“FROM WHERE I STAND” - WHAT DO SERVICE PROVIDERS IN ST GEORGE SAY ARE INFLUENCES FOR INDIGENOUS YOUTH SUICIDE IN THEIR COMMUNITY?

A Thesis submitted by

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ABSTRACT

A general apprehension exists surrounding adolescent suicides among Aboriginal and Torres Strait Islander people in rural, regional and remote communities. The extent and prevalence of suicide among this group is unclear and the provision of services to support survivors and persons affected by Indigenous adolescent suicide is similarly either uncertain or misunderstood.

Consequently, this research aimed to examine the prevalence of Indigenous youth suicide within the geographical boundaries of St George Queensland and further the effect that such suicide events have on the community.

Using participatory action research 5 participants were recruited as collaborators to discuss Indigenous youth suicide in the community. Of these participants, 3 identified being of Aboriginal descent and all 5 participants identified as service providers within the St George community. A total of four interviews took place in St George, three interviews were conducted on a one-on-one basis and one interview had joint participants at their request.

The interviews were transcribed verbatim and a thematic analysis of the data was then conducted. Three themes were identified during the analysis “Community Insight”, “Community Influence” and “Community Response”.

The findings of the research revealed that while there had been limited Indigenous youth suicides in the last 10 years, the effect that the suicide of Indigenous youth outside of the geographical boundaries of St George was considerable and affected the community as though the deaths had happened within the geographical region.

Further, a profound reluctance to discuss the issue was encountered and that the perception was that there was not enough access to reliable, consistent support services and that their geographic isolation further prejudiced their access to services. Despite the apparent lack of funding, services and understanding regarding Indigenous youth suicide, the Indigenous community is resilient and supportive, providing a protective web for their young people and each other.

CERTIFICATION OF THESIS

This Thesis is entirely the work of Caitlin Jane Elizabeth Easton except where otherwise acknowledged. The work is original and has not been submitted for any other award, except where acknowledged.

Principal Supervisor: Professor Don Gorman

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Student and supervisors signatures of endorsement are held at the University.

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LIST OF ABBREVIATIONS

AMS	Aboriginal Medical Service
Etc.	Etcetera
NGO	Non- Governmental Organisation
QPS	Queensland Police Service
WHO	World Health Organization

LIST OF DEFINITIONS

Bundjalung	An Aboriginal Nation of Australia
Gunggari	An Aboriginal Nation of Australia
Kamilaroi	An Aboriginal Nation of Australia
Murri	A demonym for Aboriginal people from Queensland
Roo	A Kangaroo, a large marsupial native to Australia

CHAPTER ONE – INTRODUCTION

1.1 Background

I am a proud Aboriginal woman, from the Bundjalung Nation, with my birthplace being Murwillumbah, New South Wales. As a result of the operation of the Stolen Generations most of my Indigenous family history has been lost. This loss is the driving force behind my passion to prevent suicide, as with each death we not only lose a member of society, but also a piece of our culture dies with them. I am a lead cast member in Australia's only Indigenous Opera company - Short Black Opera (presenting *Pecan Summer*). Due to this involvement, I have also been welcomed and accepted into the Yorta-Yorta Nation of Victoria, as guardians of the stories and Dreaming which is featured in the opera *Pecan Summer*. I am a wife, married to a Gunggari man, and a mother of one, who was born prematurely during this research.

I have a strong sense of belonging to my culture and have been raised to treat my Elders, the guardians of our knowledges, with reverence and respect. I recognise the faith that our Elders place in my hands as a researcher and treat this trust as a privilege, especially as this research took place on the land of the Kamilaroi people, not my own.

I was blessed to be born into a family where communication and relationships are everything. I am an only child and my family moved several times in my youth, which meant that our little family unit of three was always very close, as we experienced all the adventures that come with relocating together. My parents made sure that there wasn't a subject I couldn't approach them about – and openly discussed mental health. I was diagnosed with depression at age 14 and continued to speak openly with my family about my mental health. However, in 2015 I became (what I termed) as "irrationally rational", a point where I had become so irrational, that it seemed rational to take my life. Thankfully, I believe that my relationship with my family and my ability to communicate exactly what I was feeling, what I was intending to do, meant that I was able to be kept safe, and survive that period of my life.

It was after this experience that I realised that I had access to all the supports, I had health insurance which meant I didn't have to wait months to be seen my health

professionals, I had access to my family and support network, I had a university level education and was trained and delivered training in suicide prevention, and yet, despite all those advantages, I had a suicide story. If I could experience the darkness that I felt during that time, and nearly not survive, what chance do those who don't have those advantages when they become "irrationally rational"? This was the beginning of my research journey.

1.2 Global Suicide

According to the World Health Organisation (2019) approximately 800 000 people lose their life to suicide each year. Examining available data from 2016, the World Health Organisation (WHO) determined that globally, more people die each year from suicide than from breast cancer, homicide and malaria. WHO found that suicide was the second highest cause of death in young people aged 15-29 and the third highest cause of death in people aged 15-19 years (World Health Organization, 2019).

WHO found that while there were similar number of suicide deaths between males and females in the 15-19 age group, suicide was the second leading cause of death for females aged 15-19 years, and the thirds highest cause of death for males in the same age bracket (World Health Organization, 2019) .

