



Submission to Inquiry into Suicide in Australia

My background is as a psychologist and research working in Indigenous issues in a variety of contexts for over 30 years. I would like to make the following submission to the inquiry that pertains mainly to these points.

- a. the effectiveness, to date, of public awareness programs and their relative success in providing information, encouraging help-seeking and enhancing public discussion of suicide;
- b. the efficacy of suicide prevention training and support for front-line health and community workers providing services to people at risk;
- c. the role of targeted programs and services that address the particular circumstances of high-risk groups;
- d. the adequacy of the current program of research into suicide and suicide prevention, and the manner in which findings are disseminated to practitioners and incorporated into government policy; and

The following documents a proposed suicide prevention program that was not funded after being invited to be developed by the Department and Health and Ageing. The rationale discussed in it highlights some issues important for awareness and support for Indigenous communities.

Please feel free to contact me for any further information.

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13 May 2010

Art and Mental health

a culturally inclusive Suicide Prevention Project

Introduction

Colin Tatz wrote that *"(Indigenous) suicide has different wellsprings, histories, sociologies, patterns, and even rituals. It is qualitatively different, and needs to be viewed and responded to differently. We cannot regard this behaviour as merely a part of the national youth suicide problem. To do so will certainly obfuscate this particular issue, would probably bury it, and would culminate soon enough in a regret or lament that yet another costly national approach to "prevention" or alleviation had failed to "take" in Aboriginal communities"*ⁱ

This project will develop a suicide prevention program based on Indigenous perspectives on mental health, resilience and suicide prevention. This will be undertaken through engaging Indigenous perspectives of psycho-social strength and resilience expressed through art and the stories about art. These perspectives will then be circulated in communities using displays, printed booklets and 'banner books', digital media and the internet.

Rationale of project

This project will create an innovative, culturally appropriate mental health resource focusing on suicide prevention. It will create highly visual materials that utilise the greater 'visual literacy that is fostered by Indigenous cultures as well as incorporate 'collective values' that are more salient than the Western 'individualist values', that most mental health resources are based around. The resources will be more available than traditional mental health resources through being distributed through digital media (dvd, mobile phone, ipod etc) as well as conventional print medium.

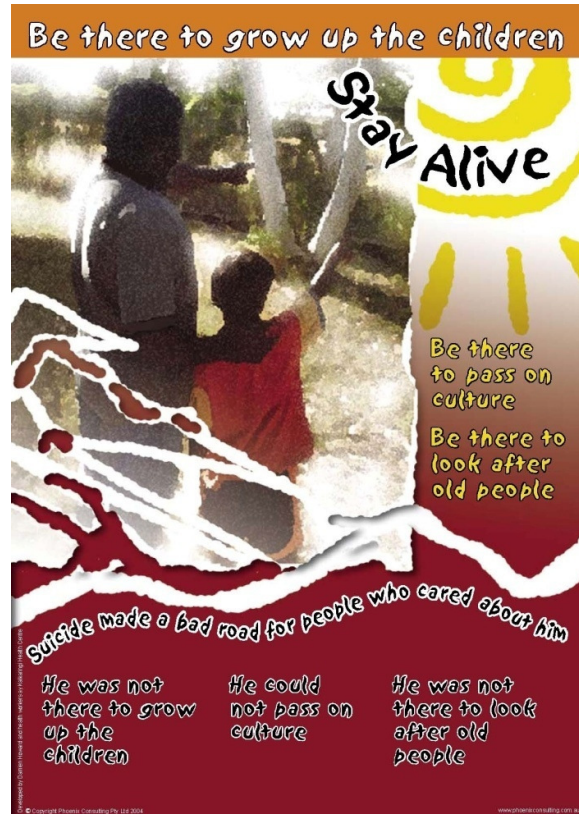
Collective Approaches to Mental Health Promotion

