Optional Slides:

Aboriginal and Torres Strait Islander peoples

Mindframe

for journalism &
public relations education

Social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples

- The term "social and emotional wellbeing" is preferred by Aboriginal and Torres Strait Islander people.
- Trauma and grief are significant issues.
- Serious mental illness appears to be as common in Aboriginal and Torres Strait Islander populations as in the wider population.
- Aboriginal and Torres Strait Islander people have 3-5 times higher rates of involuntary hospitalisation but receive proportionately less specialised care.
- Aboriginal and Torres Strait Islander people are less likely to drink alcohol than other Australians, but those who drink are more likely to consume hazardous levels.

Suicide in Aboriginal and Torres Strait Islander communities

- Suicide and self-harm were not part of traditional Aboriginal and Torres Strait Islander communities.
- Suicide is more concentrated in earlier adult years for Aboriginal and Torres Strait Islander Australians, with the highest rates being for males 15-34 years.
- Death rates from suicide in Aboriginal and Torres Strait Islander people may be twice the rate for other Australians.
- Suicide among older Aboriginal and Torres Strait Islander people is low.

Suicide in Aboriginal and Torres Strait Islander communities

- Suicide used to be rare among traditional Aboriginal peoples and Torres Strait Islanders but has become more common in recent years.
- In 2010, there were 110 registered deaths by suicide of Aboriginal people in the five States and Territories considered.
- In 2010, suicide comprised **4.2% of all identified Aboriginal and Torres Strait Islander people** who died in NSW, QLD, SA, WA and NT that year. In contrast, suicide comprised **1.5% of deaths of non-Indigenous people who died that year.**
- Suicide is more concentrated in the earlier adult years for Aboriginal and Torres Strait Islander Australians than for the general Australian population.

Comparison of proportion of total deaths by suicide for Aboriginal* and other Australians, for selected States, 2004.

State	Origin	Proportion of total deaths %
NSW	Aboriginal	3.1
	Other Australians	1.2
QLD	Aboriginal	3.6
	Other Australians	1.8
SA	Aboriginal	5.3
	Other Australians	1.4
WA	Aboriginal	4.0
	Other Australians	1.6
NT	Aboriginal	5.3
	Other Australians	6.0

Australian Bureau of Statistics (2006).

* Aboriginal denotes Aboriginal and Torres Strait Islander

Feedback from Consultations with Aboriginal and Torres Strait Islander communities

- Mental health issues for Aboriginal and Torres Strait Islander people are rarely covered by either mainstream or Indigenous media.
- Consistent negative portrayals of mental illness have an effect on stigma and how people view themselves.
- Negative reporting about mental health services is one reason people may not access them.
- There is a need for balance between reporting factually and being too negative.
- Where to refer people for help is problematic.
- More information around mental health promotion is needed.

Feedback from Consultations with Aboriginal and Torres Strait Islander communities (cont.)

- Aboriginal and Torres Strait Islander people may be affected by a suicide report whether the person is from their culture or not.
- Reporting of the method should be avoided because of copycat suicides.
- Any reports of suicide should respect the community's right to grieve and adhere to cultural protocols around naming and showing footage of a deceased person.
- Journalists reporting on suicide or mental illness should ideally have an Aboriginal or Torres Strait Islander background or have training in cultural awareness.

A stolen life

Mike Seccombe
reports

Mike Seccombe
Reports

IT TAKES surprisingly little time and effort to commit suicide by strangulation. It is not necessary to hang from the ceiling or jump from a chair. If the ligature compresses the most vulnerable part of your neck, the weight of your head alone is enough to cut the blood flow through the jugular veins and/or the carotid arteries.

Once that happens, or once your tongue is pressed up and back to block your windpipe, unconsciousness comes in about 10 seconds. Three to five minutes after that, your brain begins to die – the higher parts first, then, more slowly, the brain stem which controls the vital functions of heartbeat and breathing.

Dr Michael Zillman, forensic pathologist at the Royal Darwin Hospital, detailed it all quite unemotionally, and with the aid of diagrams, on the first day of the inquest into the death of an Aboriginal boy in custody.

It didn't take long for him to die, or for the doctor to explain the immediate cause of his death. Cerebral hypoxia is the medical term.