According to WHO, there are similar rates of suicide across low, middle and high income countries, however in low to middle income countries the suicide ratio between males and females were similar, however in high income countries the suicide rate was three times that of males to females (World Health Organization, 2019). Pollock et al. (2018) highlighted that several studies have been conducted in high income countries such as Australia, Canada and New Zealand and that there is a consistently elevated Indigenous suicide rate across these countries and a disproportionate amount of suicide deaths in Indigenous populations when compared to that of non-Indigenous people.

1.3 Suicide in Australia

I believe that when society loses a person to suicide, they not only lose a valuable member of society, but they also lose a valuable part of culture.

In Australia suicide remains the leading cause of death of Australians aged 15-44 years of age and suicide accounted for more than 97,066 years of potential life lost, the highest of all leading causes of death in 2014 (Australian Bureau Statistics (ABS), 2014). Suicide in Indigenous Australians was largely unheard of up until the 1960s where suicide rates started to increase, eventually reaching endemic proportions in the 1980s and has remained as a high priority area of concern since (Nasir et al., 2016). Suicide rates for Indigenous Australians are now estimated to be twice that of non-Indigenous Australians and in younger Indigenous people (ages 15-24) the ratio is estimated to increase to 4:1 (Milnes et al., 2011).

The suicide rates, for Indigenous and non-Indigenous Australians demonstrate a correlation between remoteness of residential address and suicide. The suicide rates in very remote Australia are twice as high as those of major cities. Indigenous Australians comprise a larger part of the population in remote and very remote areas and therefore experience an increased rate of suicide (Milnes et al., 2011). Interestingly, the First Nations of Canada are experiencing similar significant youth suicide rates in their communities, with data in 2002 showing suicide rates of up to six times higher than non-First Nations youth (Canada Health, 2003).

1.4 Review of Literature

Whilst working as a part of a research team investigating the role of Elders in Contemporary Indigenous communities (Busija et al., 2020), and a second project examining the effectiveness of community lead suicide prevention programs (Nasir et al., 2017), it became apparent that there was a particular concern in the Indigenous community in regional and remote Queensland about the number of suicide deaths in Indigenous youth. St George was identified across several research sites as being a location of particular concern, with the apparent suicide deaths of Indigenous youth impacting families in other towns. It was suggested that we consult the Indigenous community members and service providers in St George about what they felt were influences in the suicide deaths of their youth.

A systematic literature search was undertaken, informed by guidelines from the Preferred Reporting Items for Systematic Reviews and Meta-Analysis model (PRISMA) (Moher et al., 2014). Fourteen databases were explored using the keyword "Indigenous" and "community consultation" and "suicide" in article titles and abstracts. The article titles and abstracts were then screened for the keywords and other internationally relevant alternatives: "Maori", "First Nations", "Native American", and "Aboriginal". Due to a limited number of returned articles, the search was then supplemented with similar search terms: "Aborig*", "participatory action" and "community participation".

After screening abstracts and the removal of duplicate studies, the search returned very few articles. Whilst there were several returned results for suicide prevention programs in Australia, there was really only one community consultation based publication on suicide prevention in Indigenous Australian communities, and one similar project from the First Nations of Canada. These selected articles used community engagement and social action to increase health equity, a movement strongly supported by the Australian governments "Close the Gap" initiative (Wallerstein & Duran, 2010). There is an obvious gap in the literature in regard to meaningful community consultation with Indigenous communities in Australia in particular regard to Indigenous Youth Suicide, its causes and its possible prevention strategies.

1.4.1 Australian Investigation into Indigenous Suicide

During 2012-2013 Cox et al. worked with Indigenous Australians in communities across Australia to develop, deliver and evaluate a program designed to increase the resilience and reduce suicide and psychological distress of Indigenous peoples, but also to empower and strengthen the community to address the social determinants that contribute to the identified distress, self-harm and suicide (Cox et al., 2014). Using a two phase process, in the first phase they aimed to build relationships with community members and stakeholders, hold focus-groups and interviews as well as workshops. The second phase saw the focus shift from knowledge gaining to the development of an empowerment program. Using a thematic analysis, the findings of the paper highlight that similar issues/themes were identified in all eight communities

examined. An evaluation of phase one led to the development of guidelines for establishing and implementing community empowerment programs. Whilst the full details of these guidelines are not revealed in the publication, they do however highlight the need for programs to be culturally appropriate and focus on enhancing Indigenous well-being and creating a sense of belonging (Cox et al., 2014).

The use of Indigenous participants allows for culturally appropriate research to be conducted. However, there is no statement of fact in the article demonstrating questions or guidelines posed for participants during the research. There appears to be no obvious statements of bias, however there is no indication as to how co-researchers conducted interviews or collected their data, thus potentially placing co-researchers in an Interpretative position and thus could contribute to bias (Fahy & Harrison, 2005). As constructive methodology relies on knowledge that construction of meaning happens at two levels; individual and intersubjective, researchers should have used exploratory methods to confirm meanings and intentions behind statements in interviews (Fahy & Harrison, 2005), however there is no evidence of how this was explored in the paper.

