



# Building Bridges: Learning from the Experts

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Building bridges to implement successful  
life promotion and suicide prevention expertise  
across Aboriginal communities

## Evaluation Report



Centre for  
Rural & Remote  
Mental Health  

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QUEENSLAND



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## Evaluation Report

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Australian Institute for Suicide Research and Prevention  
National Centre of Excellence in Suicide Prevention



WHO Collaborating Centre for Research and  
Training in Suicide Prevention

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## Acronyms used throughout this Report

ABS	Australian Bureau of Statistics
AISRAP	Australian Institute for Suicide Research and Prevention
CAPE Indigenous PCYC	Community Activity Programs through Education – Indigenous Police Citizen Youth Club
CIM	Conditional Income Management
CRRMHQ	Centre for Rural and Remote Mental Health Queensland
CRRAH	Centre for Rural and Remote Area Health
COAG	Council of Australian Governments
CREW	Collaborative Research on Empowerment and Well Being Team
CYWR	Cape York Welfare Reform
ex-DOGIT	ex-Deed of Grant in Trust
FRC	Family Responsibilities Commission
FWB	Family WellBeing
GU	Griffith University
HITnet	Health Information Technologies Network
JCU	James Cook University
MHFA	Mental Health First Aid
NSPS	National Suicide Prevention Strategy
OESR	Office of Economic and Statistical Research
PAR	Participatory Action Research
QGSPPS	Queensland Government Suicide Prevention Strategy
RAI	Referral for Active Intervention
RFDS	Royal Flying Doctor Service
UQ	University of Queensland
USQ	University of Southern Queensland

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# Executive Summary

Indigenous suicide is a public health issue of grave importance not only in Australia but in other post-colonial countries. The incidence of Indigenous suicide in Australia significantly exceeds that of the general population (De Leo et al., 2009). In Queensland, De Leo et al. (2009) report an Indigenous suicide rate approximately double that of the non-Indigenous population, with Indigenous youth most at risk. An escalation in Indigenous suicide was perceived to have occurred in the 1980s (Hunter and Milroy, 2006).

Changes in the rates and nature of Indigenous suicide cannot be understood without first understanding the effect of colonisation on Indigenous cultures and communities and acknowledging that the Australian experience is very different to those overseas (Hunter, 2007, Hunter and Milroy, 2006, Hunter, 2002, Hunter et al., 2001, Tatz, 2001, Tatz, 1999, Kidd, 1997, Rowse, 1993). Consequently, suicide prevention strategies considered to be effective in non-Indigenous populations may not be relevant in the Australian Indigenous population. Indigenous suicide prevention strategies must take into consideration the socio-economic environments of the different communities. Further, it cannot be assumed that there is 'one' Indigenous community or culture. The Building Bridges Project utilised a multi-faceted approach of suicide prevention to ensure cultural appropriateness, relevancy and effectiveness across several different Indigenous communities. It included four communities: Yarrabah, Hope Vale and Kowanyama, which are ex-Deed of Grant in Trust (ex-DOGIT) communities in Far North Queensland, and Dalby, a rural community in South-West Queensland. Building Bridges aimed to extend the knowledge gained in Yarrabah to other Indigenous communities.

The Project was designed to provide greater protection for at-risk individuals living in these communities by strengthening and empowering both the individual and the community in which they lived. Thus, communities could not only increase their understanding to prevent future suicidal and self-harming behaviours but also come to terms with their past. In order to achieve enhanced resilience and reduce the risk of suicidal and self-harm behaviours, the Building Bridges Project intended to fulfil seven objectives:

1. Support leadership and collaboration among local men in suicide prevention;
2. Harness the capacity of the Family WellBeing (FWB) Program to develop life promotion skills in the broader community;
3. Obtain a better understanding of the meaningfulness and dimensions of suicide and self harming behaviours, the situations and warning signs that specifically indicate risk and the recovery experience of Yarrabah;
4. Foster participation and communication of messages of purpose and identity to young people;
5. Collate and communicate information to community in an empowering way;
6. Ensure a rigorous external evaluation process; and
7. Ensure accountability and optimal management of the project.

The present report is related to the Objective 6 and aims to evaluate the appropriateness, effectiveness and success of the Building Bridges Project. Consequently, it seeks to answer five questions:

1. What was the environment at the initiation of the project?
2. How well does the intervention approach link to its objectives?
3. How appropriate and effective were the activities undertaken in the communities?
4. What else has occurred in the community environment?
5. What level of change has been achieved?

The four communities involved in Building Bridges Project were very different in terms of opportunity, unity, history, social environment and access to facilities. They were also affected by different state and federal government policies and other projects. The level of opportunity and unity felt within a community, its history and environment appear to have been a factor in the implementation of the activities.

The Building Bridges Project was innovative in that it utilised horizontal knowledge-sharing within and across four communities. Men's Groups, the Family WellBeing program and HITnet, all of which incorporated 'Stats and Stories' and knowledge-sharing, were utilised to achieve the Project Goal of suicide prevention.

Men's Groups were expected to create a hub of connectedness, fostering new community leaders and increasing awareness of suicide prevention. However, while the Men's Groups were intended to have the same goal within the project, they were undertaken differently in each community. Yarrabah's Yaba Bimbie Men's Group was already well-established. However, the group experienced problems in recruiting a Project Officer. This affected how the Men's Groups were conducted and Yarrabah's capacity to act as 'mentor' to the other communities. Hope Vale's Men's Group was established in 2007 and needed time to establish itself. It has largely focused on suicide prevention in terms of providing community support during difficult times. In Kowanyama, there are two types of Men's Groups – a community group and one that focuses on domestic violence. However, the Kowanyama Men's Group also had considerable difficulties in finding a Project Officer. The experience in Dalby differed enormously from the other communities. Dalby does not have the sense of community found in Hope Vale or Kowanyama. Despite considerable efforts, no Men's Group was started in Dalby.

The Family WellBeing (FWB) program was created specifically by and for Indigenous people and resonates strongly in communities. It is not a 'Western derivative', and so it may be more naturally relevant than a program adapted from such an oppositional paradigm. The FWB Program has five stages (11 workshops were held), but it remains unclear how many people did actually complete all five stages in order to become facilitators and counsellors. However, not all participants completed each stage, nor did all participants manage to complete the stages consecutively.

HITnet provides information through short videos and music. A person using a HITnet kiosk can interact with many different health-related modules. However, the major aim of HITnet was to produce a module (and an iDVD) which dealt with suicide prevention for installation and use in all the kiosks. In this way, HITnet was one activity of the Building Bridges Project which specifically addressed self-harm and suicide prevention. The suicide prevention module was called "*Buluru Yealamucka*" (Healing Spirit) and has a documentary-format with real people sharing their stories of recovery.

There was very little information on the incidence and experience of self-harm and suicidal behaviours in the communities. 'Stats and Stories' intended to provide an understanding of the behaviours occurring in the communities and the reasons behind them. It can be difficult to talk explicitly about self-harm and suicidal behaviours in an Indigenous community. Communicating this knowledge aimed not only to strengthen connections within and across communities, but also to increase suicide prevention and intervention capacity. Knowledge-sharing within and across communities within the Building Bridges Project should have been the glue which bound all the other activities and learnings together to reduce the risk of and enhance resilience to self-harm and suicidal behaviours.

Given Yarrabah's previous experience with FWB and Men's Groups, it had been assumed that the Project Officer and other male leaders would be able to share their knowledge within and across the communities easily and effectively. However, for a variety of reasons, none of these men could take up this role. Further, it was intended that the work of the Project Officers be facilitated by Project Coordinators. However, there was a substantial delay in the recruitment of the Northern Project Coordinator, who did not start until September 2007. The role of the Project Coordinator/Suicidologist was essentially to ensure that the activities were being run smoothly in each community, connect the knowledge gained and communicate these learnings in an empowering and accessible way.

Given the short period of time in which the Building Bridges activities were implemented and the myriad other interventions and projects being run within Indigenous communities, it is difficult to assess both whether changes have occurred in communities and what caused changes to occur. Certainly, it is too soon to tell whether the activities run during the Building Bridges Project have significantly enhanced resilience to and reduced the risk of self-harm and suicidal behaviours in the communities. It is also too soon to tell whether any change in self-harm and suicidal behaviours, either positive or negative, is directly correlated to the Building Bridges Project.

Further, each community included within the Building Bridges Project had different historical experiences that affected the social environment in which the activities were implemented. All the activities were adapted by the Project Officers to suit the individual needs of each community. The activities simply could not have been uniformly implemented. Indeed, the activities seemed to work more effectively in communities that already experienced a certain level of connectedness which existed in Yarrabah, Hope Vale and Kowanyama. Implementation was much more complicated in a mixed community like Dalby, where there was little feeling of connectedness among the Indigenous population.

Consequently, this evaluation did not solely rely on suicide rates to assess the effectiveness and appropriateness of the Building Bridges Project. However, as suicide prevention is the ultimate goal, the evaluation looked at some indicators that the communities involved have begun to enhance resilience to and reduce the risk factors of self-harm and suicidal behaviours. This was done by examining whether activities strengthened community connectedness, increased community capacity and strengthened empowerment. An increase in school attendance can imply that parents are being positive role models by ensuring their child goes to school every day. These types of changes can also indicate that Men's Groups and FWB training are able to not only teach people new ways of thinking and living but also support them in the future.

The discussions carried out by the evaluation team were invaluable to find out what was happening on a day-to-day basis in the four communities involved in the Building Bridges Project. It was found that the community participants perceived the project to be successful based on, seemingly small, changes that directly affected them. Not all the positive changes experienced in the communities were officially recorded by the project team or the state government. Further, not all the problems experienced in the communities were mentioned.

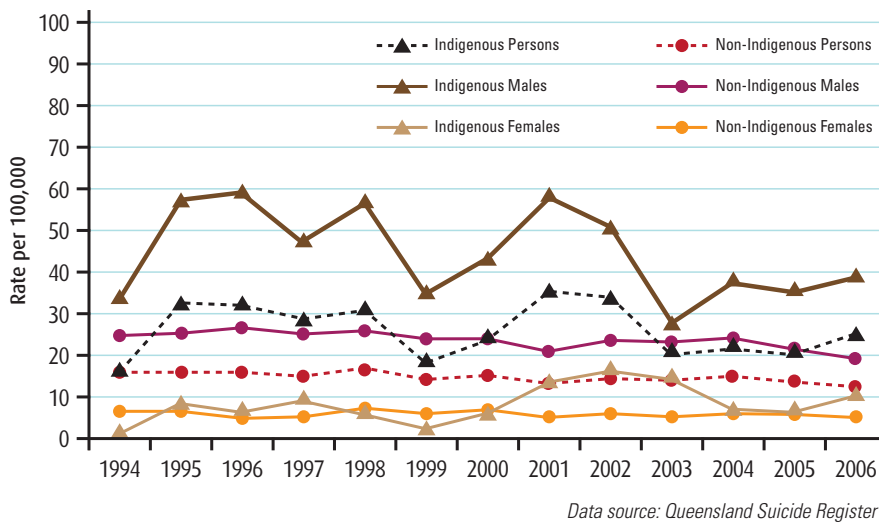
One of the most important considerations for the future of these activities is whether they can be naturally sustained within Indigenous communities after the completion of the Building Bridges Project. Sustainability can be linked to work done during the project by the Project Officers and the community acceptance of the different activities. This can lead to positive community changes which in turn enhance resilience to and reduce the risk of self-harm and suicidal behaviours occurring in the community. However, these changes can take a long time to occur and may need long-term commitment from funding bodies, research partners and community members. By recognising problems and becoming aware of possible solutions, a community could become connected, empowered and capable enough to start implementing possible solutions. It was believed that activities which were sustainable would not only strengthen communities during the project but also continue to strengthen communities after the project ended. This way suicide prevention could be implemented and improved as communities continued to learn and grow.

# Project Background

## Focus of the Project: Indigenous Suicides in Queensland

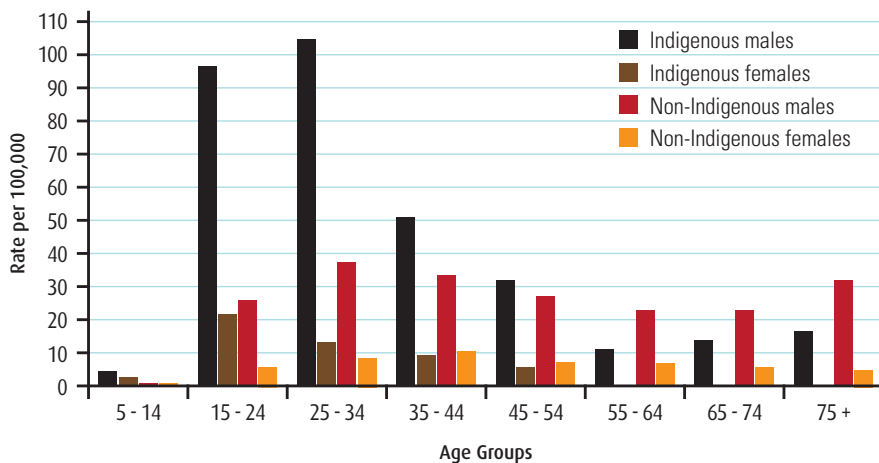
The report 'Suicide in Indigenous Populations of Queensland' (De Leo et al., 2009) indicates that, between 1994 and 2006, changes in suicides rates were not significant for Indigenous males in Queensland (average 45.0 per 100,000). There was a significant increase in the suicide rates of Indigenous females. However, these should be interpreted with caution due to low incidence. In the non-Indigenous population, there was a significant decrease in the suicide rates for both genders (Figure 1). Comparisons of the average crude suicide rates between Indigenous and non-Indigenous populations in the time period 1994-2006 indicate that the Indigenous population had 1.8-times higher risk of suicide compared to the non-Indigenous population (1.9 for males and 1.4 for females).

Figure 1. Crude suicide rates in Indigenous & non-Indigenous populations in QLD, 1994-2006 (De Leo et al., 2009)



The highest suicide rates in the Indigenous population were among the 15-24 and 25-34 age groups (Figure 2). Similarly, in the non-Indigenous population, suicide rates were highest among the 25-34 age group, but at a much lower level than in their Indigenous counterparts. In the 5-14 age group, Indigenous children had a 7.4-times higher suicide rate compared to non-Indigenous children. In the age group 15-24 years, Indigenous youth had a 3.6-times higher rate than non-Indigenous youth. Further, the Indigenous suicide rate was about 2.5-times higher in the 25-34 age group. After the age of 55, the trend is reversed, and higher rates of non-Indigenous suicides were recorded. This is likely to be associated with the low incidence of suicides in the Indigenous group and also with differences in age distributions in general populations.

Figure 2. Suicide rates by age groups and gender, Indigenous & non-Indigenous populations, QLD, 1994-2006



Almost half of the Indigenous suicide cases were unemployed at the time of their death. This was almost twice more than in non-Indigenous suicides.

Alcohol and substance abuse (cannabis) were significantly more prevalent in Indigenous suicide cases. On the other hand, depression was nearly four times less present in Indigenous suicide cases. Hospitalisation in psychiatric wards was the most frequent source of mental health care for Indigenous people. This was reported in almost half the Indigenous suicide cases, compared to 30.7% of non-Indigenous suicide cases. Conversely, non-Indigenous suicides were more likely than their Indigenous counterparts to have received treatment from a general practitioner (55.3% vs. 37.4%). Similar proportions of Indigenous and non-Indigenous cases received treatment for mental health conditions as outpatients in a mental health facility or from other services, such as counselling groups or telephone help-lines.

The role of physical illnesses in Indigenous suicide seems less relevant than in the suicide cases of non-Indigenous Australians. Some life events among suicide cases were similar, such as relationship issues. However, there were also remarkable differences. For example, in the Indigenous population, there was a much higher prevalence of: 1) exposure to suicide in the social group; 2) bereavement; 3) conflict situations in the immediate social group; and, 4) past or pending legal issues (De Leo et al., 2009).

The nature and trends of Indigenous suicide cannot be understood without first considering the effect of colonisation on Indigenous cultures and communities, and acknowledging that the Australian experience is very different to those overseas (Hunter, 2007, Hunter and Milroy, 2006, Hunter, 2002, Hunter et al., 2001, Tatz, 2001, Tatz, 1999, Kidd, 1997, Rowse, 1993). The aftermath of Australian colonisation has left many Indigenous communities suffering the affects of intergenerational trauma where dysfunctional behaviours, such as alcoholism and violence, have become 'normalised' (Hunter, 2007, McKnight, 2002, Hunter et al., 2001, Tatz, 2001, Tatz, 1999, Kidd, 1997, Kahn et al., 1990). Consequently, suicide prevention strategies that are effective in non-Indigenous populations may not be relevant to the Australian Indigenous population. In addition, Indigenous suicide prevention strategies must take into consideration the socio-economic environments of the different communities.

### **Goal of the Project (Outcome)**

The Building Bridges Project involved an approach not previously undertaken in the implementation and dissemination of successful Indigenous suicide prevention activities. Building Bridges built on and extended the local responses to self-harming and suicidal behaviours that had been developed and found to be effective in Yarrabah during the 1990s. It extracted the critical elements from this community-driven process and expanded the activities undertaken. Further, it enabled the horizontal knowledge transfer of risk-reducing and resilience-enhancing strategies and activities through partner organisations to two regional communities in Cape York, one rural setting in Southwest Queensland and a correctional facility in which the majority of prisoners are Indigenous. This project sought to strengthen communities' capacity to recognise, understand and implement suicide prevention, intervention and postvention activities.

### **Objectives of the Project (Impacts)**

In order to achieve this goal, the Building Bridges Project incorporated seven objectives:

1. Support leadership and collaboration among local men in suicide prevention;
2. Harness the capacity of the Family WellBeing (FWB) Program to develop life promotion skills in the broader community;
3. Obtain a better understanding of the meaningfulness and dimensions of suicide and self harming behaviours, the situations and warning signs that specifically indicate risk and the recovery experience of Yarrabah;
4. Foster participation and communication of messages of purpose and identity to young people;
5. Collate and communicate information to community in an empowering way;
6. Ensure a rigorous external evaluation process; and
7. Ensure accountability and optimal management of the project.

Objectives 1-5 were specifically relevant to achieving the goal of suicide prevention in Indigenous communities. Objectives 6-7 ensured that the activities undertaken were run effectively and the best suited to achieving the Project Goal. Using Participatory Action Research (PAR), especially pertinent for Objective 5, enabled the research team to better implement and disseminate suicide prevention activities. The PAR process within the Project allowed for the Project Coordinator and Project Officers to work collaboratively within the communities, learning from the experiences specific to each community and adjusting the activities to better suit the social environment.

