financial hardship<br>• Loss or threatened denial of identity<br>• Children being removed | • Multiple traumatic experiences<br>• Mental health issues (emotional, physical, sexual, and institutional trauma)<br>• Descendants of Stolen Generation<br>• Grief and loss<br>• Impact incarceration has on not only the individual but family<br>• Trauma in foster care<br>• Interruptions to attachment in early life<br>• Flow on effect of suicide within family<br>• No support to help individuals who have attempted suicide<br>• No support to families of individuals who have successfully died from suicide<br>• Panic attacks<br>• Financial hardship preventing individuals from getting good care<br>• Public system failing individuals | • Non-Indigenous services not trusted<br>• Aboriginal Medical Services were avoided due to shame<br>• Lack of trust in services due to previous poor experiences<br>• Shame<br>• EAP not being culturally appropriate<br>• Health professionals not understanding a holistic health view<br>• Health professionals not recognising trauma<br>• Medicating creating a secondary problem of addiction<br>• Lack of services at the time you need them<br>• Fear of services taking children into care<br>• Lack of financial capacity to engage services<br>• Not knowing who to contact for help<br>• Services not around for long enough (due to funding)<br>• Trying to understand the complexities of their situation<br>• Individuals believing that no one can help them<br>• Reaching out for help would mean having to talk about things that you did that led up to that point<br>• Racism, including racism from doctors<br>• Proving 'indigeneity' and identity issues<br>• Grief and loss<br>• Getting help from police being triggering<br>• School counsellors being unhelpful<br>• Mental health services having long wait lists | • University staff members<br>• Psychologist<br>• Childs school principal<br>• Local Parish Priest<br>• School teacher<br>• Flo Connect<br>• Headspace<br>• Phoenix 28-day rehabilitation unit<br>• Kidz Youth Community<br>• Stymie<br>• Kurbingui<br>• Gallang Place | • Indigenous Crisis Assessment and Treatment team (CATT)<br>• Lived Experience individuals working in this space<br>• Culture being embedded into mainstream services<br>• Going back to country<br>• Reconnecting to family and place<br>• A back-up system for afterhours callers<br>• Services participate in genuine community engagement continuously<br>• Support for survivors of a suicide crisis including the families |

*Figure 8: A summary table of the common themes emerged from the yarning circle.*

## Conclusion

The Lived Experience Yarning Circles have brought people together from a collection of nations, geographies, ages, genders, sexualities, and most importantly experiences. It has become apparent that this was a unique opportunity to provide space for voices to be heard.

While the perspectives and recommendations here highlight existing gaps, and a pathway forward in the advocacy of Aboriginal and Torres Strait Islander voices within suicide prevention, importantly it gave an opportunity for healing. Either to begin, or to continue.

We continue to see the power in stories being shared, and voices being heard, particularly from Aboriginal and Torres Strait Islander people. There is a significant undercurrent of insights and experiences previously untapped that we must bring to the surface to not only inform what can be done in suicide prevention, but create waterfalls and deadly ripples that have the potential to change the *way* that things are done.

We must continue to amplify and elevate these stories meaningfully, as they provide pieces of collective wisdom which are critical to saving not only Aboriginal and Torres Strait Islander lives, but *all* lives across Australia.

*“We are really sorry for you people. We cry for you because you haven’t got meaning of culture in this country. We have a gift we want to give you. We keep getting blocked from giving you that gift. We get blocked by politics and politicians. We get blocked by media, by process of law. All we want to do is come out from under all of this and give you this gift. And it’s the gift of pattern thinking. It’s the culture which is the blood of this country, of Aboriginal groups, of the ecology, of the land itself.”*

*(David Mowaljarli, Ngarinyin, ABC Radio 1995)*

This quote was from 1995, 25 years ago. We have spent 25 years of continually trying to amplify Aboriginal and Torres Strait Islander voices. When thinking of the continued advocacy and persistence in embedding Aboriginal and Torres Strait Islander voices into decision-making and the fabric of Australian society, one participant put it succinctly:

*“We are Strong. We are Resilient. But we are tired”*

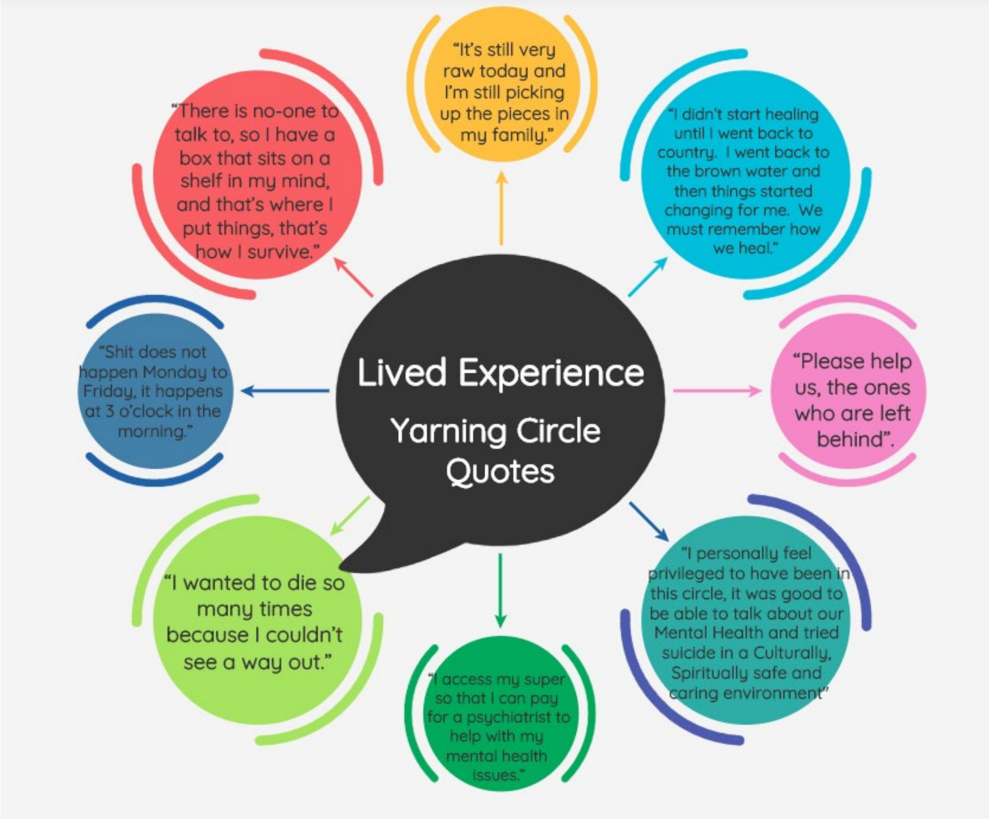
# Appendix A (Virtual Yarning Circle Breakdown)

Below are the considerations taken in the creation of the Yarning Circles to ensure safety across all participants:

- Risk assessment for symptomology, support network, mental health, suicide ideation, out of session support, affect regulation, sorry business, comorbid illness considerations, debriefing and on-going network connection availability;
- Risk management procedures for IT problems, participant drop-out, participant withdrawal, post gathering support, informed consent and feedback were implemented;
- Privacy and security of records, knowledge shared, communications aligned with the Australian Psychological Society and The Australian Cyber Security Centre around cybersecurity strategies;
- Suitability to participate was led by cultural protocol of connection and two-way learning accessibility before assessment of symptomology. Various methods of participation through virtual yarning gathering, verbal, written, artwork or poems were invited, ensuring that many forms of communication were on offer, in an effort to not silence Aboriginal and Torres Strait Islander voices influenced by intergenerational trauma symptoms;
- Connectivity, whether participants had good healing and self-care routines, support network, family cohesion or connection to country, language, cultural practices, resources, and service support, were all considered high level resilience and safety measures;
- Culturally safe therapeutic support was offered during and post gathering. This was facilitated by the engagement of Aboriginal Psychologists who specialized in suicide prevention and holistic recovery case formulation, ensuring the whole SEWB of the participant would be supported if needed;
- Consent to share information was sought, firstly through written communications and then verbally during the gathering to ensure that participants had a full understanding of why and what they were giving permission for. It was reiterated that participants could retract their consent at any point during or after the gathering;
- Healing informed practice was provided for participants through an Aboriginal Art Therapist who facilitated the workshop post gathering. This ensured a safe checking out practice and recognition of individual and collective resilience and strength;
- Formal debriefing for therapists, facilitators and the lived experience team was conducted immediately after each gathering and a few days post gathering to ensure the safety and ongoing positive wellbeing for individuals who may be experiencing vicarious trauma.