1.4.2 A Canadian Perspective on First Nations youth suicide

Participatory action research focus groups were conducted across three central Canadian First Nations reserves in 2005 (Walls et al., 2014). The purpose of these focus groups was to discuss the effect that suicide in youth was having on their community (Walls et al., 2014). The authors explicitly state that the aim of the paper was to provide an opportunity for First Nations people to have voices in academic literature surrounding the subject of youth suicide across several Frist Nations reserves in Canada, and a step in efforts to break the drastic underrepresentation of their voices in literature (Walls et al., 2014). Quoting Cutliffe (2005) the authors recognise gaps in knowledge in published academic literature in regard to the community needs and strengths in suicide prevention and their intention to rectify this (Walls et al., 2014). Similar to Cox et al., research was conducted using constructive and advocacy/participation paradigms, utilising the knowledge's of participants to not only gain data needed, but to also develop the research in its entirety (Fahy & Harrison, 2005; Walls et al., 2014).

The authors clearly indicate who was involved in the research and why. In this case, there were two focus groups held in each reserve. One contained Elders, chosen because of their "cultural status as wisdom-keepers, storytellers and respected caregivers" (Walls et al., 2014). The second focus group included service providers who worked in the community. These service providers were selected because of their proximity to the issue and their experience in dealing with crisis situations (Walls et al., 2014). Coincidentally all service providers present were also First Nations community members themselves and were able to maintain their kinship roles in addition to their professional roles in the group (Walls et al., 2014). All interview questions were developed in conjunction with the advisory board for the area in which the research was taking place. Focus groups were facilitated by the first author of the paper (a member of the cultural group in question) and were recorded on audio tape, then transcribed verbatim (Walls et al., 2014).

1.5 Literature Gap

A search for papers investigating Suicide in St George produced no academic results, however literature examining Indigenous suicide and youth suicide supported that the study should be investigated.

Positive outcomes stemming from the analysed available research supports the idea that further research using a whole of community consultation approach to develop an understanding of suicide in Indigenous youth should be conducted in Australia, and particularly in a town such as St George with a significantly high Indigenous population, no published academic literature and an anecdotally disproportionate high rate of youth suicide.

It is evident community consultation in Indigenous communities is vital to successful program outcomes. The methodology proposed by Isaak, Campeau et al. would transfer well into Australia as they indicate participant recruitment and research challenges as well as touching on "the sharing circle" (Isaak et al., 2009) which draws parallels to Indigenous Australian "yarning groups".

1.6 St George

St George is a rural community located in South West Queensland located 513 kilometres due west of Brisbane on Kamilaroi Country. It is located on the Balonne River and is at the junction of the Castlereagh, Monnie, Carnarvon and Balonne Highways. It is a thriving community that mainly produces cotton, sheep and wheat.

As at 2016, the town of St George had a self-identified Indigenous population of 520 persons, equivalent to 21.7% of the total population of St George, significantly higher than the 4.6% average across Queensland, and the 3.3% of the total Australian population. The average age of Indigenous Australians living in St George was 25 (Australian Bureau Statistics, 2016). After an extensive literature search, no academic publications were found to report formally on Indigenous youth suicide in St George, Queensland.

1.7 Issues surrounding Indigenous Research

Indigenous people have long grown tired of being "subjects" in research and have developed an understandable sense of mistrust of researchers. Thankfully there has been a shift in attitude of researchers in more recent times with researchers now consulting and collaborating with Indigenous peoples (Wand & Eades, 2008) enabling researchers to slowly close the gap of mistrust, and instead of just taking from a community, involving it and appreciating the wealth of knowledge that our Indigenous peoples have and allowing them to remain in control of that knowledge (Kendall et al., 2011). Indeed, there are now projects that have not only consulted with Indigenous communities, but also trained community members to be Indigenous researchers and collect data from their community in a culturally safe and valid way, but also providing them with a skill that is transferrable into other research areas, essentially removing the non-Indigenous researchers from the "ground-work" and allowing trust to once again be built (Kelly et al., 2012). By using Indigenous researchers, with guidance and permission from the local Indigenous community and their Elders, reciprocity becomes a key element in research and as such the community is no longer taken advantage of, with research findings being given back to the community.

1.8 Ethics

All research was conducted in accordance with the National Health and Medical Research Council 'Ethical guidelines for research conducted with Aboriginal and Torres Strait Islander people' (National Health Medical Research Council, 2005) Formal approval was granted by the University of Southern Queensland (approval number H16REA234) on 18/4/2017 and no research took place prior to this. Participants were provided with, and taken through, a Participant Informed Consent form, and data collection only took place after the participant has given their informed consent. Participants were able to withdraw from the study at any stage of the research project and in the interest of reciprocity, results from the research project will be made available to the participants at their request (National Health Medical Research Council, 2005). Participants were required to be over the age of 18 for the purpose of this study.

CHAPTER TWO – METHODS

2.1 Methodology

Using participatory action based research I conducted 4 interviews (3 one-on-one and 1 joint interview at the request of the participants) to determine what the Indigenous community of St George, Queensland, believed to be influences on Indigenous youth Suicide in their community. The interviews took place in St George in mutually agreeable locations between the researcher and participant to ensure cultural safety. Recruitment was via self-nomination of interested parties who were informed of the research via word of mouth in community or direct referrals from service providers. For this project, a small sample of participants was proposed to be used n=10 with a proposed breakdown of n=5 Indigenous community members and n=5 service providers. For the purpose of this research project a 'service provider' was identified as a person, or group of people that worked directly with youth in the community, such as allied health professionals, teachers, emergency services personnel etc. After initial recruitment the active participant numbers were n= 5. All participants chose to identify as a service provider and three participants identified as being Aboriginal.