Objectives 1-5 enhanced individual, family and community resilience, reduced the risk of suicide and self-harming behaviours, and supported the community recovery processes in three ways through:

1. Strengthening Community Connectedness – the formalisation of groups, such as Men's Groups, provided support for the personal development of community leaders. Some communities also provided further support in the form of Women's Groups and Domestic Violence Men's Groups;
2. Increasing Community Capacity – the use of culturally-appropriate training, such as Family WellBeing, strengthened leadership and addressed community issues. This increased the capability of individuals, families and communities to formulate and implement practical community-based solutions; and
3. Strengthening Empowerment – horizontal knowledge-sharing within and across communities extended effective and culturally-appropriate leadership, problem-solving and conflict-resolution skills; so, resilience was not isolated to one area of a community, or to one community.



The Building Bridges Project involved an approach not previously undertaken in the implementation and dissemination of successful Indigenous suicide prevention activities.



## *Aims and Activities of the Project*

The Building Bridges Project implemented and disseminated successful Indigenous suicide prevention activities that built on and extended effective local responses to self-harming behaviours previously developed in Yarrabah. These existing solutions and expertise included Yaba Bimbie Men's Group, Family Well Being Empowerment and the Life Promotion Officer Project.

Building Bridges was innovative in that it utilised horizontal knowledge-sharing within and across four communities (Yarrabah, Hope Vale, Kowanyama and Dalby). Experiences, skills and knowledge from each community were shared with the others via Men's Groups, Family WellBeing training and Knowledge-Sharing Forums, described further below. This was intended to create a sense of cohesion among the very different communities participating in the project while ensuring that positive learnings could be drawn from negative experiences and positive experiences further built upon.

The activities used within Building Bridges aimed to facilitate horizontal knowledge-sharing within and across Indigenous communities to increase awareness of suicide risk and protective factors. Building Bridges incorporated three major activities: Men's Groups, Family WellBeing and HITnet.

Men's Groups aimed to

“...provide men with a culturally safe space for healing, personal development and to encourage and empower them to reassess, review and re-establish their roles in the family and in their community. Owned and managed by men themselves, Men's Groups may also elect to take on a community welfare role, offering family support, counselling and support for men in prison and to address broad community issues”. (Final Report, p. 10)

In 1998, the South Australian Aboriginal Development, Employment and Training Branch created Family WellBeing in response to the problems faced by those affected by the Stolen Generation. Family WellBeing aimed to “enable participants to gain greater understanding of themselves and their situation and to reflect, analyse and solve problems. In the process participants also become more aware of their leadership potential and are able to take greater control and responsibilities in their lives” (Final Report, p. 10). Together, these activities created the process through which people could tell their stories (yarn) in a safe environment using culturally-appropriate tools that protected them in such a vulnerable position.

In turn, this knowledge-sharing provided the foundation for the stories told on HITnet which added an IT/multimedia dimension. An important part of Building Bridges was the creation of a suicide prevention module used in Health Information Technologies Network (HITnet) kiosks. The kiosks were located in each community as well as the Lotus Glen Correctional Facility in North Queensland. The ‘*Buluru Yealamucka* – Healing Spirit’ module directly targeted suicide prevention and aimed to increase the life-affirming and practical help-seeking skills of Indigenous youth. Stories from people living in Yarrabah provided the bulk of the suicide prevention module, which changed as different community events occurred. Consequently, this HITnet module was

“...interactive from conceptualisation to finalisation. In this way, HITnet needs to be appreciated as being more than the production of multi-media materials by relevant experts, but rather a community partnership leaving within the community skills and knowledge beyond the final product of an interactive module”. (Final Report, p. 11)

The collaborative way in which the three major activities worked was not only indicative of the PAR process, but also the horizontal knowledge-sharing approach. Participants in the different activities learned about themselves within their own communities and also learned how people from different communities responded to the same stressors.

# Evaluation Methodology

The methodology utilised for this evaluation adopts a similar approach taken in the Evaluation of the National Youth Suicide Prevention Strategy (Mitchell, 2000). The evaluation for the NYSPS assessed the appropriateness and effectiveness of the strategy in meeting its goals and objectives:

“Appropriateness refers to whether or not program inputs and processes are appropriate to the achievement of program objectives. Effectiveness is concerned with whether or not the program has achieved its objectives, documenting unanticipated outcomes (both positive and negative), and identifying the factors responsible for outcomes (factors both internal and external to the program)”. (Mitchell, 2000, p. 76)

To accurately judge appropriateness and effectiveness, there is a need to incorporate two different evaluative approaches - the Public Health Approach and the Program Theory / Program Logic Approach. The Public Health Approach focuses upon whether there has been a measurable improvement in the health status of the target population. However, this approach also acknowledges that improvements may require a longer time than a strategy allows. The Program Theory / Program Logic Approach assesses whether a strategy can be linked to any improvements in the status of the target population. This approach assesses whether activities were implemented effectively within the strategy and, if they were, whether the activities were appropriate to the achievement of the strategy's goals and objectives. Mitchell proposed:

“In combination, the Public Health (population-health outcomes) Approach and analysis of Program Logic provide a framework for organising data in a manner that can indicate whether the Strategy has been effective in initiating processes or has achieved impacts that are logically consistent with progress towards population health goals”. (2000, pp. 81-82)

The approach taken by Mitchell in the Evaluation of the National Youth Suicide Prevention Strategy is particularly applicable to the Building Bridges Project. Its goals of enhancing resilience, reducing suicide and self-harming behaviours, and supporting community recovery are not necessarily ones that can be measurably achieved in the time-frame allowed for the project. However, it is possible to ascertain whether the activities used in the Building Bridges Project were appropriate and implemented as effectively as possible. The community context in which the activities in Building Bridges were initiated is vital to understanding the operational nature of the project.

Subsequently, this evaluation seeks to answer five questions in order to assess the appropriateness, effectiveness and success of the Building Bridges Project:

1. What was the environment at the initiation of the project?
2. How well does the intervention approach link to its objectives?
3. How appropriate and effective were the activities undertaken in the communities?
4. What else has occurred in the community environment?
5. What level of change has been achieved?

The five questions will be examined further in the evaluation.

## Sources of Information

The data used to evaluate the Building Bridges Project came from a variety of sources. This allowed for a comprehensive assessment of the impacts made in the Yarrabah, Hope Vale, Kowanyama and Dalby by the Building Bridges Project.

### Building Bridges Reports - Final, Appendices, Progress, Activity

Much of the information which informed this evaluation came from the reports written during and at the conclusion of the Building Bridges Project. The Progress Reports were completed every quarter by the researchers involved from James Cook University (JCU), University of Queensland (UQ), University of Southern Queensland (USQ), HITnet, Griffith University (GU) and the Centre for Rural and Remote Mental Health Queensland (CRRMHQ). The reports highlighted the progress made and obstacles faced in the timely achievement of the Project Objectives. The Activity Reports were completed in alignment with the progress reports and illustrated the number of Men's Group meetings, Family WellBeing workshops, knowledge-sharing workshops and any other forums or media events that occurred within each community. The people who attended were also registered – names were removed but information on age, gender, ethnicity and occupation were recorded. The Final Report brought together all of the information gathered during the project. While this main document answers to the success of all the Project Objectives, there are also appendix reports from JCU, USQ, UQ and HITnet describing their activities in more detail.

## Census 2006

This evaluation uses data from the 2006 Census taken from the Australian Bureau of Statistics (ABS) website and the Office of Economic and Statistical Research (OESR) website. This data informed the descriptions of the communities to better understand the experiences of the communities as Building Bridges started. To recognise how the communities have changed in response to being part of the project, it is necessary to know what they were like prior to the intervention.

## Partnerships Queensland - Baseline Report

This report provides baseline data taken in 2006 on Indigenous quality of life in the project communities (DoC, 2006). While its focus is predominantly health-related, it also includes information on employment, education and culture. Sourced from a number of sites and vigorously interpreted, this information provides the baseline from which improvements in communities can be measured, see 'Closing the Gap' below.

## Partnerships Queensland - Quarterly Reports

The Quarterly Reports focus on the quality of life experienced in the project communities. Several different agencies provide the information so as to ensure reliability and validity. The reports cover such aspects of life as child welfare, education, health, employment, living conditions and alcohol management. Further, the reports also cover the improvements made in each community in five specific areas:

1. Hospital admissions for assault;
2. Persons convicted (breaches of section 168B of the *Liquor Act 1992*);
3. Reported offences against the person;
4. Child safety; and,
5. School attendance.

The Quarterly Reports provide an excellent resource from which to see the measurable changes that are happening in the communities included. This makes it a useful tool with which to reference the improvements made during the period of Building Bridges Project (Queensland Government 2009).

## Community Discussions

From late-2008 until mid-2009, the evaluation team visited all four communities involved in the Building Bridges Project to hold informal discussions with Project Officers, activity participants, service providers and members of the community. A focus group was held in Dalby on the 5th March 2009. Later, the evaluation team attended a Men's Group Knowledge-Sharing Forum in Dalby on the 16th March 2009, which included men from different Queensland communities. Discussions were held in Hope Vale on the 30th March 2009 and in Kowanyama on the 5th May 2009. Yarrabah was visited on the 27th August 2009. Additionally, the evaluation team met several times with the Project Officers from Yarrabah, Hope Vale and Kowanyama at the events held in Dalby.

These discussions gave valuable information from those directly involved in the Building Bridges Project as to the appropriateness and effectiveness of the activities. References to these discussions will be made throughout this report. In order to respect the privacy of those who participated, neither names nor occupations will be indicated. Participants will be referred to by ethnicity (Indigenous – I; non-Indigenous – NI) and gender (male – M; female – F).

Following advice from the Project Officers, the discussions held in Yarrabah, Hope Vale, Kowanyama and Dalby were never intended as structured interviews. An unstructured discussion was also recommended because it would make the community participants feel more comfortable, less like they were being interrogated. Consequently, the discussions became more like a 'yarn'. These discussions occurred at times and places most comfortable and convenient to the participants, so locations included the community centre, town library, local park and health centre.

Further, in Kowanyama, the evaluation team was also told not to talk about suicide directly during the discussions (NIM, Evaluation Discussions). The Kowanyama police had perceived an increase in suicidal behaviours after people engaged in explicit discussions about suicide. This meant that the evaluation team never asked questions about self-harming or suicidal behaviours in the community. However, if one of the participants mentioned it, the topic was followed. Subsequently, the discussions began by asking the participant what it was like living in their community. It was discovered that suicide was mentioned by almost every single participant simply because it was an issue that affected daily life – every Indigenous person who participated in the evaluation discussions knew someone, usually more than one person, who had died by suicide.

### *Limitations of the Data*

Data for this project, and its evaluation, was subject to several limitations. A fundamental problem with even basic data collection is that Indigenous population levels are currently based on Experimental Estimates, so actual numbers upon which to base a rate remain uncertain (ABS, 2009). Under-reporting and misclassifications of suicide deaths have been frequently cited due to stigma, uncertainty over the deceased's intent and differences in coronial procedures (Hanssens, 2007a, Thomson and Krom, 2007, Elliott-Farrelly, 2005a, Elliott-Farrelly, 2004, Tatz, 2004, Tatz, 2001, Cantor and Neulinger, 2000, Kosky and Dundas, 2000). This is especially exacerbated in Indigenous communities, as geographical remoteness can impact on access to medical facilities and accuracy in autopsy conclusions (Hanssens, 2007a). Further, Indigenous ethnicity has only been officially reported in death certification since 1998 (De Leo et al., 2006). Identification of Indigenous ethnicity before this time was based on third-party information or the belief of the coroner (ABS, 2008, Andreasyan et al., 2007, De Leo et al., 2006). Further, cultural rituals and obligations concerning burial can mean that the deceased is considered to have died where they are buried (Hanssens, 2007a). This may become problematic when trying to determine place of death or the existence of a suicide cluster.

There are also problems with identifying accurate levels of non-fatal suicidal behaviours. These behaviours are commonly under-reported in hospitals regardless of geographical location. Hospital staff may not recognise that a patient has attempted suicide or that the harm inflicted was intentional rather than accidental. Further, a person who self-harms or attempts suicide may simply not seek medical treatment. De Leo et al. (2005) found that fewer than half of all people who attempted suicide actually sought help through the hospital system. Consequently, levels of other suicidal behaviours, such as planning and ideation which do not involve actual harm, are even less likely to be recorded.

Help-seeking behaviours also need to be contextualised within the Indigenous community environment. Even if a person decides to seek help, appropriate medical services may not be available in Indigenous communities (ABS, 2008, Hunter, 2007, Silburn et al., 2007, Hunter, 2002, Kosky and Dundas, 2000). Stigma against self-harm and suicidal behaviours may also affect a person's willingness to seek help (Farrelly, 2008, Silburn et al., 2007, Parker and Ben-Tovim, 2002). Conversely, the normalisation of self-harming or suicidal behaviours in a community may limit help-seeking as the person may simply not perceive that help is needed (Farrelly, 2008, McKnight, 2002, Hunter et al., 2001). Consequently, behaviours or feelings that may precede a self-harming or suicidal incident may not be recognised or treated in time to prevent it from occurring.

It must also be noted that baseline data on suicide and self-harming behaviours were not available for the Indigenous communities involved in the Building Bridges Project. Community surveys have been conducted in various non-Indigenous communities in Queensland (e.g. the Gold Coast area) but they cannot be easily replicated within Indigenous communities. Both the structured format and question style need to be adapted in order to be culturally appropriate and a high level of trust must be gained between the researcher and community before such a survey is undertaken.

“

From late-2008 until mid-2009, the evaluation team visited all four communities involved in the Building Bridges Project to hold informal discussions with Project Officers, activity participants, service providers and members of the community.

”

# Five Evaluation Questions

## 1. What was the environment at the initiation of the Project?

Building Bridges intended to use one Cape York Indigenous community as the “mentor” for the other Indigenous communities involved. Yarrabah was chosen as it experiences high levels of socio-economic disadvantage but is perceived to have become a more connected and empowered community with greater capacity and resilience to suicidal behaviours. From the early 1980s to mid 1990s, Yarrabah was struck by three ‘waves’ of suicide (Hunter and Harvey, 2002, Hunter et al., 2001). The initial community reaction was one of shock and blame. However, in 1995, a Crisis Intervention Group was formed with help sought from a range of groups including Queensland Health and James Cook University. It was during this time that Men’s Groups and Family WellBeing training started in order to strengthen community resilience to suicidal behaviours and begin to understand how to prevent future suicidal behaviours.

Building Bridges aimed to extend the knowledge learned in Yarrabah to other Indigenous communities. The four communities involved in Building Bridges – Yarrabah, Hope Vale, Kowanyama and Dalby – were very different in terms of opportunity, unity, history, social environment and access to facilities. They were also affected by different state and federal government policies and other projects. The level of opportunity and unity felt within a community, its history and environment appears to have been a factor in the implementation of the activities. It should be noted that the numbers and percentages quoted in the descriptions of Yarrabah, Hope Vale and Kowanyama below are taken from the National Regional Profiles (Local Government Area) 2006 Census data. The numbers and percentages quoted in the description of Dalby are taken from the OESR.

### Yarrabah

Yarrabah is an ex-DOGIT community situated on the coast, southeast of Cairns. It takes approximately 40 minutes to drive from Cairns to Yarrabah on a surfaced road. The Yarrabah Health Centre has at least one troop carrier for trips around the community and to Cairns. Yarrabah is also a former mission community.

Yarrabah has a population of 2599 people with 97.8% Indigenous. It is also a young community with 56.6% of its Indigenous population aged 24 years or younger – only 6% is aged 55 years or older. For those aged 15 years and older, only 22% had a post-school qualification. Yarrabah has school facilities until Year 12.

The unemployment rate in Yarrabah is 5.7%. Of those who were employed, more than half (58.4 %) cited their occupation as ‘labourer’. It also seems that various government interventions and projects have impacted on employment in Yarrabah as 11.2% of people employed are ‘community and personal service workers’.

Yarrabah has a health centre, a community centre, child-care facility and public pool. The HITnet kiosk is located in the health centre. The closest hospital is located in Cairns but there is an ambulance service. There is a Magistrate’s court, justice group, domestic violence group, women’s refuge and child safety services. There are 10 policemen stationed at Yarrabah. While only 10.8% of Indigenous households have internet, the public library has internet access.

Yarrabah is not a ‘dry’ community, but an Alcohol Management Plan has been in place since the 6th February 2004, with changes enacted from the 2nd January 2009. Yarrabah does not fall under the Family Responsibilities Commission (FRC) but does fall under the Cairns Referral for Active Intervention (RAI) team that takes care of vulnerable children aged 10 years and younger. Since the mid-1990s, Yarrabah has received funding for different suicide prevention strategies. Family WellBeing training started at this time. Men’s Groups have also been in existence since the early-2000s.

### Hope Vale

Hope Vale is an ex-DOGIT community situated near the coast, northwest of Cooktown. It takes approximately 40 minutes to drive from Cooktown to Hope Vale but there is some road risk (animals), 13 kilometres of unsealed road and some narrow bridges that would be flooded during the wet season. While access to a car is necessary for the trip to Cooktown, the Health Centre does not have access to one other than private vehicles. Hope Vale is also a former mission.

Hope Vale has a population of 856 people with 94.3% Indigenous. It is also a young community with 47.1% of its Indigenous population aged 24 years or younger – only 11.1% is aged 55 years or older. For those aged 15 years and older, only 29.8% had a post-school qualification. This may be due to the fact that Hope Vale only has a primary school (Year 7). After primary school, students need to go to Cooktown or boarding school, both of which can be expensive and time-consuming.

The unemployment rate in Hope Vale is 6.6%. Similar to Yarrabah, of those who were employed, slightly less than half (49.5 %) cited their occupation as ‘labourer’. It also seems that various government interventions and projects have also impacted on employment in Hope Vale as 12.4% of people employed are ‘community and personal service workers’.

Hope Vale has a new health and community centre and a child-care facility. The HITnet kiosk is located in the health centre. The closest hospital is located in Cooktown and there is no ambulance service. There are Magistrate’s court services, a justice group, domestic violence centre, women’s shelter, child safety services, employment services, a disability service (life skills, advocacy, art and respite) and an aged care facility. There is also an Indigenous Knowledge and Technology Centre and an arts centre located in the town. There are four policemen stationed at Hope Vale – all of whom are positively regarded by the Indigenous community as they take part in community activities. There are also active school initiatives such as the transition program for Year 7 students before they leave for high school and a proposed nature/cultural walk. A daily school assembly also takes place where children are presented with a certificate of attendance. While only 8.6% of Indigenous households have internet, the public library and health centre have internet access.