# Appendix B – Word Clouds from the Yarning Circles

## Quotes from workshop participants



Lived Experience Yarning Circle Quotes

"It's still very raw today and I'm still picking up the pieces in my family."

"I didn't start healing until I went back to country. I went back to the brown water and then things started changing for me. We must remember how we heal."

"Please help us, the ones who are left behind".

"I personally feel privileged to have been in this circle, it was good to be able to talk about our Mental Health and tried suicide in a Culturally, Spiritually safe and caring environment"

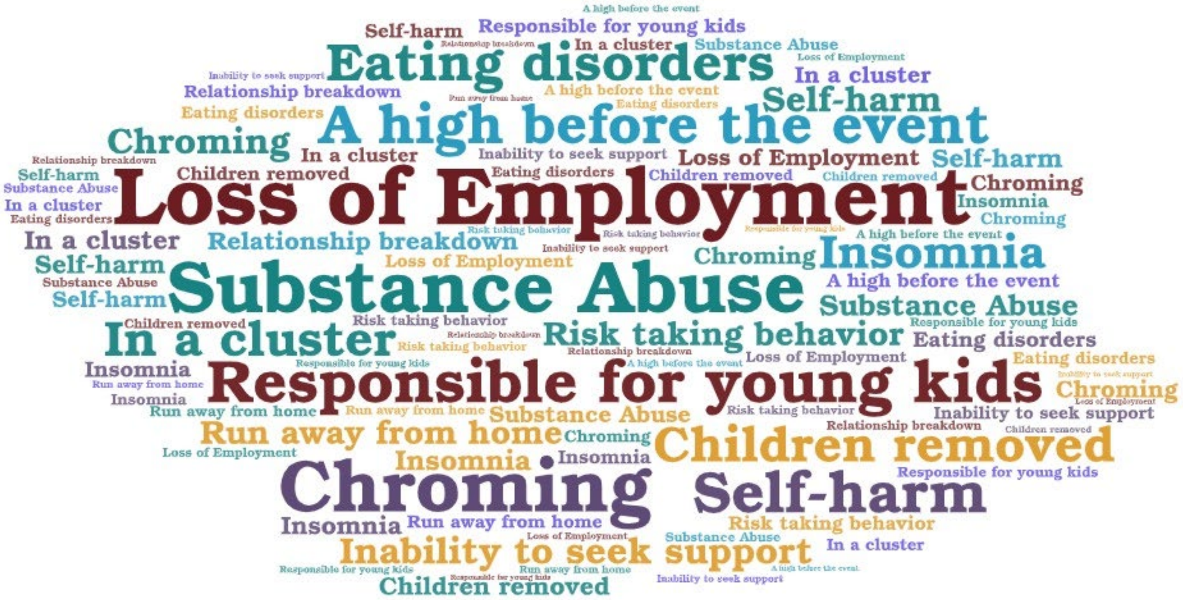
"I access my super so that I can pay for a psychiatrist to help with my mental health issues."

"I wanted to die so many times because I couldn't see a way out."