I had originally hoped to be able to interview 10 participants, however, despite having three separate research trips to St George, and having a list of willing participants from earlier discussions, I was only able to recruit five participants. On two separate trips I had Aboriginal participants indicate their willingness to participate, only not to return phone calls, texts or emails when I arrived to interview them at the requested time and location. Once I left St George they would respond to reschedule, but again failed to show the next time I visited the community.

In addition to this, my liaison with the community had to take unscheduled leave the week that they had arranged for me to come to St George. This meant that I did not have access to them or the contact details of participants that didn't arrive to the interview.

Participants were given the option of having one-on-one interviews or joint interviews. This allowed for participants to identify issues in the one-on-one interview that they may not feel comfortable raising in a group and will, on the other hand, allow freedom of thought and speech in the joint interviews as participants may prompt a response that may have otherwise not been divulged. Participants were “collaborators” in this research project, rather than “subjects”.

I determined the attitudes and beliefs in St George by using open-ended questions which I used to help guide the conversations.

Interview questions included:

- Is there an issue with youth suicide in your community?
- Does the number of youth suicides in your community match what is formally reported?
- What problems are youth in your community facing that may lead to suicide?
- What influences youth suicide in your community?
- Are you aware of any current suicide prevention services available in your community?
- What happens if a youth is at risk of, or attempts, suicide?
- What happens in community when a youth suicides?
- Are you aware of anything in your community that helps to prevent youth suicide?
- How does the suicide of a young person affect your community?

Interviews varied in length dependant on participant engagement. As the topics discussed were of a confronting nature some participants were willing to share more, or enter into a deeper level of discussion than others. The shortest interview went for 12 minutes and the longest stopped at 43 minutes. Interviews were conducted in one sitting, however participants were aware that at any time they were able to stop the interview to take a break or reschedule or conclude the interview entirely. Participants were made aware that that for the purpose of this study “youth” was anyone aged under 23 years, in line with local service provider guidelines.

Participants were made aware of what the interviews would be around during recruitment and consent to interview and participants were not required to do any preparation work before the interviews took place.

Interviews were recorded by audio equipment and conducted by me. They were then transcribed verbatim upon which point I began to analyse the data.

2.2 Analysis

Interviews were focused on determining the attitudes and beliefs of the community in regard to Indigenous youth suicide and thus conversations were based on the issues of suicide, the number of suicides in the community, identifying problems that effected youth in St George, potential influences of suicide, the awareness of the community and community response to incidences of suicide.

A thematic analysis looks across data, comparing responses to identify reoccurring patterns of meaning (Braun & Clarke, 2006). Using the framework for thematic analysis proposed by Braun and Clarke (2006), I familiarised myself with the data and identified initial ideas and trends in 11responses. I then generated broad initial codes by identifying interesting features in the data and coding them as such. These were sentences, words or thoughts from the participants that were helping to tell the story. Broad codes were things like “suicide” “effect on family” etc.

I then searched for themes by collating the preliminary codes into potential themes and gathering data relevant to each potential theme. This is where preliminary themes emerged, such as “disengagement”, “discrimination” and “distress”.

I then reviewed themes by checking that they worked in relation to the coded extracts and the entire data set, which created a “thematic map” of analysis. Ongoing analysis helped to refine themes and to ensure that the themes told an accurate story of the data, and eventually led to the final themes, “Community insight”, “Community Influence” and “Community Response”.

CHAPTER THREE – FINDINGS

Interviews were focused on determining the attitudes and beliefs of the community in regard to Indigenous youth suicide and thus conversations were based on the issues of suicide, the number of suicides in the community, identifying problems that effected youth in St George, potential influences of suicide, the awareness of the community and community response to incidences of suicide. After reviewing the dataset, three key overarching theme areas were identified – Community Insight, Community Influence, and Community Response. This chapter will examine those three key themes and how they work together to answer the question of what influences suicide in Indigenous youth in St George.

3.1 Community Insight

When I first travelled to St George, prior to beginning my research, I was talking to members of the community at the local school fate. When I mentioned to them that I was interested in doing some research within the community and they began telling me of the horrors that the community were facing – an "Ice" epidemic, alcohol abuse, domestic violence, death, and the children who were stuck in the middle. Old enough to understand, but too young to be able to create their own change. Children who lived through droughts, through addiction, abuse, unemployment and seemingly no end in sight. Children who, whilst experiencing the troubles reserved for adults, were faced with their own set of challenges. School, trying to find a sense of belonging, a sense of identity. The throws of "teenage-hood" love, lust, new life experiences. These children told stories of their friends that couldn't handle it anymore, that were turning to drugs and alcohol.

The children who were lucky enough to escape the clutches of despair had to watch their classmates, their friends, their neighbours struggle instead. Children were having their support network taken away from them, one person at a time. Only to eventually come to the end of their schooling (if they made it that far before dropping out) that were now faced with the reality that there is no work, that they could either leave town to seek a job, or stay behind and hope for the best.