One of the aspects of cultures which make them distinct, are the degree to which they foster individualist or collective orientations. In Individualist cultures (these are predominantly Western cultures), the focus is on the Individual and on internal psychological states. Conversely, collectivist cultures, such as Indigenous Australian cultures, focus more on social relationships. It has been suggested that individualist Western approaches to mental health are 'colonising' collective approaches to mental healthⁱⁱ. Western approaches to mental health often fail with Indigenous clients because the approach is embedded in individualist approachesⁱⁱⁱ. In cross cultural mental health settings Individualist approaches tend to overestimate the capacity of an individual and underestimate the influence of the collective. They also tend to see achievement as a result of the individual, rather than collective effort, and generally see problems and their solutions in individual terms. Efforts to encourage individually focused interventions often fail in collective cultures because they don't acknowledge the need to take social considerations into account. Nor do these interventions engage the opportunities and motivational power of collective approaches -a power that is an integral part of a collective mindset. For example, patients often do not comply with health

directions when these are presented from an individualist perspective; one that urges them to take responsibility for their own individual health. A more effective approach can be to engage people's sense of collective responsibility. For example, by encouraging clients to act as an appropriate role model for others or to look after themselves so they can then look after others.

If this approach is applied to mental health promotion and suicide prevention in particular, the result could be more culturally appropriate and effective resources. An example, of one such resource, can be seen in the poster below.

This poster was developed by a psychologist in collaboration with Aboriginal Health Workers in a community where a young man had recently committed suicide. Following the young man's death, there was widespread grief in the community and significant importance was placed on the young man's funeral. Consequently, there was concern that other vulnerable youth may be inspired to 'copy' this act, thinking they too will then will be afforded the same importance in the community. In this context, discussions were held with Aboriginal Health Workers about how to highlight 'the downside of being dead'. Discussions focussed not on the loss for the individual, but of the loss for others for whom the person was not there to fulfil his responsibilities. 'Not there to grow up children, look after old people and pass on culture'.



The proposed project will develop further culturally appropriate, culturally motivating suicide prevention resources for Indigenous communities.

Visual literacy and mental health promotion



If mental health resources are to be successful, it is not only the content of the message which is important. The medium used to convey the message is also critical. Linguistic differences and limited literacy often result in Indigenous people having difficulty accessing resources that are written in English. However, Indigenous cultures foster sophisticated visual literacy. Art has been used for thousands of years to record and express ideas and information. One example of that was the 1963 bark petition (left).

“In August 1963, the Yolgnu people of Yirrkala (eastern Arnhem Land in Australia’s Northern Territory) petitioned the Australian Government for legal rights to traditional land. The petition was in the form of two painted bark panels. The argument for land rights was made in three ways — in English text, in Gumatj text and in the surrounding art, which depicted the traditional relations between the Yolgnu people and their land. It is important to note that the visual images are not mere decoration of the text but a presentation of the same argument in a different language, a visual language.”^{iv}

To many Yolgnu ‘readers’ of this document, it would have been the images alone, not the text, that conveyed what the petition said. For others who were literate, the images would have validated the text in a way that the words alone could not.

Mental health services have rarely sought to understand or utilize the potential of Indigenous visual literacy in terms of art or traditional stories. This project will seek to do so in several ways. Firstly, it will utilise Indigenous art and stories to make explicit positive mental health approaches that are often implicit in stories and images. Traditional stories and visual representation of them can cultivate psychosocial resilience for the artist and viewers who can ‘read’ the images, or who have them explained. For example, consider the following painting of a cockatoo by Margaret Duncan. Margaret has permission for her personal response to the painting to be shared.

Margaret described the story about the cockatoo she painted (right).

“During the dreamtime kangaroos were travelling through creating that country. They came to a river and heard some dingoes cry out, which frightened them. Some turned into rocks and stayed in that river. Others turned into cockatoos and flew away. This is one of the cockatoo”.

The artist then went on to talk about how that story and the depiction of it helped her personally.

“When I think of that story it help me think that when I am feeling no good just thinking about my problems, I don’t need to stay in the bad place (in my mind) like those rocks. I can move on like that cockatoo. Thinking about that story and painting that picture helps me to move on (in my life), like that cockatoo.”