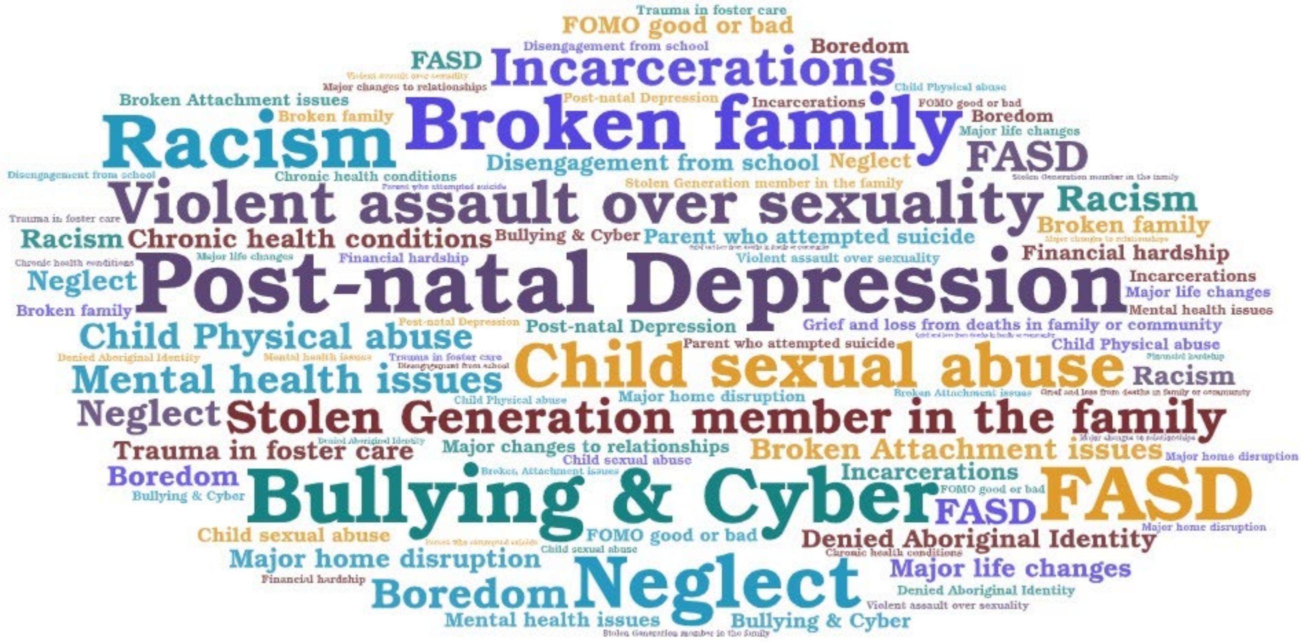
"Shit does not happen Monday to Friday, it happens at 3 o'clock in the morning."

"There is no-one to talk to, so I have a box that sits on a shelf in my mind, and that's where I put things, that's how I survive."

## What was going on at the time?


Self-harm
Responsible for young kids
In a cluster
Substance Abuse
Eating disorders
In a cluster
Relationship breakdown
A high before the event
Self-harm
Eating disorders
Chroming
A high before the event
In a cluster
Inability to seek support
Loss of Employment
Self-harm
Children removed
Eating disorders
Children removed
Chroming
Loss of Employment
Insomnia
Chroming
In a cluster
Relationship breakdown
Self-harm
Loss of Employment
Chroming
Insomnia
Substance Abuse
A high before the event
Substance Abuse
Risk taking behavior
In a cluster
Risk taking behavior
Eating disorders
Insomnia
Loss of Employment
Eating disorders
Responsible for young kids
Chroming
Insomnia
Run away from home
Substance Abuse
Inability to seek support
Run away from home
Chroming
Relationship breakdown
Children removed
Insomnia
Insomnia
Loss of Employment
Chroming
Self-harm
Responsible for young kids
Insomnia
Run away from home
Risk taking behavior
Substance Abuse
In a cluster
Inability to seek support
Children removed

## Historical Issues identified


Trauma in foster care
FOMO good or bad
Disengagement from school
Boredom
FASD
Incarcerations
Broken Attachment issues
Broken family
Incarcerations
Racism
Broken family
Boredom
Major life changes
Disengagement from school
Neglect
FASD
Chronic health conditions
Stolen Generation member in the family
Violent assault over sexuality
Racism
Broken family
Racism
Chronic health conditions
Bullying & Cyber
Parent who attempted suicide
Financial hardship
Neglect
Post-natal Depression
Incarcerations
Major life changes
Broken family
Mental health issues
Child Physical abuse
Post-natal Depression
Grief and loss from deaths in family or community
Parent who attempted suicide
Child Physical abuse
Mental health issues
Child sexual abuse
Racism
Major home disruption
Neglect
Stolen Generation member in the family
Trauma in foster care
Major changes to relationships
Broken Attachment issues
Major home disruption
Boredom
Incarcerations
Bullying & Cyber
FASD
FASD
Child sexual abuse
FOMO good or bad
Denied Aboriginal Identity
Major home disruption
Major life changes
Boredom
Neglect
Denied Aboriginal Identity
Violent assault over sexuality
Mental health issues
Bullying & Cyber