I was told of the huge numbers of suicides that the community was experiencing, that they were losing children monthly at their own hands. The community told me they wanted something to be done. They told me that they wanted better lives for their children.

3.1.1 Influences

Once I reached St George and began consulting with participants these influences were confirmed. I was told stories of youths who were struggling with their sexuality and, to cope with such difficulties were adopting risky behaviours which perhaps otherwise they would have avoided. I learned that youth in St George are being exposed to drugs, alcohol, bullying and domestic violence. Many of these children are withdrawing from school and run the risk of "going unnoticed" at best or the alternative of coming into conflict with the criminal justice system with the eventual likely consequence of ever-increasing periods of incarceration.

> "The precursors to the suicide are also precursors that involved leaving school early, difficulties with education and all that sort of stuff .You generally would find that they are once again further marginalised out of mainstream response services…Three droughts….lack of employment opportunities, lack of engagement by government and NGOs locally, disassociation from family structure…has caused a fairly significant breakdown and unfortunately the Indigenous population, already marginalised, get further marginalised. Then you throw in an Ice outbreak then epidemic, which unfortunately will target all members of the community but once again, those marginalised seem to get exposed a bit harder" (Participant 4).

> "So job opportunities, training opportunities, are all decreased because you're not necessarily got that piece of paper. So then (without the piece of paper) there's the substance abuse. So definitely drugs and alcohol. Alcohol is still a big issue, even though drugs is sort of the primary focus a lot of the time" (Participant 5).

> "You don't really know, because you don't know why they do it. Depression maybe, in the community, because we're influenced by other people around them to drink, take drugs, become depressed and don't talk to anyone about it" (Participant 3).

> " Drugs...just all of them, like any, the one that's most popular at that time. It comes in waves and sometimes they might go on Ice but then going back five years ago it was like petrol, paint sniffing, things like that. You'd have little waves of it. But alcohol has always been around" (Participant 2).

3.1.2 Number of Suicides

While the significant influences above had perceptually increased their risk of suicide, there simply isn't the statistical support for that view, either at a local agency level or from the Australian Bureau of Statistics. All participants noted that the community hadn't experienced any youth suicide physically in St George for several years, but all recounted the effect of suicides with some relationship to the community but occurring elsewhere.

> "We haven't had any for a couple of years. I think the last one would have been two years ago, two to three years ago. But that was like where the kids had grown up here and gone. So it is still very close to us because it's family members" (Participant 1).
>
> "She was in Adelaide. I was in Melbourne when I got the call. She wasn't in our school but had been. The other one wasn't in our school but was related to one in our school, and that one, just the shame of it, from the family, they felt so much shame that she had chosen that way" (Participant 5).
>
> "This young boy who did that, he was only 14, his family is huge, and they are here, they are in Toowoomba, they are everywhere. It really affected us, the Toowoomba community, Moree, it wasn't just St George that felt it. It was where all his family originated from. We were all affected" (Participant 2).

It is clear from the participants that although the deaths referred to, whilst not occurring within the geographical boundary of St George Queensland, the community had related, and reacted to, the suicide just as graphically as if it had happened in St George. It is realistic to infer that many Indigenous youth suicides occurring throughout Australia have a similar connection to those who reside within the geographical boundaries of St George; that as their deaths took place away from their St George home that none would be listed as a St George suicide according to the ABS.

It is apparent that the perception of the extent of youth suicide on the St George Indigenous community is far greater than the statistical reality which the strict reporting paradigm demands. Another dimension of the skewed frequency of youth suicide is to be found in the reluctance, albeit a legal imperative, to find at a coronial level a cause of death described as suicide. Drawing on ABS data (2009) The Australian Senate's report *The Hidden Toll, Suicide in Australia* (2010) highlighted the complexity of the Coronial process of determining a death as a suicide. It draws on the different

layers of the process, from the Coroner's being required to prove that the death was a deliberate act in which the deceased intended to end their life, taking into account whether the deceased was cognitively aware of their decision and if their mental state at the time of the event may have made them legally unable to be considered competent at the time (eg under the influence of drugs or alcohol). The Coronial process may also include taking into account data provided by the police and the family of the deceased. To complicate this process further, *The Hidden Toll* (2010) also notes that Coroners have historically taken into account the religious and/or cultural implications that a death being declared as a suicide may have on the bereaved family. These factors all lead to the potential for significant underreporting of suicide deaths, with many being classed as an accidental death, or misadventure.

The research revealed that both within the community itself as well as the service providers, that there is little doubt that deaths attributed to being a result of "misadventure" or "accidental death" were in fact suicides.

> " That's obviously very difficult because what QPS report and what the coroner finds can be two different things. I am aware of some matters which have been indicative of suicide which were never recorded that way, they were just a sudden death, violent or accidental through misadventure. Certainly, the precursors for those matters would then fall under the precursors for suicide. Whether the actual event is recorded as suicide is a different thing" (Participant 4).
>
> "So the two I dealt with, one was a "questionable" suicide, like the parents wouldn't have it, so they were more that someone had actually [means removed] the person. So there was this really vicious anger, aggression, toward who they believed had done it, and it ended up being deemed a death by "misadventure" (Participant 5).