Behind the traditional story and the image that depicts the story, is a more personal story, a metaphor that helped the artist move towards a more positive state of mental health. The picture and the story about the picture become a resource that others, especially those from the same cultural group can use. However, even those outside the cultural group can relate to this metaphor for change. This painting and the related story has been used in counseling with urban Indigenous people and non Indigenous people. Research shows that participation in art is positive for the mental health of the Indigenous artist (Howard, 205). However, Indigenous art and related stories that convey traditional and/or personal information has the capacity to benefit other Indigenous viewers. This project seeks to capitalise on this potential.



New Technology Telling Old Stories

New technology (mobile phones, personal audio visual devices, CD/DVD) have had a massive take-up in Indigenous communities. DVD players, personal listening devices and mobile phones – where there is coverage - are commonly used in most communities. These devices have the capacity to leapfrog obstacles created by limited literacy and limited oral English. However, the access to digital information can be at the expense of traditional knowledge. This project will seek to tell traditional stories and information that fosters positive mental health that is accessible through digital mediums. DVDs of stories and images will be made available in communities, a website with audio, video and still images that can be downloaded to personal devices will be developed. While the project will target the development of local resources created by local people there is potential for other communities in the same cultural/language area to also access these resources. English translations will also make these resources accessible to Indigenous people nationally.

A particular benefit of these types of resources is that they inform without the need for personal engagement with mental health professionals, although the content of the resources can support such engagement – see final page of feel good about yourself below. Seeking help from mental health professionals is often unfamiliar and uncomfortable for Indigenous people. These resources will seek to make material available that can encourage access to mental health professionals as well create stand-alone resources that foster personal engagement, as well as helping others to engage, in activities and thinking that foster positive mental health. The facilitation of these resources by an experienced psychologist will ensure these materials are evidenced based in terms of current literature on Indigenous mental health.

These type of resources can capitalise on culturally based communication opportunities in Indigenous communities. Indigenous cultures, especially in remote communities, have social and family networks that can quickly and effectively circulate information. This project will seek to utilize these existing communication networks through encouraging group access to resources for example through the use of 'banner books'. A banner book is a booklet (such as 'feel good about yourself' story) that is printed onto a large durable cloth banner. The banner book can then be displayed within the community at the health centre or shire offices. The book becomes a group reading task where those with limited literacy can have it read by those with more. This type of group experience also has a greater capacity to attract interest and exert influence in collective cultures.¹

Project Design

The proposed project will create a series of mental health resources that are culturally appropriate, being structured by Indigenous people and based around indigenous stories and art. The information

¹ In one remote community a number of photos of staff had been taken at a health centre. The staff were shown the pictures individually and showed appreciation of them. Later the photos were shown in a setting with all the staff present. It was noticeable that the staff that had seen the photos before had a greater response seeing these photos again in this group environment. The shared experience of the images changed the intensity of the experience of viewing the photos. Indigenous people often describe the importance of being with and sharing experiences with others as a prerequisite to sustained participation in and enjoyment of any activity. Resources that enable people to engage with them as a group have a greater power and influence.

in these resources will be highly accessible through being primarily visually and orally based and use new technology.

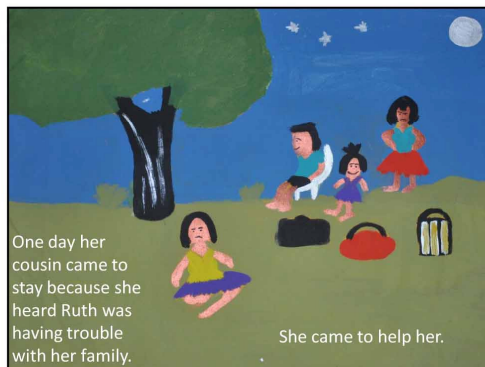
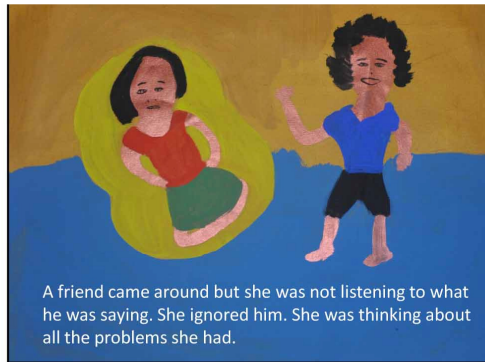
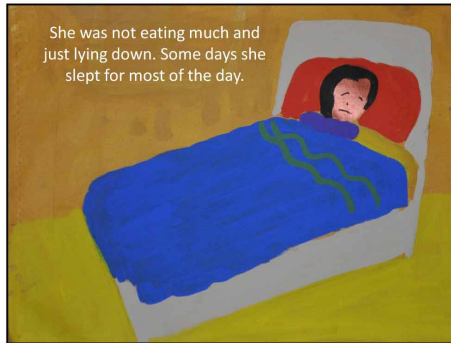
Activities would be organized in conjunction with art centers and art organizations. Activities proposed are outlined below. The stories and images created would be made available in CD/DVD format (for the local community), booklets and community books, as well as online, at a website created by the project. The content would also be in a format that could be downloaded and played on personal audio/visual listening devices and mobile phones.

