

Unit 9274 Advocacy for Change 2018
Assignment 3B
CASE STUDY 2000 (+/- 10%) words

ID number	u3187569
Assignment Title	Case Study
Weighting	45%
WORD COUNT N.B. 2000 +/- 10% is compulsory	1831

You must keep a photocopy or electronic copy of your assignment.

Student declaration

I certify that the attached assignment is my own work. Material drawn from other sources has been acknowledged according to unit-specific requirements for referencing.

Assignment Criteria

CRITERIA	RUBRIC	SCORE
Accurate information about the issue or group (25)	Accurate description of group/ issue/ problem Relevant definitions provided Up to date statistics provided Scale and scope of problem outlined clearly Impact on people described Causes of problem outline where appropriate	
Critical analysis of human rights or social justice and power relations (20)	Considers relationships of power Refers to appropriate international conventions, and/or domestic legislation Considers social justice issues including any of the following: access, equity, participation, rights and responsibilities, fairness Analyses these issues rather than just describes or mentions them	
Well formulated and appropriate action plan (25)	Applies a planning framework (week 2 lecture or/ and Ricketts or other) and identifies appropriate steps for advocacy Strategies clearly outlines Timeline mentioned Identifies type of advocacy Implementation plan in form of table included (Who, what, when)	
Clear, coherent written expression and logical structure and organisation of information (20)	Well structured- logical sequence of information Includes intro and conclusion Paragraphs and sections clearly linked Writing has no grammatical errors. Written work has no major errors in word selection and use, sentence structure, spelling, punctuation, and capitalization Written in an appropriate academic style	
Appropriate referencing (10)	Correct style (APA, UC Library Guide) Minimum 8 references 3 references from essential readings appropriately integrated into paper (These can include resources provided on Moodle each week)	
TOTAL/100		
Total/45		

Grader Comments:

Preventing Indigenous youth suicide

Part 1: Introduction

Amongst the many issues Aboriginal and Torres Strait Islander people experience in Australia, mental health places itself high on the list in terms of severity. Specifically, the issue of Indigenous suicide is of high concern. For clarification, youth includes teenagers and young adults. Suicide is the intentional act of taking one's own life, and which involve many factors that lead to this outcome. These may be depression and other various mental illnesses, bullying, trauma, and/or lack of support. Indigenous suicide was previously non-existent pre-colonisation, but suicide rates for Indigenous Australians and Indigenous youth in particular have become more prevalent as of recent decades and has consequently become a public health concern ("Aboriginal and Torres Strait Islander suicide: origins, trends and incidence", 2013).

Causes and effects

For Indigenous young people, there are an additional set of underlying issues that result in Indigenous youth committing suicide. The risk factors involved in Indigenous suicide primarily stem from the effects of white colonisation. These include cultural dislocation, poverty, unresolved trauma (specifically those caused by genocide and forced child removals), ongoing racism and discrimination, social and economic disadvantage and substance misuse ("Aboriginal and Torres Strait Islander suicide: origins, trends and incidence", 2013). The effects on communities are just as damaging. Family and community breakdowns occur, a normalisation of suicide develops, copycat suicides occur, and constant reminders of suicide appear (Korff, 2018).

Scope of the issue

Although the crisis of Indigenous youth suicide is occurring around most states in Australia, there is evidence to suggest that it is far more prevalent in rural and remote areas in certain states such as the Northern Territory. For the purposes of this case study and in order to realistically reduce the high occurrence of suicide, the scope has been narrowed down to only those that occur in rural and remote communities. The rate of suicide is higher in rural areas than in metropolitan areas due to a wide range of factors, one fairly significant factor being limited access to appropriate mental health and support services.

Statistics

Statistics provided by the Australian Bureau of Statistics suggest that suicide rates for Indigenous people are much higher than that of non-Indigenous people. In 2010, 4.2% of all registered Indigenous deaths were suicides, whereas for non-Indigenous Australians it was 1.6% ("3309.0 - Suicides, Australia, 2010", 2012). The following statistics outline evidence that Indigenous youth suicide is a public health concern:

- From 2012 to 2016, 90 out of all 337 suicide deaths in NT, NSW, QLD, SA and WA were those of Indigenous children and young people aged between 5 and 17 ("3303.0 - Causes of Death, Australia, 2016", 2018).
- The death rate for Indigenous children and young people from 2012 to 2016 was 9.8 per 100,000, whereas for non-Indigenous youth it was 1.9 per 100,000 ("3303.0 - Causes of Death, Australia, 2016", 2018).
- In NSW, QLD, SA, WA, and NT, "Suicide rates for Aboriginal and Torres Strait Islander females aged 15–19 years were 5.9 times higher than those for non-Indigenous females in this age group, while for males the corresponding rate ratio was 4.4." ("3309.0 - Suicides, Australia, 2010", 2012).

Part 2: Human rights/social justice implications

Suicide is an issue that not only affects the individuals at risk, but also the people around them, such as their family, friends and other loved ones. Suicide for Indigenous Australians is far more debilitating, thus it is an immediate health priority. Indigenous youth suicide is deemed as a human rights issue for various reasons (“Intentional self-harm and suicidal behaviour in children”, 2014). Firstly, Article 6 in the Convention on the Rights of the Child states that “...every child has the inherent right to life.” and guarantees “...the maximum extent possible the survival and development of the child.” (“Convention on the Rights of the Child”, n.d.). Secondly, being able to seek support is a basic human right, thus acquiring access to basic mental health care should also be a basic human right.