3.2 Community Influence

St George truly is an old country town. There are no traffic lights or roundabouts, there are pubs on each corner and the local hairdressers are booked out weeks in advance but can always seem to squeeze you in and have a chat. Publicans know what drink they need to pour as soon as you walk in the door and it is the sort of place where people have lost track of who must buy the next round of drinks. The streets are filled

with utes and Land Cruisers and people casually leaning up against their car, catching up with their neighbours. It is the sort of place where near-sunset everyone starts muttering about "the damn 'roos" and pointing out "hot spots" where they are bad. The drought has been tough on the community and the river runs almost dry. You still see anglers trying their best as they sit on the banks of the mighty Balonne, fishing rod in one hand, drink in the other and dog by their side. It is hard to imagine, that there is however, a current of unrest within the community. The Indigenous community is close, but vulnerable. That's a problem in a town where everybody knows your name.

3.2.1 Inter-generational Unemployment

The participants identified several problems that are influencing their community and its general wellbeing. There was a strong current of recurring concern at the high levels of intergenerational unemployment in St George with all participants raising concerns about the lack of employment available, or youth not wanting to engage in employment as a problem and possible trigger for risky behaviour that may result in suicide. It is something most people don't even think about, but in St George, your surname can make or break you. When I first started research in St George on a different project, I was not yet married and thus carried my maiden name. I went into St George as a "Munro" and no one batted an eyelid. When I decided to conduct this research, I debated over what name to use, my maiden name, or my new married surname "Easton". However, community response was that the Easton name was held in good regard. It tied me to the community, I wasn't just some "kid from the city" but rather, by marriage, a member of the St George community. Others aren't so lucky, and their surname limits their opportunities, with children paying the price for the mistakes others in their family made before them.

> "… Unfortunately, people hear a surname and go 'no I'm not going to employ them, they're that family, or this family' So even if you've got a child with a strong work ethic, and wants to work, sometimes their name, people won't employ them because of their name…There is still a group of children who themselves don't want to work, don't want to do work experience. They don't have any of the skills of turning up on time, typically they are the kids who you see come to senior and they cancel enrolments because they are not engaging with senior as well. So, there is nothing for them. Where do they go? Some of

> them just couch surf and hang with the crowd. So, they just start drinking and doing whatever. We tried to put one young fellow on as an apprentice boilermaker and he said 'I earn more money on the dole'" (Participant 5).

3.2.2 Identity

With Aboriginal children being overrepresented in the youth justice system as well as within the foster care system (Blackstock et al., 2020; (Hamilton et al., 2020) it wasn't surprising that points on a lack of connection to culture and cultural identity were raised with great concern.

> "We've had a lot of kids return to us out of foster care and residential foster care, so they've not even lived with families, a lot of them. So, that's been a real challenge in the last couple of years for us. That's a new thing, and they're coming back to grandparents who may never have lived with them, never worked with them… There's also a lack of leadership in our Elders. We don't have strong leadership, so we can't go to our certain Elder family groupings and say hey, Johnny needs a talking to. We don't have that, and the Elders we do have, the kids don't respect. …Even that sense of culture and knowing country, knowing your culture, our kids don't have it. You've got to know, for any child, whether they're Indigenous or not. You've got to know who you belong to who's your mob, regardless of whether you're black, white, brindle you know? You have to know, and you have to know what that mob believes in… I do think that's a big issue for our kids, that lack of – they have that – they have an identity as to their family grouping, but I don't think a lot of our kids have an identity as far as what the cultural meaning of that family is" (Participant 5).

3.3 Community Response

The Balonne river seems to have two settings – empty or flooding. In both times, the community rallies together, keeping an eye out on their friends and family during drought, or coming together to help load sand-bags to keep the rising flood waters out of homes. St George comes together in time of need forming a web of support – each person doing their bit to make sure that no one falls through the cracks into despair. But a community can be divided, the very people that once stood with you, can now stand against you.

3.3.1 Guilt and grief

There was a significant amount of information regarding the effect that suicide has on the community and the ongoing trauma that is happening because of it. The participants spoke of the suicides that have affected the community and the total disharmony and guilt that was created within the community, that continues today. Chappel, (2015) explored the way that people react to "taboo deaths" such as murder and suicide and highlighted that it is often different to other deaths, with the reactions to such loss of life are often based on a variety of factors including the events leading up to the death, perceived social value of the deceased and the amount of suffering. Historically, many cultures and religions have seen suicide as a taboo subject, with those deaths being shamed within their respective community. Consequently, the participants spoke about the effect that suicide has on the bereaved, sharing the sense of guilt and sadness felt by those left behind, and indeed the anger felt toward the deceased and those that may have performed a perceived part in the death of the young person.

> "Everyone has a sense of guilt, where if it's an accident or an illness it's out of your hands. I think the guilt and shame is a big, big thing among families that stays there for a long period of time. That 'Why didn't I see it? What else could I have done?'. So – I think, like any death, people go a month after, three months after, and they forget, or they don't know what to say. So, that's - I don't see – like, if you have an Indigenous funeral, it's not like only Indigenous people go. Our community is so connected that if a child dies, it's a child. Like, it's one of our kids. It's not like, oh, it's just an Indigenous kid. So, that's really, like – I guess, in our community, and maybe that's my naïve view, but I guess that I take the view that they're all our kids, no matter who they are" (Participant 5).