Aspects of the project would include:

- 1) Existing art work, by a number of artists (visual or musical), would be used to discuss aspects of positive Indigenous mental health is and how it can be developed).
- 2) A series of Art Workshops or individual consultations would be organized in different communities in conjunction with Art Centers. At the workshops, creative work, relevant to mental health and suicide prevention, would be produced. Licenses to use digital copies of the creative work produced, as well as discussion of it, would be negotiated by the project. This would include audio visual recordings of artists telling the stories associated with their work. The work of artists and the recordings of the stories would then be developed and distributed, with artist's permission and payment of appropriate royalties, into community art exhibitions, prints on clothing, online resources, community books, CDs or DVDs.
- 3) Individuals would be encouraged to tell and communicate their personal stories about mental health in visual art, music and words. People may tell and paint/play their own story or tell their story, which could then be developed by someone else into a work of art. See later in document for an example of an Individual mental health story "Feel good about yourself" .

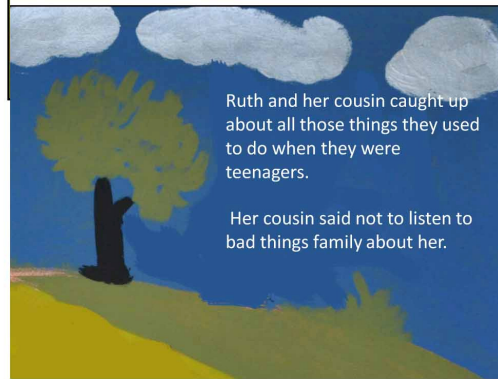
The project will be holistic and strength focused. Mental health and resilience, especially around the issue of suicide, will be examined from Indigenous participants own perspectives, rather than imposed clinical descriptions and definitions. Workshops will ask questions about 'What makes you strong?', 'What can you tell through stories and creative art about your knowledge and experiences that can help others be strong?' This will promote expression and recording of traditional stories and personal experiences to cultivate psycho-social resilience in others.

An example of a story book – Feel good about yourself.



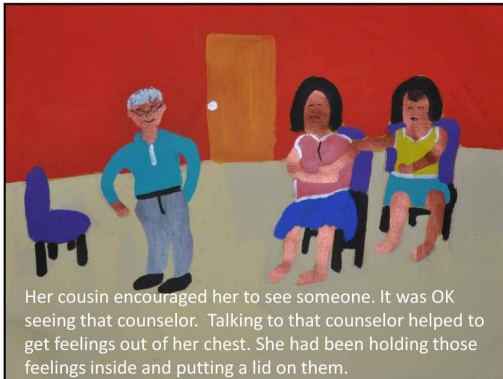


Her cousin had kids and when Ruth heard all that noise from the kids she realised she still has got family.



Ruth and her cousin caught up about all those things they used to do when they were teenagers.