Hope Vale is not a 'dry' community, but an Alcohol Management Plan has been in place since the 6th February 2004, with changes enacted from the 2nd January 2009. Hope Vale has fallen under the Family Responsibilities Commission (FRC) since July 2008. Residents who breach the guidelines may have their income managed by the FRC for a maximum of twelve months.

Hope Vale is a very strong and unified community. Both Noel Pearson (internationally-respected lawyer, historian, writer and activist) and Matthew Bowen (rugby league player for the North Queensland Cowboys) are from Hope Vale. They are recognised positive Indigenous role models and continue to help in the community. The Pelican Project has been running in Hope Vale since 2004 where an annual sailing trip is organised to teach young people how to sail and experience cultural activities. The Pelican Project is targeted towards youth most at-risk of self-harm and suicide. Family WellBeing training occurred in 2004 for both adults and school children. An informal Men's Group started at a similar time but the Men's Group under Building Bridges started in 2007.

### **Kowanyama**

Kowanyama is an ex-DOGIT community situated inland. It is approximately 300 kilometres south of Weipa and 620 kilometres northwest of Cairns. Large portions of the roads are not sealed. It is only accessible by air, a two-and-a-half hour flight, during the wet season and there are fines for people found driving on the roads during this time if they do not have a permit. During the wet season, the shops in the community often run out of different foods. Kowanyama was not a mission or reserve.

Kowanyama has a population of 1,112 people with 93.3% Indigenous. It is also a young community with 44.8% of its Indigenous population aged 24 years or younger – only 10.6% is aged 55 years or older. For those aged 15 years and older, only 14.1% had a post-school qualification. This may be due to the fact that the Kowanyama high school finishes at Year 10. To complete Year 12, students need to go to boarding school which can be expensive and is far away.

The unemployment rate in Kowanyama is 10.3%. Of those who were employed, more than half (55%) cited their occupation as 'labourer'. Similar to both Yarrabah and Hope Vale, it seems that various government interventions and projects have impacted on employment in Kowanyama, as 10.5% of people employed are 'community and personal service workers'.

Kowanyama has a health centre and a 'Mums and Bubs' group. The HITnet kiosk is located in the foyer of the health centre. The closest hospital is located in Weipa and there is no ambulance service. There are Magistrate's court services, community justice group, women's shelter, child safety services, employment services, community education and training centre, a Land and Natural Resource Management office and a public pool. There are eight policemen stationed at Kowanyama. Only 14.9% of Indigenous households had internet but the health centre has internet access. Given its more remote location, it is interesting to note that this is a higher percentage than either Yarrabah or Hope Vale.

Kowanyama has been a 'dry' community since the 5th December 2003. Bags are checked on arrival at the airport and cars can be searched. Kowanyama does not fall under the Family Responsibilities Commission (FRC).

Kowanyama is a feisty and unified community with an active and stable local council. There had been no Family WellBeing training prior to the Building Bridges Project. A Men's Group has been running since 2003 and there is also a separate Domestic Violence Men's Group. A community-sports centre is in the process of being built and the Men's Group are working with Men's Shed to make a centre for men only where they can get physical and mental health checks and also a 'safe' place to sort out issues and relax.

### **Dalby**

Dalby is a very different community compared to the three Cape York communities. It is located in southwest Queensland, approximately an hour drive from Toowoomba and two-and-a-half hours from Brisbane. All the roads are fully surfaced. Buses also run regularly from Dalby to both Brisbane and Toowoomba and further west. It was deemed a town in 1854 and is famous for its fertile soil, cotton, grain and cattle.

Unlike the other communities, Dalby is a predominantly non-Indigenous community. Dalby has a population of 10,384 people with 6.5% Indigenous. The non-Indigenous community is an aging one with 24.1% of the population aged 55 years or older. However, the Indigenous community is young, with 53.5% of its population aged 19 years or younger – only 5.5% is aged 55 years or older. Dalby has four primary schools and three high schools, all of which go to Year 12. For those aged 15 years and older, the highest level of schooling for 32.1% of Indigenous people

is Year 10 or equivalent. While 22.2% had completed Year 12 or equivalent, which allows a better opportunity for employment and further education, 14.7% had only completed Year 8 or equivalent. It is not surprising that 71.7% of the Indigenous population held no non-school qualification.

Only 24.7% of Dalby's Indigenous population is in full-time employment. However, 12% have part-time work. Of those who were employed, 14.4% were located in either the 'health care and social assistance' industry or construction, with 21.3% citing their occupation as 'clerical and administrative', 19.9% as 'labourers' and 19.1% as 'technicians and trades'.

Dalby is currently undergoing an economic revival with mining and gas industries bringing new jobs into the town. Dalby is an important centre in the Darling Downs and subsequently has very good infrastructure. There is a public hospital with maternity ward and aged care facility, several GPs, child care facilities, several supermarkets and shopping centres, coffee shops, public library, art gallery, community centre with a cinema, public pool, indoor sports centre, and many smaller church and community groups. There is an Indigenous health centre (Goondir), Stolen Generation Centre, legal services and an Indigenous community centre. Dalby also has a large police station, SES and Magistrate's court. An Indigenous police liaison officer has also been appointed. While 58.6% Indigenous households have no internet, the public library and some of the cafes have internet access.

Given that Dalby is not an ex-DOGIT community, it is not a 'dry' community, nor does it have any alcohol restrictions placed on it. It does not fall under the jurisdiction of the Family Responsibilities Commission (FRC).

Dalby is not a united community and there are gaps between Indigenous and non-Indigenous residents. Further, issues of racism, discrimination and visibility have been highlighted, especially in terms of employment. While the Indigenous community has begun to strengthen and unify, there is still no clear leadership as in other Indigenous communities. There was no Family WellBeing training or Men's Groups before the beginning of Building Bridges. However, one Indigenous man has been using his cultural knowledge and skills to help struggling school students maintain focus on their studies and gain cultural awareness. The Stolen Generation Centre also runs different workshops including resume construction, interview skills and suicide awareness.

## 2. How well does the intervention approach link to its objectives?

The overarching goal of the Building Bridges Project was to prevent self-harm and suicidal behaviours in Indigenous communities. The project aimed to implement a strategy which enhanced resilience to and reduced the risk of self-harm and suicidal behaviours. The intervention approach used to achieve this goal “focused on life promoting factors rather than a deficit model” (Final Report, p. 27). This made a strong distinction between the two cycles linked to self-harm and suicidal behaviours in Indigenous communities. The first cycle indicates a disempowered environment where the risk of self-harm and suicidal behaviours is high (Figure 3). In this cycle,

“...past cultural disenfranchisement and social and health inequalities have resulted in feelings of frustration, being trapped, helplessness, victimisation, and powerlessness. Alcohol and drug abuse, lateral violence, relationship tension and violence are sometimes seen as coping mechanisms and suicide and self-harm can be a direct result of such factors.... As suicides occur, emotions of helplessness and hopelessness are exacerbated. This may result in alcohol and drug use as a coping mechanism, which in turn may involve a range of antisocial behaviours. These situations can result in severe social and emotional pain which create a condition in which suicide is the only way out.” (Final Report, p. 27)

**Figure 3.**  
Suicide and self-harm within a cycle of disempowerment



CREW Report, p. 12; Final Report, p. 27

**Figure 4.**  
Protecting against suicide within a cycle of empowerment



CREW Report, p. 11; Final Report, p. 27

The second cycle indicates an empowered environment, which protects people from self-harm and suicidal behaviours (Figure 4). Communities that are connected, which build on their strengths and actively collaborate in programs and services protect their members by providing other valid solutions to problems. People who are capable of using healthy coping strategies for problems will tend to be less likely to see self-harm or suicide as the only way to escape.

In order to create these strong and resilient communities, the intervention needed to achieve:

- strong community connectedness;
- increased community capacity; and,
- strong empowerment.

Seven objectives were incorporated in the Building Bridges Project. However, only five were specifically related to the achievement of the Project Goal – the other two objectives were related to the evaluation and practical management of the project. As discussed previously, these five objectives were:

1. Support leadership and collaboration among local men in suicide prevention;
2. Harness the capacity of the Family WellBeing (FWB) Program to develop life promotion skills in the broader community;
3. Obtain a better understanding of the meaningfulness and dimensions of suicide and self harming behaviours, the situations and warning signs that specifically indicate risk and the recovery experience of Yarrabah;
4. Foster participation and communication of messages of purpose and identity to young people; and,
5. Collate and communicate information to community in an empowering way.

These five Project Objectives were positively and strongly linked to the intervention approach and all worked together to achieve the Project Goal. Men’s Groups (Objective 1) and the FWB program (Objective 2) were specifically created to empower Indigenous people and create a sense of connectedness within the community. The skills learnt in Men’s Groups and FWB, including the recognition of suicide risk and protective factors (Objective 3), and the ways in which knowledge was communicated within and across communities by HITnet and the knowledge-sharing process (Objectives 4 and 5) aimed to build capacity, connect and empower. The intervention approach, and the objectives, also allowed for learning to occur during the project duration and changes made to the activities as necessary. Not every activity was entirely successful in each community but the focus remained on what could be learnt from each experience rather than the activity itself. The Final Report reiterates that Building Bridges “has been an important learning in terms of recognising that it is the principles which underpin processes for engagement and empowerment that must be well understood rather than a specific sequence or format” (p. 16).

However, the short time period in which the activities were conducted in each community makes it difficult to assess whether the intervention approach and objectives were well linked to the Project Goal of suicide prevention. The time period was too short to see a decrease in self-harm or suicidal behaviours that can be directly linked to the Building Bridges Project. Other indirect aspects need to be measured in order to assess whether a link exists. These will be investigated in Question 5.

### 3. How appropriate and effective were the activities undertaken in the communities?

Men's Groups, the Family WellBeing program and HITnet, all of which incorporated 'Stats and Stories' and knowledge-sharing, were utilised to achieve the Project Goal of suicide prevention. Activities were implemented differently in each community which impacted on their appropriateness and effectiveness. Each activity will be analysed below.

#### Men's Groups

According to the Final Report of the Building Bridges Project, "the development and support of men's groups was expected to be a primary vehicle by which the Building Bridges initiative would support leadership and collaboration within and between men in the different communities" (p. 15). Men's Groups were expected to create a hub of connectedness, fostering new community leaders and increasing awareness of suicide prevention. However, while the Men's Groups were intended to have the same goal within the project, they were undertaken differently in each community.

Yarrabah's Yaba Bimbie Men's Group was well-established when the Building Bridges Project commenced. According to the Final Report, there were two meetings per week with men between the ages of 25-44 years attending. The activity reports collected throughout the project suggest that between 4-7 men regularly attended each meeting. As the Yaba Bimbie Men's Group did not have to build a foundation, it was able to continue building upon its ongoing work in the Yarrabah community. Yaba Bimbie Men's Group is part of Gurriny Yealamucka, incorporated within the parameters of men's and social health. Indeed, one man described Men's Group as being wholly community-based and focused: "*We're on the ground, the core of Gurriny, we're the foot soldiers*" (IM, Evaluation Discussions). The facilitators of Men's Group also run Family WellBeing, examined below, and have placed great value on creating a 'safe space' for the men of the community. The Men's Group provides "*a place where they can offload. In the community, word travels everywhere, you know, in a small community... but they need a place where they can offload and where they feel respected*" (IM, Evaluation Discussions). While the Men's Group works with men facing court proceedings or on parole, discussed below, meetings are not just limited to these men but to anyone who wants to come:

*We just invite other men to come along, you know, just to sit and have a cuppa, yeah... and just support if they're, you know, um, the freedom of choice of speaking, they can sit there and talk or they can... the things they're bottling up inside of them, they can come and express themselves, you know.* (IM, Evaluation Discussions)

However, as will be analysed later, the Yaba Bimbie Men's Group also experienced problems with recruiting a Project Officer. This not only affected how Men's Groups were conducted, but also Yarrabah's capacity to act as 'mentor' to the other Building Bridges communities.

Hope Vale's Men's Group was established in 2007 – one year into the initiation of the Building Bridges Project. Before this, there had been recognised male leaders in the community and they had met together in a less formal manner to discuss issues of concern as they arose in order to develop solutions. Hope Vale has not had the previous levels of intervention evidenced in Yarrabah. Consequently, the Men's Group needed time to establish itself in the community as a group which would be reliable and trustworthy. The Hope Vale Men's Group was co-ordinated by the Health Clinic personnel. However, this has not been represented by any full-time paid position. At 45-54 years, the general age of the Men's Group participants was somewhat older in Hope Vale compared to Yarrabah. This may have been because it was these older men who were considered to be leaders in the community and who, subsequently, were capable of taking on leadership roles to help empower the younger men. In Hope Vale, the value of having a strong Project Officer is particularly evident as the Men's Group has been focused during Building Bridges and been effective in its interventions.

Hope Vale has faced different problems to Yarrabah. Consequently, the structure of the Men's Groups and the activities undertaken differed to Yarrabah. Hope Vale Men's Group meetings were not held on a regular basis but when community issues arose that needed to be addressed. The Men's Group have largely focused on suicide prevention in terms of providing community support during difficult times. This has been especially evident since the implementation of the Family Responsibilities Commission (FRC – examined in Question 4) in July 2008. The Hope Vale Men's Group commitment to community capacity building and empowerment is also evident in the ways in which they help the community's school children. However, these achievements will be further discussed in response to Question 5.

The Kowanyama Men's Group was established in 2003, in connection with the Royal Flying Doctor's Service (RFDS). However, the RFDS are no longer involved. Like Hope Vale, Kowanyama has not had the previous levels of intervention evidenced in Yarrabah. There are two types of Men's Groups in Kowanyama – a community group and one that specifically focuses on domestic violence issues whose members tend to be referred from the courts. According to the Final Report, there were three Men's Groups meetings per week but it does not differentiate between the community and domestic violence groups. Similar to Yarrabah, it tended to be younger men who attended, with the age of the participants being 25-44 years. The Activity Reports suggest that the meetings were not held quite so regularly. However, the attendance numbers were consistent with 6-21 men attending the Community Men's Group – six men seem to be the most regular size. The Domestic Violence Men's Group eventually ended up with 4 regular attendees.

However, towards the end of Building Bridges, the Kowanyama Men's Group had a considerable amount of difficulty in finding a Project Officer. Community perceptions of the original project officer were very positive, with the general consensus that he was doing a good job. He was not offered or given a full-time position within the project, which meant that he had to find another job outside the project. In Hope Vale and Kowanyama, it appears that funding for positions or facilities to support the position has proven difficult. The changes made in Kowanyama will be further examined under Question 5.

The experience in Dalby differed enormously from those of the Far North Queensland Indigenous communities. As discussed previously, Dalby is not a discrete Indigenous community and has not experienced the types or levels of government interventions experienced in Yarrabah, Hope Vale or Kowanyama. Further, there is not the sense of community found in Hope Vale or Kowanyama. Subsequently, "there was a need for the project officers to establish a foundation from the beginning rather than being able to build on the precedence which existed in other communities" (Final Report, p. 16). Given that Yarrabah and Kowanyama faced difficulties in the coordination of far more-established Men's Groups, the amount of groundwork necessary to

engage the community to accept and participate in a new Men's Group cannot be underestimated. Community engagement was initially difficult as

"...issues impacting on the Dalby community generally were found to relate to local politics which is largely family-based, the limited number of traditional owners living in the community with many different families from other communities within the region, a culturally diverse community in which Aboriginal people are a minority and a disconnection amongst Aboriginal people between those who are employed and those who are not". (Final Report, p. 16)

In this way, community engagement was more difficult because there was only a limited sense of community connectedness among the Indigenous population. This is a fundamental problem which was not experienced in Far North Queensland. However, it may be argued that the difficulties associated with community engagement in Dalby should have been expected and timeframes adjusted accordingly. Another factor that may have impacted on community engagement for a Men's Group was that the Project Officer was a woman. In the other communities, the Project Officer was a man which tended to be considered more culturally-appropriate. Indeed, at a Knowledge-Sharing Forum held in Dalby (March 2009) some of the men from communities outside Building Bridges objected to women being in the room while 'men's business' was being discussed. It must be stressed that not all the men had objections and that the issue was resolved. In any case, this aspect indicates that a female Project Officer may experience more difficulties with community engagement compared to a male Project Officer.

Despite the fact that

"...the Dalby project did not see a progression to a men's group in the shape which approximated that found in far North Queensland communities, it would be wrong to conclude that engagement was not achieved; rather it was achieved through alternative routes. This has been an important learning in terms of recognising that it is the principles which underpin processes for engagement and empowerment that must be well understood rather than a specific sequence or format". (Final Report, p. 16)

Once again, this will be further discussed in response to Question 5.

## Family WellBeing (FWB) Program

Family WellBeing was utilised through both James Cook University (JCU) and the University of Southern Queensland (USQ) as a

"...personal development course conducted in five stages, with each stage delivered as a thirty-hour, stand-alone workshop or as a series of weekly meetings. Each workshop is delivered by two FWB facilitators. Completion of all five stages of the program provides participants with a nationally accredited qualification in counselling. (Final Report, p. 10; JCU Report, p. 10)

The use of both universities allowed FWB to take place in both the northern and southern regions of Building Bridges.

The five stages of the FWB Program are as follows:

- **Stage 1:** "Identify and reflect on needs, strengths and weaknesses";
- **Stage 2:** "Using inner qualities to make positive change";
- **Stage 3:** "Understand and appreciate the healing process";
- **Stage 4:** "Understanding relationships"; and,
- **Stage 5:** "Application of personal skills in facilitation". (Final Report p. 16; USQ Report, p. 19)

More than this, the fact that the FWB program was created specifically by and for Indigenous people resonates strongly in communities: *"It was put together by our people and that's why I think that's why our people can relate to it. Yeah but um...some of the topics is on leadership, grief and loss, the basic human needs, you know...spiritual, physical, mental and emotional needs. It's just this, this holistic program that covers everything"* (IM, Evaluation Discussions). It is not Westernised and so may be more naturally relevant than a program that has to adjust from such an oppositional paradigm. However, it was commented that the language in the program can be difficult to understand initially, but this was easily solved by the facilitators.