> "Lots of grieving. There are kids that are the same age and they're grieving because they were friends with that person, just lots of anger and lots of talk that isn't true obviously…"(Participant 1).

3.3.2 Anger and Violence

All participants spoke of the strong, angry and often violent response from the effected families which flows into their networks and creates disharmony within the St George community. The participants indicated that bereaved families often wanted to assign blame to another person for the death. There was also talk of guilt within the St George community.

> "There's always someone that gets blamed, or a group of people that get blamed as a result of it. There's not a lot of ownership within the individual family. That's a natural grieving process, they want to blame someone…that in those crises will generally be fairly explosive and will escalate a lot of times into violence in other areas peripheral to what has actually happened" (Participant 4).

> " Lots of grieving. There are kids that are the same age and they're grieving because they were friends with that person, just lots of anger and lots of talk that isn't true obviously…There was a young girl, they had to hide her because she couldn't even come up to the shop. She hid for 12 months, had to just stay at home with Mum and Dad couldn't go to school, couldn't even come up to the shop because if anybody or the family had seen her, they would jump her. It was really scary for her and her family, even though she wasn't directly involved in it. It was just small-town gossip things were made up and stuff like that and she got into the middle of it, so it was really scary for her because she had to hide and couldn't even go to school or anything. I wouldn't stay that it is completely finished because some of those family members have moved away as well, but if she is unlucky enough one day to run into somebody then I don't know what the consequences would be" (Participant 1).

3.3.3 Support

Whilst all participants acknowledged the first line of support is to be found within the family they also acknowledged the inherent defect of an interfamily breakdown if suspicion and anger feature in the reaction of various individuals of the families.

> "Support wise – it's just family. Then sometimes that doesn't work because there's anger, like family members – one family member might be blaming mum and dad and then mum and dad will be blaming community member and stuff like that, so there is lots of anger. There's really nothing to help anybody with that" (Participant 1).

Given the remoteness of St George there are few support agencies available in St George to attend to the higher mental health needs of the community, additionally a major stumbling block is the reluctance of Indigenous people to approach such

providers who would be able to give that support. Goodwin-Smith et al. (2013) referenced the work of Shneidman (1972) who termed the support offered to those bereaved by suicide as "post-vention" and who also highlighted that the largest public health problem is not suicide prevention but rather it is the need to ease the effects of stress on those that are bereaved or survive suicide. They note that such postvention services are a vital link between the community and the bereaved family and may include debriefing sessions, counselling and family support. Wilson and Clarke (2005) also highlighted the importance of postvention support noting that those that are bereaved by suicide are themselves at an increased risk of mental ill health and suicide. Participants indicated that there was "nothing and then everything", discussing the "wave" of pre and post -vention support that is delivered to the community after suicide within the community.

> "There's not enough, no. There's not enough programs and there's not enough awareness. We've got lots of youth workers but I don't think they do enough work around that sort of – it's like a taboo subject" (Participant 3)…"They are like a craze too, if something happens in that community they base a lot of training and get the services in the community to address that issue, but if it's not an issue then there's nothing there. So if we have a random somebody that wants to suicide, there's nothing available to help them, but then when it does happen we have lots of services coming into the community bombarding us. Until then you don't know about any of these services in the community" (Participant 2).

> "I know that Lifeline run some stuff and Care Balonne run some stuff. A lot of the stuff has been funded through drought money which has obviously targeted a slightly different demographic because it's more those who are on the farms suffering from drought and so the targeted intervention was once again old and white. Everything we do is targeted at resilience building because government won't identify it, government won't fund it generally and it's left to the NGOs. Unfortunately, the NGOs are, as a historical thing, they're old and white. If you look at Lifeline, the structure of Lifeline is historically old and white people. If you look at the church and any church associations it's old and white people, and therefore once again the marginalised coloured kids get left out" (Participant 4).

> "There's not enough awareness in the community and kids, they need to be taught a lot more about how to deal with it. I think the community as well, the whole community" (Participant 2).

> "We've got some really damaged, emotionally damaged children, and physically for some of them, or sexually. So for us that is a whole new challenge where, in Toowoomba, they get Evolve, and they get all these psychiatrists.

They get all of that. We've got none of that. It's you know, it's me. It's realistically me working with these schools truing to help them understand what these kids need" (Participant 5).

"You know us, Murri people, we don't talk to people about anything. Even after it has happened, we don't go and seek help, counselling. We just deal with it ourselves….I know there is a lot of blame and they're not accepting, maybe this is why this has happened, not seeing help afterwards" (Participant 2).

"We have a counsellor at the AMS, a child mental health worker at the hospital, or if she isn't available – the adult mental health services. As well as the guidance officer the school, I guess the community chaplain, the school nurse. They are all there as the first point of call if there are concerns about kids" (Participant 5).

CHAPTER FOUR – CONCLUSION

4.1 Implications

The St George service providers were able to identify what they believed to be clear influences for suicide in their region. While small in nature, the study found similar themes and influences to that which was found in Wells et al. (2014). Participants identified that influences were across many levels of society, highlighting that many issues were not only affecting the individual but that it is an issue that is also at a community level such as drugs and alcohol abuse.