As it is a human rights issue, it is important to ensure that the issue be advocated alongside Indigenous Australians, rather than for them. The crisis of Indigenous youth suicide is a testament to the fact that there is a sense of helplessness felt within Indigenous communities. Indigenous youth in rural areas may feel a sense of shame or embarrassment with seeking help. There is also a fear of stigma regarding mental health and suicide in smaller communities, and this is a common barrier to increasing awareness of suicide. In addition, confidentiality is less guaranteed in insular communities when individuals *do* seek help (*MENTAL HEALTH IN RURAL AND REMOTE AUSTRALIA*, 2017). Developing effective approaches to suicide prevention in partnership with Indigenous community leaders will ensure that Indigenous youth have a sense of autonomy encouraging the notion that it is in their power to ask for support if they need it. In this sense, empowerment through suicide prevention approaches developed in collaboration with Indigenous communities will lower the likelihood of suicides occurring.

Part 3: Advocacy Plan

1. Hearing the story

Suicide in general is a sensitive topic for many people. For Indigenous Australians it is a far more delicate subject. Thus, it is vital to first be mindful of the concerns of the Indigenous community and their perspective. Advocating against Indigenous suicide inevitably means advocating alongside the communities that are impacted by this crisis. Change is only possible when Indigenous Australians do have a voice in the responses to and interventions that prevent suicide. Any and all suicide prevention approaches should be culturally informed and evidence-based and will be subsequently reviewed by Indigenous community leaders (Darwin, 2017). As a result, such responses and interventions will likely to be successfully continued over time (Hazell, Beaton, Perkins, Caton, Dalton & Delaney, 2017). In addition, consideration, sensitivity and respect should be exercised when listening to and hearing stories from certain individuals and families that have either lost loved ones to suicide or are currently struggling with suicidal tendencies.

2. Identifying issues

In advocating against ATSI youth suicide, it is important to identify firstly the primary issues surrounding suicide. The primary issues surrounding Indigenous youth suicide are more often than not substance abuse, lack of emotional support and stigma. It is also necessary to identify the risk factors that Indigenous youth are exposed to that increase the likelihood of them taking their own lives. These risk factors emerge from the effects of white colonisation. Some of these factors include ongoing racism, social and economic disadvantage, and loss of cultural identity. Ultimately it is also the limited access to mental health services that is the main issue being addressed in this case study. Limited access makes it difficult for Indigenous youth to seek help.

3. Identifying desired goals/outcomes

In order to reduce rates of youth suicide, the primary desired outcome would be to raise awareness. Raising awareness of how severe Indigenous youth suicide is the first step in preventing the high suicide rates that occur in the first place. The second most important goal is to ensure there is a thorough education of the risk factors involved. Ultimately, the end goal is to increase adequate access to mental health facilities for those who cannot reach them beyond their community. Adequate access to mental health and support services, which includes access to psychologists, psychiatrists and social workers would most likely be achieved through funding from government.

4. Problem solving

Before developing a plan to combat the concerns regarding Indigenous youth suicide, a thorough investigation and search into what services *are* already available for rural Indigenous youth is necessary. According to the Department of Health, "...mental health care in rural and remote communities is provided through community health centres, hospitals in major regional centres, and a small number of GPs. Many communities have no resident mental health services and must rely on visiting services or travelling to communities where services are available." ("Rural and remote communities", 2006).

There also needs to be more education surrounding Indigenous suicide in general. Some approaches to reducing suicide and improving mental health are already underway. One example would be Suicide Story, which aims "...to encourage suicide safer Aboriginal communities through strength based training that builds on the capacity within these communities to identify suicide risk and provide support." (Taylor, Dingwall, Lopes, Grant & Lindeman, 2012). According to the Closing the Gap Report published in 2018, "The Australian Government is investing \$10 million in the National Indigenous Critical Response Service (NICRS) to provide support to individuals, families and communities in response to suicides or other critical incidents involving deaths." (*Closing the Gap*, 2018).

5. Negotiating an action plan

The current plan of increasing access to mental health services for Indigenous youth living in rural areas will have a set timeframe, a set target audience and someone in charge to direct all advocacy activities taking place. The appropriate timeframe in which this will be carried out depends on the availability of the advocate to do so, and the availability of the selected Indigenous authorities. While the current victims of the issue are Indigenous young people themselves, the target audience for this crisis would be the health departments of local and state governments. The type of advocacy being undertaken in combatting Indigenous youth suicide would be group and systems advocacy, as most advocacy activities will be concerned with influencing the government and developing programs in partnership with Indigenous communities. Advocacy strategies used to carry out the advocacy activities would include lobbying, letter campaigns and persuasive communication.

Who	What	When (i.e. duration)	How	Resources
Indigenous leaders	Talk to selective communities about suicide and discuss with them the current problems they face with young Indigenous people taking their own lives, and how communities cope with	2 weeks	Meetings	Time Transport

	that.			
Selected Indigenous leaders	Approach the mental health services that <i>are</i> currently available in certain communities and gather their support to provide mental health care to those areas that lack it.	1 week	Meetings	Time
Myself & selected Indigenous leaders	Set up educational sessions for Indigenous young people about the risk factors of suicide and how to identify the signs of suicidal behaviour.	3 weeks	Group gatherings in open spaces	Laptop Markers Whiteboard
Myself	Write to the Health Department discussing a plan to increase funds to build new mental health centres in more remote areas.	1 day	Letter	Printer Paper

6. Implement, monitor and evaluate

Progress of the active approaches being implemented to reduce suicide rates and preventing suicide will be monitored through a number of ways. How the educational sessions are positively impacting Indigenous youth will be measured via questionnaires completed by them. These questionnaires will ask them questions such as how they felt about the sessions, whether they learnt anything important, and how much they were now more likely to seek support from family, friends and mental health services. If the questionnaires indicate that the suicide education sessions are not successful, alternative means of teaching Indigenous young people will have to be established.

References

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