According to the Final Report, a person who facilitates FWB also needs to have completed all five stages. This would seem to be vital as the foundation of FWB is "the sharing of experience, stories and quite often painful topics...in a secure and trusting environment" (Final Report, p. 16). This places a duty of care upon both facilitators to ensure that the appropriate care is given to people who experience psychological and emotional distress during this disclosure process. Further, it is not clearly demonstrated that completion of the FWB Program provides future facilitators with all the skills necessary to protect participants from any negative consequences of their disclosure. It is argued in the Final Report that FWB

"...needs to be understood in terms of its ability to facilitate change through empowerment of individuals and the ability of individuals then to transfer the skills and knowledge from the program to the wider community. The process of personal empowerment through confidence and skills is achieved through an incremental approach". (p. 16)

However, self-awareness and insight into one's own behaviour may not necessarily translate into the capability to help another person safely through the same journey—even if both facilitator and participant had shared a similar journey which was likely in these small communities (JCU Report, p. 26). Greater evidence needs to be provided that both facilitators and participants are psychologically and emotionally protected while completing the different FWB stages. Given the fragile nature of the communities in which Building Bridges has taken place, there may be an implied duty of care which extends after such training sessions to make sure that the participants have not been put at any increased risk of depression, self-harm or suicidal behaviours. According to the JCU Report, "after [the] completion of each stage, participants were offered ongoing support, mentoring and suggestions as to how they might integrate FWB principles into their work" (p. 20), but the types of support offered are not elaborated.

It is also unclear how many people actually completed all five stages of FWB in order to become facilitators and counsellors. According to the Activity Reports and the final JCU Report, which don't entirely match for dates, there were eleven FWB workshops conducted between June 2007 and June 2008. Six were held in Cairns, two in Yarrabah, two in Dalby and one in Hope Vale. No explanation is given as to why there was no FWB workshops held in Kowanyama. Most lasted a week, but there was a one-day workshop held in Dalby in May 2008. The number of participants ranged from 6 to 16, with more people generally attending the workshops held in Cairns. Males and females, Indigenous and non-Indigenous people attended. However, not all participants completed each stage, nor did all participants complete the stages consecutively. Consequently, Stage 1 has been completed by the largest number of participants, but more people have completed Stage 5 than Stage 3. According to the Final Report, 16 people completed Stage 5, but this may not mean that there are 16 accredited counsellors/facilitators. Further, Stages 1 and 2 have been repeated whereas Stages 3, 4 and 5 have only been conducted once. This indicates that no more facilitators/counsellors have been trained.

In addition to this uncertainty is whether FWB does what it sets out to do – empower its participants and impart the ability to transfer this throughout their community. Participants have tended to react positively to the workshops. Both the JCU Report and the Final Report illustrate the perceived success of FWB workshops with feedback from participants. Participants did tend to view the FWB workshops as a 'safe' setting: *"The group agreement set a really good ground for people to work from, to be confident that they could speak from positions that they had never spoken before and they believed they would be respected for what they shared"* (FWB Participant, Stage 1, Final Report p. 17; JCU Report p. 27). Participants also talked about their increased sense of awareness: *"The course helped me to become more aware of what is happening around me, why it's happening and how I could make it better for people. It also helped me to understand things that had happened in my own life and way to create positive change"* (FWB Participant, Stage 1, Final Report p. 17; JCU Report p. 27). Mention was made by one participant of the empowering nature of FWB as it *"taught me to look at myself and that we can let go of the past and move forward in life"* (Stage 2, Final Report p. 17; JCU Report p. 27).

While these comments are very positive, no feedback was recorded in either the JCU or Final Report for Stages 4 or 5. It would have been useful to see the progress made by participants as they completed each Stage and became a qualified facilitator/counsellor. Further, little mention is made of how practical the tools learnt in FWB are, once the participant is back in their community. This was a real concern among participants. One participant wrote that *"when you are doing the program you are sort of changing yourself and then when you go home you are going back to that same [situation]. So, you're going two steps forward and then you are coming back"* (Stage not recorded, JCU Report, p. 11).

The feedback on FWB implies that Indigenous people from the participating communities needed more than the workshops alone. This was evidenced in Dalby. Similar to its problems with Men's Groups, the foundational lack of connectedness in the community, and changes in location and employment, made the commitment to all five stages of FWB difficult. In the end, the only participant from Dalby who completed the entire Family Wellbeing Program was the Project Officer (USQ report, p. 19). Given these difficulties,

*"...the focus of the program was changed to delivery on a needs basis, through a referral basis in conjunction with Stolen Generation Counselling service and the Queensland Department of Communities. Delivering on a one to one basis through referral proved to be a more effective solution".* (USQ Report, p. 19)

The Hope Vale Men's Group also incorporated and adapted FWB to allow for a more needs-basis, such as presentations on kidney disease and dialysis (JCU Report, p. 28). This needs-basis was also followed in Kowanyama where the Domestic Violence Men's Group incorporated and adapted FWB for anger-management issues (JCU Report, p. 23).

## Health Information Technologies network (HITnet)

The Health Information Technologies network (HITnet) kiosks were intended to work somewhat separately from Men's Groups and Family WellBeing. HITnet

*"...develops and deploys creative media solutions to reduce Indigenous health inequalities. HITnet seeks to improve individual and community agency and control through four interrelated objectives: improving health literacy through autonomous learning; digital inclusion by providing democratic technology access; participation in creative expression, and; enhancing social inclusion and connectedness".* (Final Report, p. 28; HITnet Report, p. 7)

Accessing information on HITnet is very 'democratic'. Given the low literacy rates among Indigenous people, HITnet is not text-based. Rather, information is provided through short videos and music. A person using a HITnet kiosk can interact with many of the videos, making decisions for the main characters and learning the consequences of every decision. The videos include animation, docu-dramas featuring Aboriginal actors in community settings, documentaries on cultural knowledge and interviews with Aboriginal people from different communities in Queensland and Western Australia. Unlike Men's Groups or the FWB program, accessing information on HITnet does not require group membership or attending classes. The videos on the HITnet kiosks can be viewed for as long or as short a time as the person prefers. The fact that only one person can generally access the kiosk at a time means that the type of information gathered is private – only the kiosk user knows what they have accessed. Given the sensitive nature of the topics included, privacy is of utmost importance. HITnet's module 'Sexual Health: Put It On' had met with great success.

HITnet kiosks with various health-related modules were already in use in Yarrabah and Kowanyama. Queensland Health funded the installation of a kiosk in Hope Vale (HITnet Report, p. 8). Subsequently, one of the aims of HITnet within the Building Bridges Project was to install kiosks in Dalby and the Lotus Glen correctional facility (which has a large percentage of Indigenous inmates). However, the major aim of HITnet was to produce a module (and an iDVD) which dealt with suicide prevention for installation and use in all the kiosks. In this way, HITnet was one activity of the Building Bridges Project which specifically addressed self-harm and suicide prevention. The suicide prevention module was called 'Buluru Yealamucka – Healing Spirit' and has a documentary-format with real people sharing their stories of this recovery. The module is based entirely on stories and interviews gathered in Yarrabah. It was originally intended that stories from the other communities would also inform the suicide prevention module but delays in recruitment, described below, meant that Yarrabah was the only community available to HITnet (Final Report, p. 35).

Enormous care was taken by the HITnet team in the creation of the module and included input from healthcare professionals, service providers, community members and Indigenous communities from overseas. It was felt that

“...suicide and self-harm is an issue of such power that care was mandatory to avoid presenting messages that could be misinterpreted or which may have been offensive, an issue that is particularly challenging in a cross-cultural context. Given that the touch screens aim to reach the general population – including health sector workers, people at risk, relatives of people who are at risk or may have died by suicide, children and those who are simply curious – it was decided that the format should focus on prevention should not be graphic or explicit in relation to self harm. Further, because a touch screen is NOT a resource accessed at times of crisis but, rather, when users have time to spare and reflect, it appeared more reasonable to provide information that users – invested in the subject as members of communities affected by suicide – could draw on to respond to self-harm as a community issue.... Because of the particular history of the community of Yarrabah in responding to a wave of suicides from the late 1980 to the mid-1990s, it was decided that the approach should be to present information that provided kiosk users (most of whom would be in other communities) with information drawn from experience about what assisted in overcoming and moving on from the tragedy of suicide – a focus on solutions”. (Final Report, p. 28; HITnet Report, pp. 9-10)

The number of interviews and content of the module changed as the community circumstances in Yarrabah changed and many interviews were edited in length quite dramatically, with one being cut entirely (HITnet Report, p. 29). The module now contains 14 films that are three to five minutes long from a wide range of people in the community (Final Report, p. 29; HITnet Report, p. 14). The module has been constructed as a

“...suite of ‘interview’ segments across three areas, as well as a more ‘traditional’ section providing basic information. The resulting sections are:

- Developing personal skills: Stories of personal recovery;
- Strengthening community action: Stories of community leading the way;
- Creating healing environments: Stories of community renewal; and,
- A helping hand: More ways to find help and information”. (Final Report, p. 28; HITnet Report, p. 10)

In light of its locations and the way in which information is presented, the ‘*Buluru Yealamucka* – Healing Spirit’ module targets those most at-risk of self-harm and suicide – youth and prison inmates. A HITnet kiosk was placed in Lotus Glen to test the relevance, effectiveness and acceptability of the information in a jail-setting. It was also intended that access to cultural images and videos would allow inmates to feel a continued connection to their communities. While the HITnet team were unable to gather feedback data from the inmates, feedback from one of the prison staff was generally positive:

*The Hitnet kiosk was very well received at Lotus Glen Correctional Centre by the offenders. Initially offenders were reluctant to use it as it was new and different. Once one used it, the word spread quickly. Nursing staff encouraged its use by demonstrating how to use it.... I think that the Hitnet kiosk is an excellent resource for all offenders, indigenous and non indigenous.* (Christian Rowan, personal communication, March 2009, Final Report, p. 30; HITnet Report, p. 23)

Dr Alun Richards (Senior Director – Offender Health Services) had a similar positive impression:

*... it is clear from observing prisoners using the kiosk that they engage with the kiosk, that they appear to enjoy using it, and that sometimes several of them will use it all together. Having observed the prisoners interacting with the kiosk, I believe that it is a very effective way of engaging with this client group.* (Personal Communication, March 2009, Final Report, p. 30; HITnet Report, p. 24)

However, both men also gave the same negative feedback – its location:

*Placed next to officers’ station and this resulted in them turning it off as it was annoying them. Low tolerance by officers.... The health centre is being rebuilt at LGCC and it would be more beneficial to locate it in the new waiting room which will be isolated from the officers. This will enable the offenders to discuss the issues raised e.g. use of condoms etc, without the officers listening and making comment.* (Christian Rowan, personal communication, March 2009, Final Report, p. 30; HITnet Report, p. 23)

Issues of privacy and location were initially problematic in Dalby. However, staff solved these issues “with the relocation of the kiosk to a more private location within Goondir Health Service and introduction of a volume control” (USQ Report, p. 20).

HITnet is also capable of being a dynamic and sustainable tool for educating Indigenous people about suicide prevention and other important health issues. Information modules featured on HITnet are intended to be updated and new ones added – and the technology allows changes to be made to all kiosks relatively easily. Further, the information from the interviews unable to be used in the ‘*Buluru Yealamucka* – Healing Spirit’ module itself are currently being analysed to further understand self-harm and suicidal behaviours in Indigenous communities (especially relevant in relation to Objective 3). Indeed, the rich information gathered in the creation of the ‘*Buluru Yealamucka* – Healing Spirit’ module and the successful installation of the kiosks in all the communities indicates that HITnet has been an appropriate and effective activity for the Building Bridges Project.

## 'Stats and Stories'

Building Bridges is a project undertaken within the framework of the National Suicide Prevention Strategy. The ultimate goal of Building Bridges is to reduce self-harm and suicidal behaviours in the Indigenous communities involved. In order for this to occur, there needs to be an understanding of the types of behaviours occurring in the communities and the reasons behind them. JCU has undertaken suicide research and prevention activities in Yarrabah for almost ten years. Further, the activities implemented in Building Bridges were developed within the Yarrabah context. However, there was very little information on the incidences and experiences of self-harm and suicidal behaviours in the other communities. Consequently, the aim of this activity

"...was to engage, involve, understand and document the perspectives of people in the other communities of both protective, resilience factors and of suicide promoting factors. This included exploring the influences that continue to promote suicide as an option (suicidal ideation), solution (suicidal attempts and completed suicides) and a communication (what they believe suicide accomplishes for them). It aimed to help ensure that the project as a whole was focused on replacing self-harm and suicide with life-promoting influences that facilitate exercise of healthful choices and control of destiny. In many ways this work served to monitor the pulse of the broader community and its response to the project activities". (Final Report, p. 24; CREW Report, p. 3)

It can be difficult to talk explicitly about self-harm and suicidal behaviours in an Indigenous community. In Kowanyama, the Evaluation team was advised to be very cautious in how these topics were discussed (NIM, Evaluation Discussions). Similar to FWB, "the extreme sensitivity of this work, which involved talking about one of the most painful of any human experiences, and one which is known to have the potential of becoming 'contagious', required that a gradual process of building trust which would generate a safe space for sharing" (Final Report, p. 24; CREW, p. 2). In this way, the FWB program and knowledge sharing provided important adjacent activities. After consultation, it was decided that information would be gathered through focus groups (a 'yarning circle') with the flexibility to allow for one-on-one 'yarns' with people who did not feel comfortable talking in front of a group (see Final Report p. 24, USQ Report p. 23).

Further, following consultation, it was also decided that the information gathered would not be

"...in a format that was not individual stories of suicide...but rather as a framework of information with immediate use to the knowledge sharing activity that formed the core of the project. The information focused on the communities' views on what is suicide and self harm, their understandings of the causes of suicide and greater awareness of how communities are affected following a suicide death. The aim was to inform safer practice, preferred solutions, ways forward toward primary prevention and supporting recovery to prevent contagion." (CREW, p. 4; see also Final Report, p. 24; USQ Report, p. 23)

Focus groups and one-on-one yarns were held in Dalby, Hope Vale and Kowanyama during the course of the project. In Dalby, five focus groups were held with a total of 20 participants. There were no one-on-one yarns. In Hope Vale, five focus groups and eight one-on-one yarns were held with a total of 39 participants. Hope Vale also held a forum to gather information which had 25 participants. In Kowanyama, one focus group and two one-on-one yarns were held with a total of six participants. Like Hope Vale, Kowanyama held a forum which was attended by four people. Altogether, 94 people participated in focus groups and interviews across the three different communities. These did not start until the recruitment of the Suicidologist but, given the shortened time-frame and complexities of the different communities, a significant amount of data was collected. The Suicidologist was based in Cairns but made six separate visits to Dalby between March 2008 and April 2009. Four separate visits were made to Hope Vale between May 2008 and April 2009. Finally, three separate visits were made to Kowanyama between August 2008 and October 2008.

Within the framework of a PAR methodology,

"...the interview and focus group processes themselves, as well as the content that was shared, served to raise awareness around this problem in a safe and contained manner, as well as to enable reflection on possible solutions to inform the project. The rationale behind this was to increase ownership of the project by the community members by giving them a voice and linking them to the community based researchers active in their respective community. Not having a voice, not being heard, feeling alone and isolated, not connected, not belong etc. were strong messages from community members on what causes suicide and self-harm at an individual and community level." (CREW Report, p. 10)

While "the overall stories and points of view have been organised and major underlying themes and contexts were extracted" (CREW Report, p. 5), full data analysis has not yet been completed. Consequently, the data collated in the reports is not fully contextualised. It is impossible to tell whether the comments are primarily from women or men, young people or older, employed or unemployed, service providers or community members? Given the differences in history, geographic location and policy/research intervention, it may also have been useful to see if suicide stories differed among the different project locations. However, the Evaluation team has contextualised quotes from these stories which were included in the CREW Report and the Final Report to create a fuller picture of the efficacy of the different yarns.

At a general level, Indigenous communities perceive that "suicide events involve high levels of underlying stress, stigma, frustration, feelings of helplessness, guilt, blame, sense of loss and shame at a personal, community and cultural level. The grieving process from a suicide impacts on the whole of the community" (USQ Report, p. 25). It was hoped that the 'stories' would help to crystallise and enrich these general perceptions. After analysis by the project researchers, eight different themes were extracted from the information gathered which were all interconnected with one another. It appears that these provide the essential 'stories' of the Building Bridges Project. These 'stories' examined:

### *a. Causes of suicide at an individual and interpersonal level*

The reasons behind self-harm and suicidal behaviours at this very personal level in Indigenous communities were varied. Some were relatively universal risk factors, found in other cultural contexts, but others were unique to Indigenous suicide. It also became apparent that suicide was not caused by one single factor but by many. Factors that the participants perceived caused suicide were:

"...stress and tension, hopelessness, relationship breakdown, past abuse, abandonment, loss, feeling uncared for, feeling stuck, discouraged, misuse of alcohol and/or drugs and related issues, not belonging, violence – both being a victim and being a perpetrator of violence, feelings of shame, no help or don't know where to go, black magic, oppression and inequality, personal and cultural identity issues and feeling overwhelmed." (Final Report, p. 25; CREW Report, p. 5)

It is unclear whether some of these factors affected different people, and different communities, more than others. Participants worried about young people who became suicidal, describing it as: "Very unfair to this community, and in the mean time our kids think, aw we'll kill ourselves, who gives a stuff... nobody cares!" (Participant, Final Report, p. 25; CREW Report, p. 6) This also implies that one suicide in a community can inspire others, especially among youth. Relationship breakdown and alcohol abuse was also perceived to make a person vulnerable to self-harm and suicidal behaviours: "...and alcohol too, would have a big part in [suicide] too, like fighting, being drunk and saying the wrong thing and then.... Well that's like, the latest one, was caused by drunkenness and arguments and then they went and did it" (Participant, Final Report, p. 25; CREW Report, p. 6).