It was identified that many of the children that the participants were working with had disengaged from formal education and consequently were either "flying under the radar" or coming into contact with police due to misadventure. The service providers identified that there was a strong multigenerational influence in the community, but that influence was generally of a negative nature. Many families had experienced multigenerational unemployment and participants identified that formal education, particularly post-secondary school, was not considered a high priority. The participants highlighted that there was little engagement between Aboriginal Elders within the community and Aboriginal youth. The participants reflected that if the community was able to encourage positive interactions between Elders and youth that children may be more likely to reengage with schooling and be more willing to take pride in their cultural heritage.

The emerging theme of family disengagement is not unexpected, with 1 in 6 Aboriginal children currently receiving Child Protection services nationally and 1 in 18 Aboriginal children in out of home care (Australian Institute of Health and Welfare, 2020). It can be argued that this overrepresentation of Aboriginal children in care is a significant factor in youth suicide as children are removed from their support network, their loved ones and their culture.

Participants expressed frustration at a lack of consistency at a National Government level, in particular regarding community program funding for suicide prevention and postvention support. Participants were concerned that there was very little public mental health support available in St George, with private psychologists often out of

the financial reach of those that need it with both the public and private sector having significant wait times. Participants were very concerned that youth that were at risk of suicide were often taken to Toowoomba for treatment, which again, removed them from their support network and cultural connections.

The participants indicated that there was limited funding available to the community for suicide prevention, with programs tending to be inappropriate in nature (for example, aimed at farmers) which the participants said limited those who felt they could access such intervention or support services. Of course, this could be a natural result of the underreporting of suicide deaths, resulting in misallocation of funding.

The service providers have indicated that there is a discrepancy between what the community "know to be true" and what is the decision of the Coroner. Several community members post-research have indicated that there have been a number of youth deaths by suicide, however that isn't being reflected in Coronial findings. The number of deaths ruled to be a suicide has long been considered to be inaccurate with many studies arguing that suicide deaths are being underreported at a coronial level. The Australian Senate's report *The Hidden Toll, Suicide in Australia* (2010) highlighted the effect that underreporting has on effective suicide prevention and funding allocations. It drew on Professor Ian Hickie's statement that underreporting was a national tragedy and that in doing so resources may be being directed away from the high risk groups in communities that need support, and that there is no way to know if policy and program initiatives are working as they were truly intended.

I believe that further research would be warranted in investigating the disparity of perceived suicide deaths and the actual statistics. Until such time as either the Coroner finds deaths as suicides in St George, or until suicides of St George youth that occur out of the geographical boundary of the town are counted toward St George's suicide statistics, it is unlikely that St George would receive the additional support that the service providers have indicated a need for.

Further investigation would also be warranted into the effect that a death has on a community other than where the death has taken place. Due to the above disparity between reports and findings, the Toowoomba suicide of a St George youth would

have significantly more influence on the community of St George than the community of Toowoomba, however, as the suicide has taken place in Toowoomba post-vention support would more than likely be allocated to Toowoomba, not St George. The current model of post-vention support, in which agencies and not- for -profit bodies are able to apply for funding based on ABS data, doesn't take into account where the youth lives, or has lived and the impact that a death would have on a community other than the place where the death occurred. As highlighted in *The Hidden Toll* (2010) this, along with the underreporting of suicide deaths, may result in the misallocation of funds and doesn't allow for reliable data analysis of suicide prevention programs.

4.2 Limitations

There are some limitations in this research. A natural limitation is that I only interviewed participants that were over 18years of age. Whilst the research is investigating youth suicide, having their voice not be heard within this project is an obvious downside. However, given the current state of mental health supports available in St George, alongside an anecdotally high rate of youth suicide, I chose to not run the risk of exacerbating, triggering or otherwise exposing children to vicarious trauma, by participating in this research.

As discussed previously, the logistical issues surrounding participant requitement could be considered a limitation to the study. However, despite the small number of participants, the themes that have been identified almost echoes the findings of Walls et al. (2014), in their much larger study of influences on First Nations youth suicide. This could suggest that Indigenous people, regardless of where they live in the world are experiencing the same factors in youth suicide.

It has been suggested (after the study was completed) that w24hile the community were originally eager to accept me as "one of their own" having married into the St George community, the realisation that I was "part of the community" could have meant that participants may have felt that they would not have true confidentiality. There are reports that in some situations in St George, service providers breached confidentiality "for the sake of a good story" and that therefore participants may not

have been certain that confidentiality in my study would truly apply. It has also been suggested that there could have been some confusion in regard to "mandatory reporting" and that potential participants may have been concerned that there could have been legal ramifications if they participated and that may have affected their freedom, or that of their loved ones. The fact that the Aboriginal participants identified themselves as Service Providers supports this theory, as it reduces the potential to be identified in the wider community. In retrospect, this may not have happened had I used my maiden name during the study.

This therefore also creates another limitation. Of the three Indigenous participants all chose to identify as service providers, rather than as community members. Therefore, for the purpose of this research, I have only interviewed service providers. This could mean that the "Aboriginal community" voice isn't being accurately represented. However, just as in Walls et al. (2014), the service providers interviewed believed that they were able identify as service providers without losing their "Aboriginality". In addition to this, as service providers, the participants are also privy to information that the general Aboriginal community does not have access to, with a solid understanding of current data and trends within the community and consequently this may have allowed them to speak truthfully and may be viewed as a benefit to this study.

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