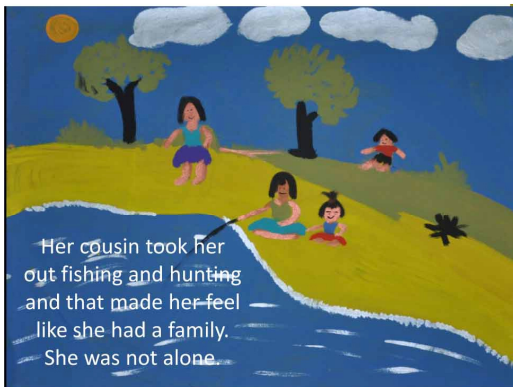
Her cousin said not to listen to bad things family about her.



Her cousin encouraged her to see someone. It was OK seeing that counselor. Talking to that counselor helped to get feelings out of her chest. She had been holding those feelings inside and putting a lid on them.



It was different to talking to family. She could talk about hurts that she was shamed to talk to family about

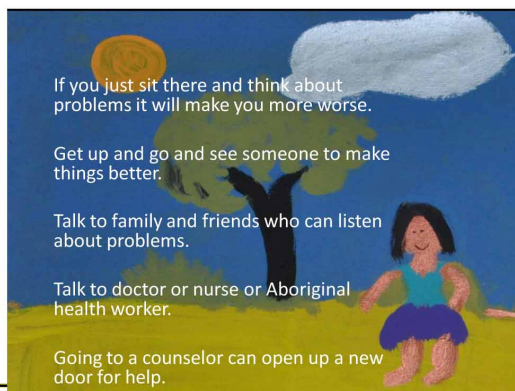


Her cousin took her out fishing and hunting and that made her feel like she had a family. She was not alone.



Ruth started putting on weight. She stopped thinking so much about those bad things people said.

She got on with her life.



If you just sit there and think about problems it will make you more worse.

Get up and go and see someone to make things better.

Talk to family and friends who can listen about problems.

Talk to doctor or nurse or Aboriginal health worker.

Going to a counselor can open up a new door for help.

Back ground on collaborating agency - Phoenix Consulting

Phoenix consulting and its principal Dr Damien Howard has had a thirty year experience of working with Indigenous people as an educator and psychologist. It has a history of innovative and successful service provision and resource development. The following quotes are from readers of 'Mixed Messages' a resource based on a commonwealth funded RHSET project.

"It has taken 20 years as a doctor working with Aboriginal colleagues and patients to learn strategies for communicating effectively. 'Mixed Messages' succinctly illustrates these strategies and has introduced me to a number of new ideas. I recommend this book to all health staff working with Aboriginal people. It will help bypass many moments of miscommunication, awkward silences, confused looks and mutual feelings of frustration." Dr. Christine Connors Program Director Preventable Chronic Disease Northern Territory Department of Health & Community Services (December 2007)

"'Mixed Messages' practically highlights 'culture' from many different aspects including traditional and contemporary, professional and institutional. It is extremely useful as a resource on effective communication and raises some of the challenges experienced by Aboriginal people working in health services with non-Aboriginal workers...I highly recommend it as a resource for any student or professional who work with remote Aboriginal people" Sue Kruske, PhD Senior Lecturer Maternal and Child Health Graduate School for Health Practice Charles Darwin University (December 2007)

Another project involved phoenix participating in developing the following website (<http://www.hstac.com.au/HearThis/>). It uses audio visual resources to raise awareness about conductive hearing loss among Indigenous people. This website has been positively evaluated and had increasing use over the last year, especially the audio visual content.

This document also contains examples developed by Phoenix Consulting.

ⁱ <http://www.criminologyresearchcouncil.gov.au/reports/tatz/index.html#summary>

ⁱⁱ <http://www.nytimes.com/2010/01/10/magazine/10psyche-t.html>

ⁱⁱⁱ Sonn, C. & Bishop, B. (2000). Community psychology as a framework for working with Indigenous and other disenfranchised communities. In P. Dudgeon, D. Garvey & H. Pickett, *Working with Indigenous Australians: a handbook for psychologists* (pp. 293-305). Western Australia: Gunada Press, Curtin Indigenous Research Centre, Curtin University of Technology.

^{iv} <http://www.vukutu.com/blog/2009/07/art-as-argument/>