**b. Causes of suicide at a community level**

However, in Indigenous society, it is difficult to contextualise the individual outside the community experience. The individual causes of suicide were entwined with those experienced at the community level. Lack of community connectedness and the loss of traditional cultural norms and rituals were perceived to have made communities more vulnerable to self-harm and suicide. According to the Final Report, community level causes included:

"...a lack of rules, norms and clear guidelines; the essence of community eroded; nobody cares, erosion of strengths; injustice, vulnerability and the persistence of lateral violence (which includes gossip, "put-downs", rejection, judgment) of community members against each other." (p. 25; CREW Report, p. 6)

Some participants felt that people simply did not care about themselves enough to be able to resist a suicidal impulse and that some members of the community did not care enough to change: "*Nobody cares in this town! None of the people care in this town. No one does. People just continue on killing themselves, continue on taking drugs, and continue on selling them*" (Participant, Final Report, p. 25; CREW Report, p. 6). Some risk factors at the community level were also unique to the Australian Indigenous experience of colonisation:

*Ever since they [white people] landed here, they saw Aboriginal people, they didn't understand or acknowledge that we had our own way, we had our own music, dance, tradition, everything, we were fathers in our rights, but they said terra nullius, they deplete our food sources, everything. They didn't understand that. They still don't.* (Participant, Final Report, p. 25; CREW Report, p. 6)

This reinforces the arguments made by Tatz (2001, , 1999), McKnight (2002), Hunter and others (2006, , 2002, , 2001) that such cultural loss has not been so easily rectified and continues to affect Indigenous communities. Further, the grief experienced at this cycle of violence (directed both inwards and outwards) was also perceived to harm the community: "*they're doing it to each other, they go home and do it to their family, then smash their house up and bash you up if you don't listen. That's what we're copping in the end...they're [elderlies] just about dying of the aching in their hearts because their kids are dying before them*" (Participant, Final Report, p. 25; CREW Report, p. 6).

*Table 1. Themes from an interpersonal perspective and at the community level*

**Themes from an interpersonal perspective:**

* Stress/tension	* Not belonging
* Hopelessness	* Violence
* Relationship breakdown	* Shame
* Past abuse abandonment	* No help (don't know what to do)
* Loss	* Black magic/spiritual connection
* Feeling uncared for	* Oppression/inequality
* Stuck/discouraged	* Identity issues
* Alcohol	* Feeling overwhelmed
* Drugs	* Mental health issues

**Themes at the community level:**

* Lack of rules, norms and clear guidelines
* Essence of community eroded
* Erosion of strengths
* Injustice/vulnerability
* Lateral violence

USQ Report, p; 26

### c. Consequences of suicide(s) at an individual, interpersonal and community level

The aftermath of a suicide ripples throughout an Indigenous community. The emotional and psychological impacts experienced after a suicide death can exacerbate pre-existing community problems, further stifle connectedness and cause even more damage. The stigma attached to suicide can also impact negatively on the survivors. The direct consequences of a suicide in an Indigenous community can be

“...high levels of underlying stress, stigma, frustration, feelings of helplessness, guilt, blame, overall sense of loss, loss of energy, gossip, shame at a personal, community and cultural level as well as a painful and poorly understood grieving process. It is associated with a feeling that no one cares, powerlessness, retribution, anger and fear.” (Final Report, p. 25; see also CREW Report, p. 6)

Given that many of these feelings were included in the list of individual and interpersonal causes of suicide, see above, this can make a community very vulnerable to self-harm and suicidal behaviours.

Furthermore, the close ties between members of Indigenous communities and their small population sizes mean that everyone has a connection to the person who died. Consequently, everyone has to go through a grief process, compounded by the shock and guilt generally associated with suicide deaths: “*yeah, well when it happens, it's still a shock... I wonder why they did that. The two that I'm talking about, I knew them two. So it was a big shock to me*” (Participant, Final Report, p. 25; CREW Report, p. 6). In Indigenous communities, suicides can often occur in clusters, which further impacts on a seemingly never-ending cycle of grief and an “endless questioning amongst survivors of why did it happen, why didn't we realise it was going to happen and what could have been done to stop it” (Final Report, p. 25; CREW Report, p. 6). This affects everyone: “*[the community feels] very sad, hurt, sometimes friends blame themselves for not being there for them. And that 'we should have talked more often', or 'we should have listened', or if they went out hunting the person probably asked to go and they said 'oh there's no room' then they blame themselves for not taking the person*” (Participant, Final Report, p. 25; CREW Report, p. 6).

### d. Perceptions of suicide

Self-harm behaviours were perceived differently to suicidal behaviours. Self-harm was perceived to be ‘practice for suicide’ or a way for a person to ‘psych themselves up’ before a suicidal behaviour (Final Report, p. 25; CREW Report, p. 7). This is somewhat different to non-Indigenous research which suggests that people who self-harm do not intend that behaviour to cause their death (De Leo and Krysinaka, 2008, Klonsky and Muehlenkamp, 2007, Walsh, 2006, Hodgson, 2004, Gratz, 2003, Paul et al., 2002, Kahan and Pattison, 1984). Similar to the non-Indigenous experience was the perception that self-harm behaviours also represented a way to vent strong emotion. One participant talked about the experience of a girl: “*she's screaming for help, nobody will help... she's hanging herself all the time, psyching herself up. It's because of what happened to her*” (Participant, Final Report, p. 25). It is not clear what the girl experienced to cause her to react with self-harming behaviours. However, there is little access of psychological care in these communities and other community members may simply not be capable of caring for a girl suffering in such a manner. Without appropriate care, ‘psyching up’ can lead to death, especially when such lethal methods are used.

Suicidal behaviours were perceived to be “contagious, unstoppable, a cry for help, a method of manipulation, a choice when there is no other choice, an example of doing quickly what many are doing slowly in other self-destructive ways such as with alcohol, drugs and violence” (Final Report, p. 25; CREW Report, p. 7). Suicide was conceptualised as a way to escape from problems experienced within the community that seemed to be insurmountable: “*but that person has nowhere else to turn to, but to do something to himself to get away from all this [family fighting]*” (Participant, Final Report, p. 25; CREW Report, p. 7). Similar to self-harm, access to appropriate care is vital in order to prevent such acts.

### e. Messages carried by suicide

As argued by Hunter et. al. (2001), McKnight (2002), Tatz (2001), and Wilson (1982), Indigenous suicides mean more than just a death. They can send a powerful social and political message to individuals, families and the whole community. This was also found during the focus groups and interviews. The participants believed that suicides carried messages of “helplessness (we can't); community is unwell (sick), there is dislocation within the community, an alarm signal (“our kids are killing themselves”); and finally, that in the existing circumstances, suicide as an acceptable option” (Final Report, p. 25; CREW Report, p. 7). One participant articulated this sense of helplessness with frustration that practical governmental assistance was difficult to access: “*the alarm signals have already been rung. We have suicidal tendencies already happening. We've had a couple of suicides in this community already. This is within the last 2 years and we've been screaming at the government for a rehabilitation centre*” (Participant, Final Report, p. 25; CREW Report, p. 7).

Further, participants also talked about the different messages carried by youth suicide. Young people sometimes felt a real generational gap which may hinder help-seeking behaviours in times of vulnerability: “*the adults are over here, we are over there, there is no place for us*” (Participant, Final Report, p. 25; CREW Report, p. 7). Participants also expressed concern that young people experienced a lack of hope in the community – they felt they did not belong anywhere. When experiencing these feelings, young people perceived suicide to be an acceptable solution: “*then they say to themselves, 'people hate me', my own family hates me too, will might as well just go*” (Participant, Final Report, p. 25; CREW Report, p. 7). This type of vulnerability has also been found in Canadian Indigenous youth (Chandler et al., 2003, Chandler and Lalonde, 1998).

#### f. Family

In Indigenous communities, families are seen to be the bond which connects the community together. Indeed,

“...throughout the interviews there is a focus on the importance of family as both a protective factor as well as a contributory factor, i.e. families as tight networks, families as a place of meaning, the need and importance of connections versus the reality of parenting as a responsibility. A number of series of suicides within families were highlighted which has amplified feelings of loss, guilt and shame among the survivors.” (CREW Report, p. 7)

Close family ties were seen to be protect people from self-harm and suicidal behaviours as there was always someone who could provide support: *“family means a lot to Aboriginal people... they're with you right up until the day you die. They're with you, they see you every time... Family is always there”* (Participant, Final Report, p. 26; CREW Report, p. 7). This sense of belonging could strengthen a person's sense of wellbeing.

However, not all families or communities were so closely connected. Participants commented on a sense of disconnection in some communities where families were distinguished by the length of time they had lived within the community itself: *“You want me to take your around... communities is families, who've been here for years. And people who have just come... we have to come together, we have to involve these families”* (Participant, Final Report, p. 26; CREW Report, p. 8). Without families becoming participating in community events, there was little chance of protective connections being formed.

No matter how closely families and communities were tied, external pressures could adversely increase the risk of self-harm or suicidal behaviours. Unemployment could affect a person's ability to provide for their family adequately. Participants expressed concern that some people felt *“helpless like, they've got a family but they just can't get what they need for their family... they can't provide what's best for their family and they're trying”* (Participant, Final Report, p. 26; CREW Report, p. 7). This perceived sense of failure could make a person vulnerable to self-harm or suicidal behaviours.

#### g. Services

Considering the myriad programs enacted in Indigenous communities, service provision is still perceived to be problematic. There can be a lack of communication and understanding between providers and users – and between the different services themselves. This was being rectified in Hope Vale (NIF, Evaluation Discussions) but still occurred in other communities. Without community involvement in the creation and implementation of services, they can tend to be less relevant or utilised. However, top-down involvement of community members when implementing programs sometimes led to

*“...a feeling of jealousy and being judged; leading to unhealthy relationships with people trapped in bully, victim and rescuer roles. People described how their needs weren't being met at the same time as service providers feel their efforts are not appreciated. Disillusionment and cynicism trap both “sides” in disempowering cycles, perpetuating and compounding feelings of distrust, frustration, anger, helplessness and ultimately hopelessness (“what's the use?”).”* (Final Report, p. 26; CREW Report, p. 8)

Both service providers and community members felt frustrated with being misunderstood or under-utilised. A presumed service provider said: *“...with all the programs we run and what we've got to offer, we've always went to them. And they still sat there and bad-mouthed us. You can only do so much really”* (Participant, Final Report, p. 26; CREW Report, p. 8). Whereas another participant seemed to question whether real opportunities were being offered:

*“...they try so many times to get a job that pays well like with the council, but they are always knocked back, they feel helpless like you know they are trying their best and they get picked on by partners or other members, ‘you're useless, you can't do anything...’ and that's what really upsets them too, they say, ‘I'm trying my best but nobody wants to employ me’.”* (Participant, Final Report, p. 26)

The gap between what some projects and services promised and what they provided proved to be a source of both disappointment and frustration. People were told their lives should improve as a consequence of a project or service.

#### h. Solutions or ways forward

Participants perceived the community's future in very practical terms. Necessary to moving forward were

*“...jobs, building relationships with businesses; having more services and resources to address problems; coming together in the community; for people to “get out there and fight for our kids”, stop sitting back; providing choices; listening to community people for bottom-up solutions; taking responsibility; being part of action for change; recognising and building on strengths; and giving and receiving as a means to healing from pain.”* (Final Report, p. 26; CREW Report, p. 8)

There was a strong emphasis on the protection within a connected community. One participant articulated this as: *“To prevent suicide and alienation and all that stuff, we've got to somehow build community, build family, build systems, build networks...really want to inculcate Aboriginal values and enable people... But somehow we've got to learn to build community again, build family again”* (Participant, Final Report, p. 26; CREW Report, p. 9).

Perhaps as a consequence of some of the problems experienced in service provision, there was also a belief that community involvement in projects and services empowered people to make positive changes:

*“...I think taking the time to listen and get the feel of what the community wanted, you know like as in following protocols I suppose, and not just coming in there and saying, ‘we want ten people to come to this, if you come we'll give you this, this and this...I think we will have positive outcomes...community now realise that...they can be involved in the process, make the decisions. Come empowered to make change.”* (Participant, Final Report, p. 26; CREW Report, p. 8)

Despite the richness of the information gathered in the ‘stories’, the ‘stats’ element is somewhat lacking. Neither these statements nor the reports indicate what types of self-harm or suicidal behaviours are being performed, by whom or how often. Understanding the reasons behind self-harm and suicidal behaviours in Indigenous communities is vital in order to create suicide prevention, intervention and postvention programs but they will not be effective or relevant if they are not targeted to the people most at risk. A recent report using QSR data provides recent and detailed information on Indigenous suicide (De Leo et al., 2009). However, more information is needed about non-fatal suicidal behaviours and self-harm.

## Knowledge-Sharing

Knowledge-sharing within and across communities within the Building Bridges Project should have been the glue which bound all the other activities and learnings together to reduce the risk of and enhance resilience to self-harm and suicidal behaviours. Communicating this knowledge aimed not only to strengthen connections within and across communities but also to increase suicide prevention and intervention capacity. The foundational knowledge initially shared within and across communities was the 'toolkit' created by the Yaba Bimbe Men's Group in Yarrabah. A vision statement, action plan and value statement (Do's and Don'ts) were part of the toolkit which was given to the other communities involved in the project. Each community then made their own versions relevant to their individual needs. These statements connected FWB learnings to the practical running of the Men's Group and connected the communities together because they had a common bond through similar activities and a shared goal of suicide prevention. Interestingly,

"...although the initial intent was that Hope Vale, Kowanyama and Dalby communities would have the opportunity to learn from the Yarrabah experience, it became readily evident that each of the communities had relevant and useful knowledge and experience to share with the others. *The central role of culture underpinned all knowledge sharing experiences.* ... Importantly, as the work of each of the project officers, the men's groups and communities progressed there was increasing capacity for shared learning, inspiration and identification of opportunities to establish stronger links across communities to share the learning." (Final Report, p. 18)

It seems the realisation that a community had the capacity to share knowledge which could provide valuable assistance to other communities empowered them knowing that every community had knowledge to share.

Knowledge-sharing was not meant to take place only in formal settings across communities, such as the forums. Knowledge was also meant to be shared within communities in less formal settings, such as Men's Group meetings (CREW Report, p. 5). The intention was that as connectedness increased within communities then communication would become more open. The knowledge learnt was "intended to assist the project communities in creating a culturally safe environment to define and commit to a pathway for individual, group and community change" (Final Report, p. 11). Further, knowledge-sharing was not only limited to the project in terms of identifying risk factors for suicide but "as a vehicle for strengthening Aboriginal culture also...had a dimension of reconnection with place and community" (Final Report, p. 18). Research in Canada has indicated that strengthening cultural knowledge and pride can be protective against self-harm and suicidal behaviours, especially among youth (Hallett et al., 2007, Chandler et al., 2003, Chandler and Lalonde, 1998, Echo Hawk, 1997). In the Australian context, sense of place is vital to strengthen community connectedness and cultural awareness which may be harder to achieve in a mixed community such as Dalby: *"There is a need to connect kids back to places, it has been really important for me to be able to get back up to Kowanyama and Coen where my people come from. When I went to Dalby I was upset by how people didn't know where they had come from"* (Participant, November 2008, Final Report, p. 18).

According to the Final Report, between October 2007 and May 2009, there were nine knowledge-sharing events held in all four communities as well as Cairns.

Table 2. Knowledge-Sharing Meetings (Final Project, p. 19)

Date	Host community	Participants
Oct 2007	Yarrabah	Yarrabah and Hope Vale
Nov 2007	Yarrabah	Yarrabah and Kowanyama
3-7 Mar 2008	Dalby <sup>1</sup>	Dalby and Hope Vale
9-13 Jun 2008	Kowanyama	Yarrabah, Hope Vale, Kowanyama
23-26 Jun 2008	Hope Vale <sup>2</sup>	Yarrabah, Hope Vale, Kowanyama
4-8 Aug 2008	Dalby <sup>3</sup>	Yarrabah, Hope Vale, Kowanyama, Dalby
3-6 Nov 2008	Yarrabah <sup>4</sup>	Yarrabah, Hope Vale, Kowanyama, Dalby
16-20 Mar 2009	Dalby <sup>5</sup>	Yarrabah, Hope Vale, Kowanyama, Dalby
20-21 May 2009	Cairns <sup>6</sup>	Yarrabah, Hope Vale, Kowanyama, Dalby 96 men from north and south QLD

The notes below reflect the quite different types of experiences that the knowledge sharing events offered:

- 1 People met with health organisations and inter-agency network, participated in a sporting workshop, youth motivational speaker and Lutheran College
- 2 People met with local organisations and development a draft vision statement, visit to cultural site and testimonials
- 3 Met with local Aboriginal organisation and elderly men's group
- 4 Visited Menmyny Museum, local organisation, visit to Green Island, met traditional owners
- 5 100 men from Cunnamulla, Cherbourg. Mackay, Dalby, Warwick, presentations on FWB from Yarrabah and Hope Vale
- 6 Knowledge sharing sessions from each of the project sites, FWB topics, a consultation session to inform the first National Men's Health Policy, an information session from Dr Mark Wenitong about the risk factors for Indigenous men's health and how to protect our health, and from Peter Sargeant about the Men's Shed initiative and how it can help men's groups.

Each Knowledge-Sharing Forum covered different issues and included different events depending on its location. In most cases, solutions were discussed to relevant health and social problems and FWB presentations were made. All the Knowledge-Sharing Forums were constructed within a Men's Group framework. This further connected the activities and communities within the project – as communities gained knowledge throughout Building Bridges, they were increasingly capable of articulating it to others. Men's Group involvement also allowed for some longer events to cover more in-depth men's health and wellbeing issues. This was especially evident in the last two Knowledge Sharing Forums – March 2009 in Dalby and May 2009 in Cairns – where issues such as the first National Men's Health Policy and Men's Shed were discussed.

Within the Men's Group framework, one issue that did arise was the inclusion of women at these last two events. It is respectfully acknowledged and appreciated that men's business should only be discussed by men. However, the Project Coordinator, Dalby Project Officer and two members of the Evaluation Team were female and needed to be present at both these forums. After much debate, "the men voted that women should be allowed to participate in selected sessions, to be negotiated progressively during the forum" (JCU Report, p. 40). This was an acceptable compromise but it must be noted that this issue could have been avoided at the Cairns forum. The March event in Dalby was advertised as a 'Knowledge Sharing Men's Forum'. Subsequently, some of the men who attended expected it to be a men-only affair and the tension which arose was due to this misunderstanding. Yet the Cairns event held two months later again advertised a 'Knowledge Sharing Men's Forum'. Given the importance of these forums, it seems disappointing to waste time on problems that can be avoided, especially considering many of the men who attended both these forums understood the roles of the women who attended. Indeed, all the Project Officers "supported community-based collaboration with women" (Final Report, p. 33; JCU Report, p. 44). It also indicates that a fine balance must be taken in ensuring culturally appropriate access to knowledge but also recognising that women are members of the communities in which the Project is based and their resilience to self-harm and suicidal behaviours must also be strengthened.