But the underlying causes of his death are much more complex.

He cannot be given a name, by court order made out of respect for Aboriginal cultural sensitivities. But the dead boy was only 15; he lived on Groote Eylandt in the Gulf on Carpentaria; he died in the Don Dale correctional facility in Darwin, hundreds of kilometres away from home, friends and family on February 9 this year. His life was an anonymous tragedy until, out of his desperation and possible mental illness, he ended it.
Suddenly, he was no longer anonymous. His death served to focus attention on the Northern Territory's laws, which mandatorily sent children to jail for the most minor property offences. His case resounded in Darwin, in Canberra, in Geneva. It threatened to split the Howard Government until the Prime Minister agreed to take steps to push the NT Government into modifying those laws. It helped focus attention on Australia's non-compliance with its human rights obligations and brought international criticism. It contributed to the Howard Government's increasing estrangement from the international community.

“It takes surprisingly little time and effort to commit suicide by strangulation. It is not necessary to hang from the ceiling or jump from a chair. If the ligature compresses the most vulnerable part of your neck, the weight of your head alone is enough to cut the blood flow through the jugular veins and/or the carotid arteries.”

Source: The Sydney Morning Herald, 16 September 2000

“It takes surprisingly little time and effort to commit suicide by strangulation. It is not necessary to hang from the ceiling or jump from a chair. If the ligature compresses the most vulnerable part of your neck, the weight of your head alone is enough to cut the blood flow through the jugular veins and/or the carotid arteries. Once that happens, or once your tongue is pressed up and back to block your windpipe, unconsciousness comes in about 10 seconds. Three to five minutes after that, your brain begins to die…”

The Sydney Morning Herald, 16 September 2000

SBS Television excerpt – “Family warned of suicide risk”

An Aboriginal woman who killed herself in custody showed signs of self-harm five days before she died, but authorities had not deemed her at a high risk of suicide...

Ms Ryan’s aunt Teena Bonham told Dubbo’s Daily Liberal newspaper her niece had tried to strangle herself with shoelaces while in police custody in Dubbo…

“She was smashing her head against the wall…(and) punching the wall. She kept saying: ‘I can’t go back. I’ll kill myself.’”

The 27 year-old was found hanging from a shower rail in her Bathurst jail cell on 23 March.

Staff at the jail has assessed Ms Ryan and believed she was not a suicide risk.

SBS (Living Black), 13 April 2005

Discussion questions

- Was the description of method really important to these stories?
- What risks exist when reporting on court proceedings in such detail?
- What other sensitivities need to be considered when reporting a suicide involving an Aboriginal or Torres Strait Islander person?

People from culturally and linguistically diverse backgrounds (CALD)

The mental health of culturally and linguistically diverse communities

- Over 250,000 people born overseas living in Australia will experience some mental disorder in a 12-month period.
- There are a number of factors that affect the mental health of people born overseas – eg pre-migration experiences; process of resettlement; individual responses to stress.
- Characteristics of the host culture will have an impact on mental health – eg discrimination, unemployment, dealing with immigration officials.
- Conceptualisation of mental illness differs from culture to culture – and level of stigma attached varies.
- Culturally and linguistically diverse people do not access mental health services as often as the mainstream population.

The mental health of refugees

- Refugees and asylum seekers have a wide range of experiences that may affect their mental health.
- In particular, trauma and loss may have profound ongoing effects on refugees.
- Common mental health problems are post-traumatic stress disorder, depression and chronic grief.
- Refugees who have a mental illness face many obstacles in accessing treatment pre- and post-migration.
- Mental distress is common in detainees.
- Prolonged detention has harmful effects on the mental health and development of adolescents and children.

Suicide in culturally and linguistically diverse communities

- Suicide rates differ between cultures – and the risk and protective factors may also vary.
- Suicide rates among people born overseas tend to reflect rates in the originating country, with convergence over time.
- About 25% of all suicides in Australia are by people born in another country (relative to % pop) with 60% of these deaths by people from a country where English is not their first language (>% pop).
- Males born overseas have a lower suicide rate than Australian born males, but females have a higher rate.
- Suicide attempts and self-harm are common in detention.