However, feedback recorded from the Knowledge-Sharing Forums was mostly positive. The forum held in Kowanyama in March 2008 included men from Hope Vale and Yarrabah, as well as local men and school students who discussed the role of Men's Groups in setting up a Men's Shed (Final Report, p. 20). After this Knowledge-Sharing Forum, the Men's Group began to solidify their own beliefs and aims. Kowanyama's Project Officer stated:

*Kowanyama Community just concluded a most inspiring workshop, the first of its kind from the Yarrabah and Hope Vale men's group reps which proved to be a very helpful and productive workshop. Through their sessions of yarning and knowledge sharing, Kowanyama's men's group was able to state their "Mission Statement" and also to work through "Objectives and Activities" that will be stepping stones for our men of Kowanyama to move forward and to address issues in the Physical, Mental, Social and Spiritual areas of life. (Final report, p. 21)*

The Kowanyama men who participated in the Knowledge-Sharing Forum also indicated their increased feelings of connectedness and empowerment – the chance to be heard seemed to be very important: "...so many people had the opportunity to get up and speak about their experience and perspectives. That everyone listened to each other. That the school kids came and were present with men talking business" (Participant, Final Report, p. 21). These feelings of being heard and not feeling isolated were also repeated in feedback from the Cairns forum in May 2009. This forum had men attending from many communities outside the Building Bridges Project, including Darwin and Papua New Guinea, who listened to presentations from each community involved in the project and other FWB and health topics. The sense of empowerment and connectedness this created in men from non-project communities is reflected in their comments: "I got find out more info about men's groups in other communities, I got to network with them, find out some programs they are running in their communities" (Participant, JCU Report, p. 41). Many perceived the forums to be real fonts of knowledge to Men's Groups still in their early days: "...as we are on the Tableland, are just starting out and am surprised find the Men's Group are all over Australia.... It opened my eyes to a lot of Health issues which would have done to all. Helping me to take more care to my body to look forward for a full life. My aim is to help our Men's Group go ahead like our colleagues nation wide" (Participant, JCU Report, p. 41; further details from evaluation forms supplied by JCU to evaluation team).

However, the connectedness and empowerment displayed in these later Knowledge-Sharing Forums requires a trust between Project Officers, the community and researchers which takes time to build. While a trust-relationship already existed between JCU and the Yarrabah community, this was not the case in Hope Vale, Kowanyama and Dalby. The Hope Vale and Kowanyama communities both had some prior knowledge of Men's Groups and FWB but the backing of another organisation was still required before recruiting the official Project Officers. After negotiation, the Queensland Health Clinic in Hope Vale and the local council in Kowanyama provided this support. In Dalby, the context was even more foreign as

"...the Aboriginal people in Dalby had not previously experienced any of the project processes that members of other communities had. There was also no current or historic experience with either men's groups or Family Well Being. As a consequence, the starting point for this site was considerably disadvantaged compared to the other communities. Because of this contextual difference, it was significantly more difficult to recruit local people to participate in activities and programs. It became readily apparent that considerably more time and effort was needed with respect to local community development and further across the region." (Final report, p. 34; USQ Report, p. 28)

Knowledge-sharing was also linked to the collection of 'stories' gathered by the Suicidologist, described earlier. Knowledge gained from these interviews and focus groups was shared with the individual Project Officers and the rest of the communities in both community-based feedback workshops and the formal Knowledge-Sharing Forums. More than simply retelling the stories, knowledge was framed in a positive, solution-based framework that allowed people to work together within the Building Bridges Project, rather than being told what to do:

"By listening to the experiences of community workers and lay people alike, [there was] a direct impact on participants in helping them stand strong against those risk factors. By asking the informants about possible solutions, then by feeding back the information to the POs through the PAR process, a valuable demonstration of trust and respect in the capacity of people within the communities to respond to their needs by building on their strengths, enhancing confidence and establishing effective referral pathways between people and their Life Promotion officers, their existing Men's groups and other community support resources as a means to break isolation, enhance trust in each other and increase awareness of social capital." (CREW Report, p. 10)

In this way, knowledge-sharing and 'Stats and Stories' become intertwined where the success of one needed input from the other and vice versa. The interviews and focus groups could not have been conducted without first gaining the trust of the communities but trust could not be gained without first proving that knowledge would be shared. The richness of the data gathered is indicative of the work done by the Suicidologist and the Project Officers from each community.

Admittedly, the problems that occurred with Yarrabah's capacity to lead the project were unexpected and also added to the delays in implementation. Given Yarrabah's previous experience with FWB and Men's Groups, it had been assumed that the Project Officer and other male leaders would be able to share their knowledge within and across the communities easily and effectively. However, for a variety of reasons, none of these men could take up this role. Consequently,

"...the Building Bridges Project ultimately needed to engage staff without knowledge of FWB or Men's Group corporate memory. As a consequence there was a need to recruit a new project officer, but also provide on-site FWB training and support to rebuild the local Men's Group infrastructure. Hence, at the point at which the other community project officers had completed the FWB program, the newly recruited project officer at Yarrabah had not. As a result, planned project activities had to be postponed while the project officer underwent 'catch-up' training." (Final Report, p. 33; JCU Report, p. 42)

“  
Each Knowledge-Sharing Forum covered different issues and included different events depending on its location.”

## Management and Facilitation

The Building Bridges Project intended to demonstrate collaborative partnership between the communities and the researchers. Essentially, the Project Officers were the 'foot soldiers' who represented the needs of their community and implemented the appropriate activities. The subsequent delay in recruiting these Project Officers meant that the implementation of activities in all the communities had to be significantly postponed. This was not the fault of the Project Officers themselves, all of whom worked tirelessly to achieve the Project Objectives. Given JCU's and University of Queensland's long involvement with Indigenous communities, it may be argued that these delays should have been expected to some extent. The majority of Indigenous research has found that the trust necessary for projects to succeed takes time to build. It should not have been surprising that the time this took corresponds to the delay in project recruitment and implementation.

Further, it was intended that the work of the Project Officers be facilitated by Project Coordinators. However, there was a substantial delay in the recruitment of the Northern Project Coordinator who did not start until September 2007. This was the Suicidologist, who also conducted the focus groups and one-on-one yarns. No Southern Project Coordinator was ever recruited; instead the Northern Project Coordinator/Suicidologist worked with the Dalby Project Officer to manage that aspect of the project. The role of the Project Coordinator/Suicidologist was essentially to ensure that the activities were being run smoothly in each community, connect the knowledge gained and communicate these learnings in an empowering and accessible way. This role required an enormous amount of trust from each community, as well as a deep understanding of the historical and social experiences of Queensland Indigenous people. The Project Coordinator/Suicidologist employed was an Indigenous woman from another country which necessitated that both these requirements took longer than initially predicted, further impacting on Project Activities. In light of the real amount of time this left, it was an almost-impossible task.

Further, three suicides occurred in the community, which also affected those working in the project. Therefore, while Building Bridges was funded for three years, as a result of the difficulties experienced, on-the-ground activities only began in early 2008. This meant that actual activities were only undertaken for a little over a year in all communities. Taking this into account, it is expected that any impacts from these activities would initially be seen through more distal indicators at the individual level. It would take a much longer time before impacts could be observed through specific measures such as the levels of self harm or suicidal behaviours within an Indigenous community.

Another difficult balance in this project was the methodology used – PAR. For the purposes of Building Bridges,

"PAR involves members of the group or community generating relevant knowledge to address the issues of priority concern to them. With the assistance of project leader facilitation, participants are supported in generating a systematic framework for understanding local situations and drawing out possible courses of action." (Final Report, p. 11)

PAR allows the research design of a project to be flexible. It is intended that as new learnings occur, the direction of the research can change so as to remain relevant and incorporate all possible ideas. This continual allowance for change is incredibly relevant in Indigenous community research where dynamics can change unexpectedly. Yet PAR may not work as effectively without 'project leader facilitation', which was affected by recruitment delays.

However, it can also be argued that one of the difficulties in PAR is the ability to maintain a sense of research objectivity. This can be even harder when conducting PAR in Indigenous communities, as the value these communities place on kinship means the researcher can become 'part of the family'. Consequently, the researcher can become deeply involved in the research process. They must drive the direction of the research but they are also a participant who can learn new ideas, a fact that can represent an uneasy balance. Therefore, without effective facilitation, the PAR process may be complicated to conduct, as people in the community may not want to criticise what the researcher is doing and the researcher may not want to challenge what is perceived to be normal conduct, and vice versa. Given that Building Bridges was investigating the highly sensitive area of suicide in these communities, communication may have been even more complex.

It must also be noted that these difficulties with objectivity not only affect the researcher-participant relationship. There may also be difficulties with relationships between different researchers who need to balance and fulfil objective project priorities while understanding the subjective perspective they bring.

#### 4. What else has occurred in the community environment?

Indigenous communities are subject to extreme socioeconomic disadvantage with significantly higher levels of suicide compared to non-Indigenous communities (Communities, 2007, Hunter, 2007, Hunter and Milroy, 2006, Shah and Johnson, 1992). Consequently, a vast number of active interventions and programs have been put in place in many Indigenous communities to address these disadvantages, including the communities within the Building Bridges Project. Therefore, they are likely to have made either a direct or indirect impact on the practical running of the Project Activities and even affected the achievement of the Project Goal. There needs to be a deep understanding of how these external interventions and programs can interact with the Building Bridges Project and how they interact with each other.

Throughout Australia, there are many government interventions and programs targeting Indigenous communities. The most visible of these has been the Commonwealth intervention into the Northern Territory. While this has attracted significant attention, it will not be analysed here. This section will limit itself to the federal and state government interventions and programs which directly impact on suicide prevention in Indigenous communities in Queensland.

The concurrent implementation of other interventions and programs also makes it difficult to assess the effectiveness, appropriateness and relevance of the Building Bridges Project in the communities. Firstly, Dalby does not experience the same level of intervention, as it is not a discrete Indigenous community so the environment in which Building Bridges takes place is very different from the Far North communities. Secondly, the same interventions and programs are not implemented in Yarrabah, Hope Vale and Kowanyama, so all three environments are different. Thirdly, some interventions and programs implemented in the Building Bridges communities are also implemented in Indigenous communities outside the project. It is a complex matter to assume that any changes seen in the Indigenous ex-DOGIT communities are the result of any specific intervention or program, including Building Bridges, rather than a combination that may be unique to one community. Further, the social environment of an Indigenous community itself should not be ignored when assessing the success or failure of any intervention and program – this may be more due to community support or existing strong leadership rather than the infallibility of a project.

It must also be noted that the Queensland State government is planning to enact the new *Local Government Act 2009* at the end of this year. The *Local Government Act 2009* will apply to all local governments, so there will be no longer a distinction made between Indigenous and non-Indigenous communities. The Act aims to make local governance more effective, transparent and capable. Council roles are clearer and more accountable. The Act also decrees that Indigenous customs and traditions must be considered by all local governments. This may allow for those Indigenous communities which are have strengthened their capacity to prove themselves at the state-level.

#### • Partnerships Queensland

Partnerships Queensland was implemented by the state government in 2005. This was a major initiative which aimed to provide a long-term better quality of life in Indigenous communities. Therefore, the overarching goals are:

- Strong Families, Strong Cultures;
- Safe Places;
- Healthy Living; and,
- Skilled and Prosperous People and Communities (DoC, 2006, p. 12).

The communities covered within Partnerships Queensland are geographically and culturally diverse. The communities included are:

- Aurukun;
- Cherbourg;
- Coen;
- Doomadgee;
- Hope Vale;
- Kowanyama;
- Lockhart River;
- Mapoon;
- Mornington Island;
- Mossman Gorge;
- Napranum;
- Northern Peninsula Area, which includes Bamaga, Injinoo, New Mapoon, Seisia and Umagico;
- Palm Island;
- Pormpuraaw;
- Woorabinda;
- Wujal Wujal; and
- Yarrabah.

Partnerships Queensland is not an intervention *per se*, but a set of guidelines to ensure interventions and programs are capable of providing real change. This is based on ideals of partnership, community engagement, improved governance, better performing and more accountable service providers, and shared responsibility (DoC, 2006, p. 12), all of which are fundamental principles guiding the implementation of Building Bridges. Using the Baseline data as reference, another service involved in Partnerships Queensland is the provision of Quarterly Reports on key indicators in these communities, further examined above.

## • ‘Closing the Gap’

‘Closing the Gap’ is an initiative that began in 2007 and falls within Partnerships Queensland. Through the Council of Australian Governments (COAG), which included every state government, the Queensland government pledged to ensure that “Aboriginal and Torres Strait Islander Queenslanders have their cultures affirmed, heritage sustained and the same prospects for health, prosperity and quality of life as other Queenslanders” (ATSIP, 2008, p. 6). ‘Closing the Gap’ focuses on eight areas for action in Indigenous communities:

1. Early childhood development;
2. Education and training;
3. Healthy lives;
4. Economic participation;
5. Home environment;
6. Safe and supportive communities;
7. Governance and leadership; and,
8. Land and culture (ATSIP, 2008, p. 6).

These eight areas are further linked to six specific targets that aim to improve the quality of life in Indigenous communities. The six targets are:

1. Close the gap in life expectancy within a generation;
2. Halve the gap in mortality rates for Queensland Indigenous children under 5 within a decade;
3. Halve the gap in employment outcomes between Indigenous and non-Indigenous Queenslanders within a decade;
4. Halve the gap in reading, writing and numeracy achievements for Queensland Indigenous children within a decade;
5. Ensure all Queensland Indigenous 4-year-olds in remote communities have access to early childhood education within 5 years; and,
6. Halve the gap for Queensland Indigenous students in year 12 attainment or equivalent attainment rates by 2020 (ATSIP, 2008, pp. 6-11).

Like Partnerships Queensland, ‘Closing the Gap’ is not an intervention itself but rather an umbrella under which interventions and programs are labelled and evaluated in order to fulfil the six targets above.

Suicide prevention falls under the area of ‘Healthy Lives’ and the goal and objectives of the Building Bridges Project falls within this. However, it is not mentioned within the ‘Closing the Gap’ Report.

## • The Cape York Welfare Reform (CYWR)

The CYWR is a partnership between the Federal and Queensland State governments, the Cape York Institute for Policy and Leadership and four Cape York Indigenous communities – Aurukun, Coen, Mossman Gorge and Hope Vale. The CYWR focuses on community inclusion in the real economy and social development:

“The CYWR is based on the view that in order to engage individuals in the real economy, and in order for there to be social development in communities, four things must occur: rebuilding of norms, reform of incentives, normalisation of housing, and a retreat of government from the domain of individual responsibility. The CYWR therefore aims to:

- restore positive social norms,
- re-establish local Indigenous authority,
- support community and individual engagement in the real economy,
- progress from welfare housing to home ownership.” (FRC, 2009a, p. 5)

Within this context, it would appear that Men’s Groups and the FWB program would complement the aims of the CYWR.

### *Family Responsibilities Commission (FRC)*

“The FRC is a vital component of the CYWR, established by the *Family Responsibilities Commission Act 2008*. It was initiated on 1st July 2008 and will conclude on 1st January 2012. The FRC is being trialled in the same four communities under the CYWR. Hope Vale is the only one which is also part of the Building Bridges Project. All four communities fall under the same obligations: children must attend school; children must be safe from harm and neglect; people must not break the law especially alcohol, drug and family violence offences; and, tenants must comply with their tenancy agreements (FRC, 2009a). These obligations apply to both Indigenous and non-Indigenous residents of these communities. When a person fails to comply with any of these obligations – for example, if a child is absent without reason more than three times in one semester or not enrolled in school – the Commission is notified of the breach. Local commissioners, some of whom are male leaders, then decide if the breach warrants a conference and, if so, the case is managed by the Commission. If further breaches occur, the individual may be placed under Conditional Income Management (CIM) until all breaches are resolved” (FRC, 2009b). The Men’s Group has worked hard to ensure that compliance to the FRC obligations is observed and that people are able to cope with the consequences of a breach. Additionally, the third Quarterly Report (FRC, 2009b, p. 2) mentions that while primary school attendance is high, secondary school attendance is still low – a problem the Hope Vale Men’s Group is trying to solve, see discussion above.

### *Alcohol Reforms*

Alcohol Management Plans are not only implemented in the four communities under the CYWR but all ex-DOGIT communities. Obviously, this does not include Dalby. Kowanyama is a completely ‘dry’ community. However, a limited amount of alcohol is permitted in both Yarrabah and Hope Vale (11.25L of light/mid-strength beer or 750ml unfortified wine). There are significant penalties for anyone caught breaching these restrictions. Home-brew is also banned in Kowanyama but not Yarrabah or Hope Vale. However, people living in Yarrabah and Hope Vale can apply to have their home made a ‘dry place’ where alcohol consumption is officially banned and penalised in a similar manner as a ‘dry’ community. Alcohol restrictions are hoped to better facilitate Indigenous communities’ inclusion in the ‘real’ economy and their social development.

## • Suicide Prevention Strategies

Suicide prevention strategies have been initiated by both the Commonwealth and State governments for implementation in Queensland. The Australian government funds many suicide prevention activities under the National Suicide Prevention Strategy (NSPS). Building Bridges is just one project funded under the NSPS. It places a special focus on interventions and programs which adopt a whole-of-community approach and also increase access to information on an individual and community level. However, the NSPS projects covered below also incorporated one or more of the communities included in Building Bridges.

### *Mental Health First Aid (MHFA) Training and Research Program*

Based on the regular first aid model, MHFA teaches community members how to recognise and assist people suffering from mental illness. By increasing knowledge in a community, it is hoped that stigma attached to mental illness will decrease. While MHFA is run in every state and has several different training courses, 'Helping Aboriginal People' is specifically designed for use in Indigenous communities and covers social and emotional wellbeing along with mental health. MHFA has been covered in Yarrabah. In Dalby, the Project Officer organised three two-day MHFA training courses (USQ Report, p. 21). This was beneficial given the lack of previous interventions in Dalby and where stigma of mental illness can be high. Indeed, one participant commented that it had changed the way suicide was perceived: "Suicide is being talked about within the community, they have come right around, done a 360 and when asked the question do you have suicidal ideations? Workers now do not have problems asking this question, whereas, too many psychologists and counsellors' are afraid to ask this question" (Participant, USQ Report, p. 21).

### *Community Activity Programs through Education – Indigenous Police Citizen Youth Club (CAPE Indigenous PCYC)*

CAPE Indigenous PCYC is run in Yarrabah, Napranum, Wujal Wujal and Hope Vale and focuses on youth aged 8-23 years. This project started in 2007 inspired by Yarrabah's successful PCYC. Various sporting and recreational activities are implemented including a breakfast program. CAPE Indigenous PCYC also runs several projects which support Indigenous youth in these communities, increase resilience and enhance other protective factors through skill-development and mentoring. The Napranum, Wujal Wujal and Hope Vale PCYCs currently implement the 'Something Better' Project. It aims to raise awareness of youth suicide. It targets youth aged 8-17 years who are most at-risk and employs an Indigenous mentor trained in suicide prevention and intervention. 'Something Better' will give these youth the opportunity to travel outside their community to participate in different activities and events.

The Queensland Government Suicide Prevention Strategy takes a similar approach to the NSPS by also adopting a whole-of-community approach.

### *Pathways to Resilience: Rural, Remote and Indigenous Communities Suicide Prevention Project.*

As part of the Queensland Government Suicide Prevention Strategy (QGSPS), the Centre for Rural and Remote Mental Health delivers this project which focuses on suicide prevention and intervention by increasing awareness of risk factors and effective intervention techniques (ATSIP, 2008, p. 42). Strengthening cultural ties is also a factor. This project is implemented in Aurukun, Cunnamulla, Doomadgee, Lockhart River, Mornington Island, Mount Isa and St George. While it does not operate in any of the Building Bridges communities, it may make it more complex to assess what is effective in reducing risk factors and increasing resilience when comparing project communities with non-project communities.

### *Black on Track Indigenous Men's Program*

Partly funded by the Queensland Government, Black on Track is a 12-week program that helps Indigenous men deal with mental illness, grief and loss, conflict resolution and employment issues. It helps men deal with past and present issues in order to become better family and community members. Black on Track was delivered in Dalby and was tailored to its unique situation. The program helped find twenty participants employment (USQ Report, pp. 20-21).

In addition to these governmental interventions and programs, Pelican Expeditions has been running in Hope Vale since 2004. The Pelican is a catamaran which takes Hope Vale youth on a sea voyage teaching them how to sail, conduct environmental research and other cultural workshops. The captain has always worked closely with the community elders. The young people who go on these voyages may be at-risk and vulnerable to self-harm and suicidal behaviours and the activities allow them to escape Hope Vale for a period and gain confidence and skills. The fact that the Pelican Project does not specifically mention suicide prevention is seen as positive because it prevents youth from feeling any sense of shame or stigma in being involved (IF, Evaluation Discussions).

Hope Vale and Kowanyama are also included within the Apunipima Cape York Health Council. Apunipima incorporates a holistic approach to Indigenous health where community-based health programs can be linked to mainstream healthcare. Preventative and primary healthcare are promoted, as well as cultural strength and community ownership. In Yarrabah, Gurriny Yealamucka Health Services provide this same holistic approach to health. In partnership with JCU and UQ, it has incorporated FWB to improve the social and emotional wellbeing of the Yarrabah community since 2001. Goondir Health Services covers Dalby, and surrounding districts, to provide culturally-appropriate care to the Indigenous people living in this area. Similar to Apunipima and Gurriny Yealamucka, holistic primary healthcare is incorporated with mainstream healthcare to ensure that all the needs of the community are met. Counselling is provided for those who are at-risk of self-harm or suicide with referrals made if more specialist treatment is required.

Further, Men's Groups and FWB programs were not just implemented in the four communities within the Building Bridges Project. Men's Groups, with varying extents of formality and organisation, have been formed in Cunnamulla, Atherton and other communities around Queensland and Australia. FWB training has also been conducted in other communities in South Australia and the Northern Territory, as well as Cairns in Queensland. People from communities outside the project participated in FWB training stages held in Cairns. This makes comparison between the project communities and outside communities more complex. Positive changes experienced in both types of communities may be due to the same causes but this cannot be certain. Conversely, it may not be certain whether negative experiences within both types of community have the same cause.

## 5. What level of change has been achieved?

Given the short period of time in which the Building Bridges activities were implemented and the many interventions and projects being run within Indigenous communities, it is difficult to assess both whether changes have occurred in communities and what caused changes to occur. Certainly, it is too soon to tell whether the activities run during the Building Bridges Project have significantly enhanced resilience to and reduced the risk of self-harm and suicidal behaviours in the communities. It is also too soon to tell whether any change in self-harm and suicidal behaviours, either positive or negative, is directly correlated to the Building Bridges Project.

Further, each community included within the Building Bridges Project had different historical experiences which affected the social environment in which the activities were implemented. All the activities were adapted by the Project Officers to suit the individual needs of each community. The activities simply could not have been uniformly implemented. Indeed, the activities seemed to work more effectively in communities that already experienced a certain level of connectedness which existed in Yarrabah, Hope Vale and Kowanyama. Implementation was much more complicated in a mixed community like Dalby where there was little feeling of connectedness among the Indigenous population.

Consequently, this evaluation will not solely rely on whether rates of self-harm and suicidal behaviours have declined in order to assess the effectiveness and appropriateness the Building Bridges Project. An attempt was made to create a network of GPs working in remote areas as a way to collect baseline data on these behaviours. However, this network did not succeed. Further, given the small populations of these communities and the Indigenous population as a whole in Queensland, the number of self-harm and suicide acts are too small for valid statistical analysis to be made. Any change will be 'significant'.

Another problem facing the assessment of Building Bridges is the quality of data that does exist on self-harm and suicidal behaviours in these communities. A 'Self-Harm Register' was created by a participating researcher which purported to give the incidents of self-harm and non-fatal suicidal behaviours in Indigenous communities in North Queensland. This was not made available to other research partners and was only made available to the Evaluation Team at the end of the Project. However, the data is not reliable. The numbers of events are still too small to carry any statistical validity. Additionally, the behaviours included within the register (such as 'threatened to kill himself') do not fit any accepted definition of 'self-harm' or 'non-fatal suicidal behaviour'. The information within the Register is not rich enough to be used as either a quantitative or qualitative source. Consequently, it was not used to inform this evaluation.

However, as suicide prevention is the ultimate goal, the evaluation will look at indicators that the communities involved have begun to enhance resilience to and reduce the risk factors of self-harm and suicidal behaviours. This will be done by examining whether the activities strengthened community connectedness, increased community capacity and strengthened empowerment. In this way, data taken from the Quarterly Reports on the level of violence, illegal activity and school attendance (under Partnerships Queensland, described in Question 4), can indicate whether these communities are becoming more connected, capable and empowered. Previous evaluations and articles on Men's Groups and the FWB program have commented on the holistic and complementary natures of both activities which foster anger management tools and healthy coping strategies for stress as well as a strong emphasis on positive parenting (Tsey et al., 2007, Tsey et al., 2006, Tsey et al., 2005a, Tsey et al., 2005b, Tsey et al., 2004, Tsey et al., 2003a, Tsey et al., 2003b, Tsey et al., 2002, Tsey, 2000, Tsey and Every, 2000). For example, a decrease in the number of hospitalisations for assault or offences against the person could indicate that people are venting strong emotions in a healthier way. Alternatively, an increase in school attendance can imply that parents are being positive role models by ensuring their child goes to school every day. These types of changes can also indicate that the Men's Groups and FWB training are able to not only teach people new ways of thinking and living but also support them in the future.

### Changes in the communities at an aggregated level

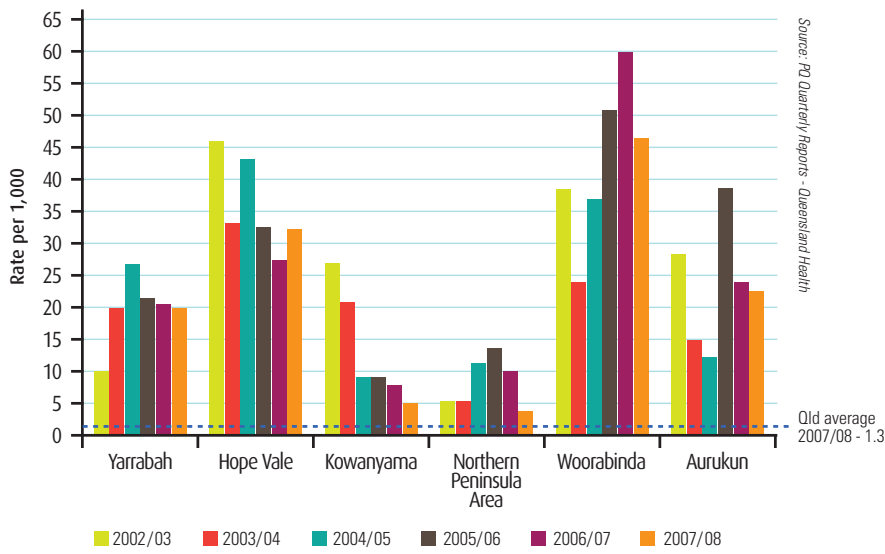
To analyse the changes in the communities at an aggregated level, information from the Partnership Queensland – Quarterly Reports indicating rates of hospital admissions for assault-related conditions, reported offences against the person, charges resulting in a conviction for alcohol carriage offences per 1,000 and school attendance proportion was used (Queensland Government 2009). These rates were unable to be provided for the year 2008/09 as the Quarterly Report for April 2009 to June 2009 was not published at the time of this evaluation was submitted. To show differences between the communities during the time of the project, non-project Indigenous communities are presented (background data in Table 3). The communities chosen were similar to the project communities in terms of population size, alcohol restrictions and remoteness. Obviously, there are big differences between the communities on a foundational level, so data should be interpreted delicately. It is also important to indicate that the size of the communities is relatively small, as illustrated in Question 1. The major limitation is the lack of similar information about Dalby.

Table 3. Communities' background information

	<b>Yarrabah</b>	<b>Hope Vale</b>	<b>Kowanyama</b>	<b>NPA</b>	<b>Woorabinda</b>	<b>Aurukun</b>
<b>Community type</b>	ex- DOGIT	ex- DOGIT	ex- DOGIT	ex- DOGIT	ex- DOGIT	ex- DOGIT
<b>Population</b>	2599	856	1112	2164	928	1138
<b>Indigenous (%)</b>	97.8	94.3	93.3	92.3	95.1	93.7
<b>Alcohol Management Plan started</b>	6-Feb-04	14-Apr-04	5-Dec-03	14-Apr-04	3-Oct-03	30-Dec-02
<b>Alcohol carriage limits</b>	9 litres of beer, any strength or 9 litres of pre-mixed spirits or two litres of wine or a combination of beer and pre-mixed spirits (9 litres)	9 litres of light or mid-strength beer and two litres of wine (excluding fortified wines)	Zero	2 litres of non-fortified wines and either: 11.25 liters (1 carton) of any strength beer or 9 liters (1 carton) of pre-mixed spirits (up to 5.5 per cent)	2 cartons of any strength beer and 9 litres pre-mixed spirits only and 2 litres of wine	Zero
<b>Regulation changes</b>	2-Jan-09	2-Jan-09	No changes	No changes	1-Jul-08	No changes
<b>New limits</b>	11.25 litres (1 carton) of light or mid-strength beer or 750ml (1 bottle) of non-fortified wine	11.25 litres (1 carton) of light or mid-strength beer or 750ml (1 bottle) of non-fortified wine	NA	NA	11.25 litres (1 carton) of light or mid-strength beer or 9 litres pre-mixed spirits (up to 5.5 per cent)	NA

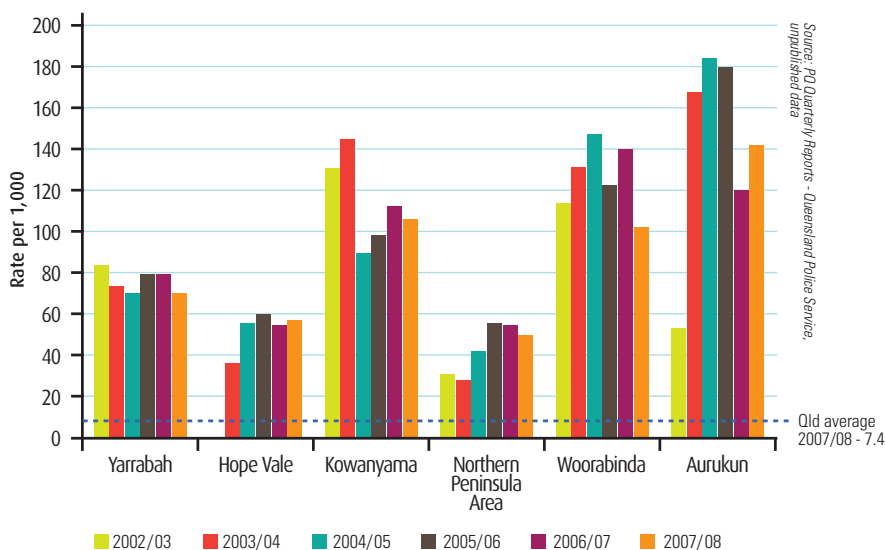
Figure 5 presents the annual rate of admissions to hospital for assault-related conditions in 6 communities since 2002/2003 and the average QLD rate in 2007/08. Despite the very high rates compared to QLD average, the number of admissions to hospital for assault-related conditions seems to be decreasing in all the communities except Hope Vale, which presents the highest rates and increase in the last reported year (2007/08). Of the communities in the project, Kowanyama has the smallest rate with 5.3 per 1,000 in 2007/08, compared to 20 per 1,000 in Yarrabah and 32.4 in Hope Vale.

Figure 5. Annual rate of hospital admissions for assault-related conditions per 1,000 in 2002/03 to 2007/08



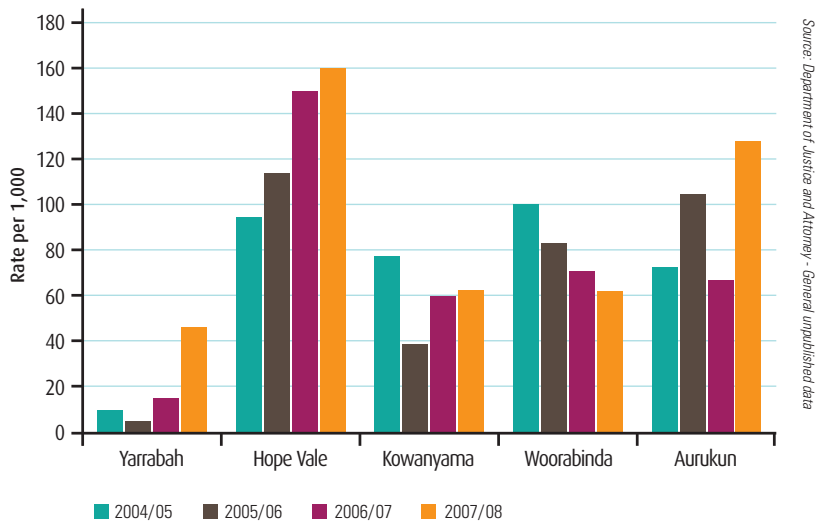
Rates of reported offences against the person are very different in the communities. However, no clear tendencies are shown in time presented. In the last two years, there has been a slight increase in most of the communities, except Hope Vale and Aurukun (Figure 6). Of the communities in the Building Bridges Project, the rate is highest in Kowanyama – 106.5 per 1,000 in 2007/08, which is 14-times higher compared to the QLD average. The rate of reported offences against the person is 69.3 per 1,000 in Yarrabah and 56.4 in Hope Vale in 2007/08. It is important to note that if the rates of hospital admissions for assault-related conditions were highest in Hope Vale and lowest in Kowanyama, one would expect these rates to be in accordance.

Figure 6. Annual rate of reported offences against the person per 1,000 in 2002/03 to 2007/08



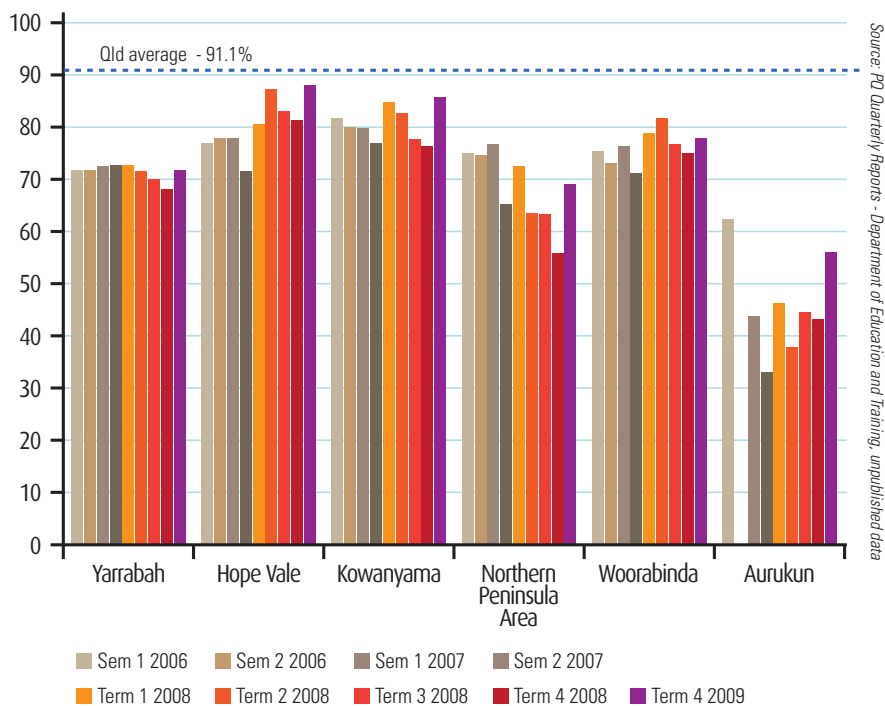
An Alcohol Management Plan started between 2002 and 2004 in all the communities. However, the limitations are different in each community (presented in Table 3). As presented in Figure 7, the rates of charges resulting in a conviction for alcohol carriage offences have also been different. Despite similar alcohol carriage limitations in Yarrabah, Hope Vale and Woorabinda, they have shown very different levels and trends in the rates of charges in a conviction for alcohol carriage offences. Hope Vale has the highest rates and Yarrabah the lowest. However, both show an increasing trend. At the same time, Woorabinda showed a decreasing trend. In the Northern Peninsula Area, the rates are very small (not presented in the Figure). For the years 2006/07 to 2007/08, there were only six and four convictions respectively. Kowanyama, which is a 'dry' community, shows relatively average rates.

Figure 7. Annual rate of charges resulting in a conviction for alcohol carriage offences per 1,000 in 2004/05 to 2007/08



The school attendance proportion is also very different in communities but an increasing tendency from 2006 is indicated (Figure 8). There are two exceptions. Yarrabah's school attendance has remained stable around 70%; the Northern Peninsula Area's school attendance was decreasing slightly until an increase occurred in the last term. Hope Vale and Kowanyama have the highest school attendance. In the last term (Term 1 2009), attendance was 88.2% and 85.3% respectively. This is not much different from the QLD average which was 91.1% for Semester 2 in 2008. These relatively high rates of school attendance may be linked to the strong focus on education shown by the Men's Groups in Hope Vale and Kowanyama.

Figure 8. Average student attendance proportion (%) in communities and QLD average



## Changes in the communities indicated in the Evaluation Discussions

The discussions carried out by the evaluation team were invaluable to find out what was happening on a day-to-day basis in the four communities involved in the Building Bridges Project. It was found that the community participants perceived the project to be successful based on, seemingly small, changes that directly affected them. Not all the positive changes experienced in the communities were officially recorded by the project team or the state government. Further, not all the problems experienced in the communities were mentioned. It seems there can be a danger in forgetting that what is ordinary in a non-Indigenous community or a city (such as access to a supermarket for basic groceries) can be more difficult in remote Indigenous communities. Kowanyama's store often ran out of essentials during the wet season and Yarrabah's store had closed in July 2009. Additionally, there is a danger in assuming that some changes may be too small to mention (such as daily school attendance or access to legal aid) when they may be a fundamental requirement for more significant change to occur. Research has indicated that education reduces the risk of suicide (Hallett et al., 2007, Chandler et al., 2003, Chandler and Lalonde, 1998) but it is much harder for a person to become educated if they don't attend school. An appropriate evaluation of a project cannot be carried out if its successes and problems are not fully understood or known.

The community connectedness, capacity and empowerment of Yarrabah are not the result of quick bandaid solutions but rather the culmination of many years of work and long-term projects. While there were problems recruiting a Project Officer, the Men's Group have been incorporated into the social health team as part of Gurriny Yealamucka. The Yaba Bimbie Men's Group has become so respected within Yarrabah that *"when there's anything that happens, they call on us first, you know...there's people in place for that but they call the social health team"* (IM, Evaluation Discussions). The Men's Group has essentially become the first port of call for men in crisis with the Women's Group fulfilling the needs of Yarrabah's women. They refer those in need to the different 'people in place' for subsequent assistance.

In addition to these responsibilities, Men's Group also works on the social and emotional wellbeing parameters endorsed by FWB teachings. Enormous emphasis is placed on teaching cultural traditions and skills to the younger men of the community. The Men's Group invites different Elders to share their knowledge and it can be seen to make a difference to young men: *"I think that's where the grief and loss comes in... I think the grieving of their culture, their language, what they don't know, spear making, all their arts and crafts, what they don't know. And I think once they learn it from Uncle Henry and that, they're really happy and start to build up confidence and get empowered"* (IM, Evaluation Discussions). In Canada, resilience against suicide Indigenous communities was able to be built where youth had strong concepts of personal persistence - who they are today is who they were yesterday and who they will be tomorrow - and cultural continuity - knowledge of and pride in traditions and heritage (Chandler et al., 2003, Chandler and Lalonde, 1998).

In Hope Vale, community connectedness and empowerment became especially important when the FRC was introduced, discussed in Questions 3 and 4. Due to its positive perception in the community, the Men's Group took on a significant role in the early stages. People who breached the FRC guidelines were often referred to the Men's Group for guidance. Further, as it took a few months for the FRC to begin its changes, the full effects were not felt in the community until around Christmas time 2008. The community's initial reaction to the FRC was so negative that *"we expected that there would be more attempts, more people dying, because of what was happening"* (IF, Evaluation Discussions). Although the number of "hospital admissions for assault" increased over this time (Quarterly Report October-December 2008), there were no suicides (IF, Evaluation Discussions). The community attributed this to the work of the Men's Group who went out and ensured that the people affected could talk through their problems.

Another way that the Hope Vale Men's Group has helped to positively frame the FRC guidelines is with school attendance. If a child has three absences without reason in a school term, then the FRC is notified. The School Liaison Officer has worked with the Men's Group to limit the number of school truancies. Now, there is a school assembly each morning and every child is given a Certificate of Attendance. Due to the nature of the FRC guidelines, the certificate is not made out to the child but to the parents. This provides evidence that the child has been to school for that day and the parents are complying with the guidelines. Children are also rewarded when they behave well. These may appear to be simple acts but they provide a sense of achievement in a situation where the parents may have very little control. Further, the School Liaison Officer is working with the Men's Group to create a garden for the children where they can learn about native plants and also have a 'safe' space to talk or think.

In line with the Canadian findings, see above, the Hope Vale Men's Group also focuses on school children in the hope to prevent future self-harm and suicidal behaviours. As there is only a primary school in Hope Vale, children have to go to high school in Cooktown, or further away to boarding school. There is a bus which takes the children to Cooktown every day - the children leave at 7:30am and return at 4:00pm which can be a long day, especially once home work is factored in. The transition can be very hard for some children who may feel homesick or, without community supervision, find that it's *"easier for them to be naughty, get expelled and go home"* (IM, Evaluation Discussions). For this reason, the School Liaison Officer has set up a transition program for the Year 7 students to help them get ready for their move into Year 8. Further, the Men's Group also visit Cooktown High School when a problem with a Hope Vale student arises and to ensure that the children are adjusting well. These visits provide a connection from the community to the new environment and provide a 'safe' person with whom to talk through problems. The Men's Group are currently trying to find funding for a vehicle so they can provide a 'continuous visitor' to Cooktown, creating a reliable link to the community.

Helping to empower community members and promote stronger family relationships, it appears that the Kowanyama Men's Group helped to create positive changes in connection to domestic violence. The original Men's Group coordinator ran a program on domestic violence where he taught men better coping strategies and anger management. However, there seems to be contradiction in the interpretation of his programs. A concern was raised by people outside the community that the domestic violence program placed the blame onto women and focused on the need to change their behaviour. This was contextualised differently by community members who said that: *"He told the men to walk away, cool down...but the women continue to harass them, follow them down the street, in their ear"* (NIF, Evaluation Discussions). While there is a women's shelter in Kowanyama, with a full-time funded position attached, there is neither a male shelter nor a full-time funded position. Community members said that men may try to do the 'right thing' by walking away but they simply have nowhere to go.

A man who is recognised as one of Kowanyama's leaders has subsequently become the de facto coordinator for the Men's Group. He has done this outside his full-time job and family commitments. He has recognised the need for a men's shelter as a 'safe' place where men can go. In conjunction with Men's Sheds, he envisages a place that incorporates relaxation, such as musical instruments and sporting equipment, *"so the men want to come... but have a doctor or someone so the men can go and see someone"* (IM, Evaluation Discussions). In this way, a man can seek counselling without losing face among his peers. Research has shown that men are normally less likely to seek help. Increased accessibility to health care, whether it is physical or mental, can only be a benefit to the men in Kowanyama.

In Dalby, the process was much slower and the changes made much more incremental. Even though, a Men's Group was never started, the Project Officer was able to identify Indigenous men and women who were involved in community activities and gained support from them. This may seem relatively insubstantial but these first steps are fundamental to the success of any future project or activity. The connectedness, capacity and empowerment experienced in Yarrabah took a long time to nurture, just as it will in Dalby. The different activities conducted by the Project Officer in Dalby, listed above, have begun to strengthen community connectedness by starting to bring Indigenous people together, increase community capacity through knowledge-sharing and consequently strengthen empowerment. By incorporating other activities under the umbrella of the Building Bridges Project, knowledge about suicide prevention was also increased (see the section on Mental Health First Aid in Question 4).

While the vast majority of the feedback regarding FWB training has been overwhelmingly positive, solutions have also been found to resolve any lingering problems with the course. One concern mentioned above was whether adequate support was available to help participants translate FWB teachings into real-life. The Yaba Bimbie Men's Group have rectified this. They run FWB courses twice a week – the second time is a 'catch-up' – and the social health workers are available to talk through problems and difficulties people face. By running 'catch-up' sessions, the Men's Group can cater to the changing needs of the community and respond to a crisis situation where more support may be needed.

FWB training is also utilised by Yarrabah men facing court or those out on parole. When men complete a course, they are awarded a certificate which can be used as a positive reference to show their commitment to change. The Men's Group was initially vulnerable to being abused for its help without the men committing to FWB training or changing their lives:

*With Men's Group, they just want to come in put their names down and go...now we crack down on ... like if you live in the community, you walk down here, like we didn't tell you to commit the crime, we didn't help you do that, so you come down here and you apply it to your life, and we're here to help you...and now when they see that we're serious, some of the men, they really get involved. (IM, Evaluation Discussions)*

Indeed, the Men's Group have provided references in court for men who have shown real change in response to FWB training. Both the Men's and Women's Groups provide ongoing support for people taking the courses which includes the catch-up days and meetings when requested. Additionally, the FWB facilitators provide support for each other in the form of 'debriefs' in order to ensure that they are emotionally well to take on the responsibilities of their roles.

The availability of the HITnet kiosks in each community also increased access to information on suicide prevention and other health-related topics. While it may be difficult to judge how much information is remembered by those who listen to the module, its easy use allows a person to listen to the module several times. Initially children may access the different modules for fun but this subsequently normalises its use. Further, knowing that this important (and accurate) information is available to them whenever they really need it provides another safety net in the prevention of suicide and other health issues.

The information on suicide prevention supplied in HITnet's *Buluru Yealamucka: Healing Spirit* module is strengthened by information gathered through the focus groups, one-on-one yarns and knowledge-sharing events. These activities helped to raise awareness of suicide and self-harm within the communities and lower the stigma previously attached to these behaviours. A more knowledgeable community is a more empowered one and this may allow future programs and initiatives a better chance of success.

## Conclusions and Potential Implications

Building Bridges has important implications for the four communities involved and for Indigenous communities throughout Australia. While the actual Building Bridges Project was short-term, and its time constraints exacerbated by recruitment delays, Men's Groups and FWB training have been active in Yarrabah for several years. Indeed, the positive changes in Yarrabah indicate how projects can be appropriate and effective when the community is involved at the grassroots level, there is a true collaborative partnership and activities are adapted to suit the needs of the community.

The experience of Yarrabah indicates that the presence of Men's Groups and FWB programs can strengthen community connectedness, increase community capacity and strengthen empowerment. These are positive foundational community changes which in turn enhance resilience to and reduce the risk of self-harm and suicidal behaviours occurring in the community. However, these foundational changes took a long time to occur and needed long-term commitments from funding bodies, research partners and community members. Regardless of whether they live in a discrete or mixed community, the social, cultural and economic issues faced by Indigenous people in Australia are different to those faced by the non-Indigenous Australian population and have deep historical roots (Hunter and Milroy, 2006, Hunter and Harvey, 2002, McKnight, 2002, Hunter et al., 2001, Tatz, 2001, Tatz, 1999, Kidd, 1997, Hunter, 1996, Rowse, 1993, Hunter, 1991). This was reinforced in the stories told to the Suicidologist where

"...many dimensions of suicide risk and the reduced presence of protective factors are seen by community members as intimately linked to the experience of intergenerational grief and loss that reaches back to colonisation, lack of access to processes that have promoted recovery from that loss, disempowering experiences that have stood in the way for people to gain strength through community driven processes and the existing levels of confusion of meaning and purpose among young people. These are clearly deeply felt issues that people need time and space to come to understand and use as a learning experience; an opportunity for growth." (CREW Report, p. 9)

Indigenous people may not be able to 'just get over' this sense of grief and become empowered within a simple three-year project because the root causes are not being addressed. A practical consequence of the 17-year difference in life expectancy between the Indigenous and non-Indigenous populations (Cooke et al., 2007) is that deaths, from both natural and unnatural causes, can be a common occurrence in many communities (McKnight, 2002, Hunter et al., 2001, Tatz, 2001). This can lead to continual cycles of grief in which acute stressors may be felt without adequate coping strategies able to be employed. Consequent feelings of hopelessness and helplessness can lead to emotional and psychological vulnerability where suicide becomes a way to solve one's problems. The more suicides that occur, especially among youth or in public places, the more acute the cycle of grief becomes and risk of further suicides increases. In this way, dysfunctional behaviours and coping strategies can become normalised, whether these take the form of substance abuse, aggression or suicide (McKnight, 2002, Hunter et al., 2001, Tatz, 2001). This was also indicated in the stories told to the Suicidologist who found that

"...a very grave situation is being revealed from this work – one that is deeply ingrained in some communities. It is therefore not surprising that surface level approaches to suicide prevention and external services that involve capacity building and family and community strengthening find it very hard to achieve lasting change." (CREW Report, p. 11)

Indigenous suicide cannot be prevented with strategies that do not go to the heart of these problems and do not involve the community from the very beginning. "Recognising and building on the strengths, hearing the voices and working with communities toward bottom-up solutions" (CREW Report, p. 12) is vital to the success of any project.

This grassroots work occurred in the Building Bridges Project. The utilisation of the PAR methodology, knowledge-sharing and yarns ensured that "the project officers and people...had opportunities to find their own voices and share their knowledge about the path toward healing and hope" (CREW Report, p. 9). They were able to learn from experiences in other communities and reflect on their own experiences and further adapt the activities to suit different experiences. The Yarrabah experience cannot be faithfully replicated within the project as the other communities are not contextualised within the same social, cultural and historical context, especially Dalby. By teaching the other communities the tools that

had empowered Yarrabah, the Building Bridges Project aimed to do was illustrate how "the story of communities can take on a new light" (CREW Report, p. 11). However these activities are run, the fundamental lessons taught in FWB training and the opportunities provided by Men's Groups empower people and communities to understand dysfunctional behaviours and gives them the ability to change coping strategies and other behaviours for the better. Activities that empowered people at the grass-roots level allowed them the ability to

"...see that there was a great deal of potential in people becoming active in addressing these issues. There was energy in people's descriptions about a better future where people come together, be listened to, take responsibility and make good choices. They could envision their community as a place where there are jobs, good relationships with businesses, more services and well spent resources and where people's strengths could be recognised and built on. Giving and receiving was seen as a means to healing and stopping suicide." (CREW Report, p. 9)

By recognising problems and becoming aware of possible solutions, a community could become connected, empowered and capable enough to start implementing possible solutions. Through knowledge-sharing within and across communities, Building Bridges aimed to make community capacity, empowerment and connectedness sustainable. It was believed that activities which were sustainable would not only strengthen communities during the project but continue to strengthen communities after the project ended. This way suicide prevention could be implemented and improved as communities continued to learn and grow.

However, the difficulties faced in the Building Bridges Project can provide some important lessons for the future. The facilitation of an empowerment program, especially one whose ultimate goal is suicide prevention, is a complicated task. Empowerment strategies need to be implemented by parties who are empowered. As the 'foot soldiers', Project Officers needed to be empowered so they could

share their knowledge with the rest of their community. This required full FWB training and continued support. Further, the partnership between the Project Officers and members of the research teams needed to maintain this empowered status. The work of the Project Coordinator/Suicidologist helped to ensure that this balance was maintained. Finally, the different research teams also needed to feel empowered during their collaborative meetings which had to be balanced given their different roles and geographic locations.

These difficulties were exacerbated by the delays in recruitment which meant that HITnet had already completed its data collection by the time the Project Coordinator/Suicidologist arrived. The HITnet module was meant to be informed by the 'Stats and Stories' component of the Project but this was simply not possible. This meant that HITnet essentially worked individually in what was intended to be a very collaborative project. This gap "reflects problems of structure and governance for the project as a whole which, in practice, supported parallel processes rather than coordination and cooperation" (Final Report, p. 35). If these limitations can be overcome in the future, the richness of the data and effectiveness of its usage can be even more potent.

One of the most important considerations for the future of these activities is whether they can be naturally sustained within Indigenous communities after the completion of the Building Bridges Project. Sustainability can be linked to the work done during the project by the Project Officers and the community acceptance of the different activities. In Yarrabah, the coordination of the Men's Group, including FWB training, is incorporated as part of the Social Health division of Gurriny Yealamucka Health Centre. The support they provide to the community is recognised. These activities were occurring in Yarrabah before the project and they have continued after it but funding remains a concern.

In Hope Vale and Kowanyama, the Men's Groups are also recognised as strong leaders in their communities. However, they are vulnerable to changes in funding. In order for these groups to continue a full-time position for a Men's Group leader needs to be funded. As illustrated in Yarrabah, Hope Vale and Kowanyama, the responsibilities of the Men's Groups are not confined to office hours. The men leading the Men's Groups in Hope Vale and Kowanyama are employed by other agencies which mean that they take this role on in addition to their other commitments. The work done by these men has tremendous potential to change the communities, just as it did in Yarrabah. As indicated in Kowanyama, a group may lose momentum when a strong leader leaves but it remains difficult to find a replacement when a full-time position is not offered and the community is small enough to be aware of its duties.

While a Men's Group did not start in Dalby during the time of the project, the amount of groundwork done by the Project Officer should be commended. Indeed, she has been awarded for her work in suicide prevention (personal communication with Project Coordinator, 27th August 2009). The Dalby site should not be considered a failure. There is now a foundation upon which these activities can be built, adapted and improved. The level of trust gained with the Indigenous community is a valuable asset for the continuation of Men's Group, FWB and knowledge-sharing with positive implications for future interventions.

Universities should continue to be involved as collaborative partners in a functioning PAR research relationship. There is much knowledge to be shared by both partners. However, more of the funding should be directly targeted to the Indigenous workers in the community to ensure that they are able to do their jobs on a day-to-day basis. The reporting and record-keeping between communities and universities also needs to be more strongly regulated. In this project, the Evaluation Team did not find out about activities done in the communities until they actually visited and held their own discussions.

Hope Vale, Kowanyama and Dalby should also follow the example set by Yarrabah and incorporate FWB training into Men's Group activities. FWB training has been able to help families in Yarrabah become stronger and more connected (IM, Evaluation Discussions). Additionally, FWB training may be a positive tool in Hope Vale while the FRC is in force and would also build upon the work done in Kowanyama by the original Project Officer. FWB training may be able to help resolve the lack of connectedness felt in a mixed community such as Dalby.

HITnet kiosks are now installed in all communities involved in the Building Bridges Project and in many communities across Australia. These need to be monitored to not only ensure that they continue to be operational in remote areas but also to ensure that their content remains relevant and appropriate. The modules can be adjusted relatively simply which means that extra stories, images and other media may be added when desired. There also needs to be further investigation into which modules are purposely accessed more often and how much information is retained by the viewer. HITnet has been a great success within the frames of the Building Bridges Project and this continual vigilance will ensure that it remains a forceful tool in Indigenous suicide prevention.

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