

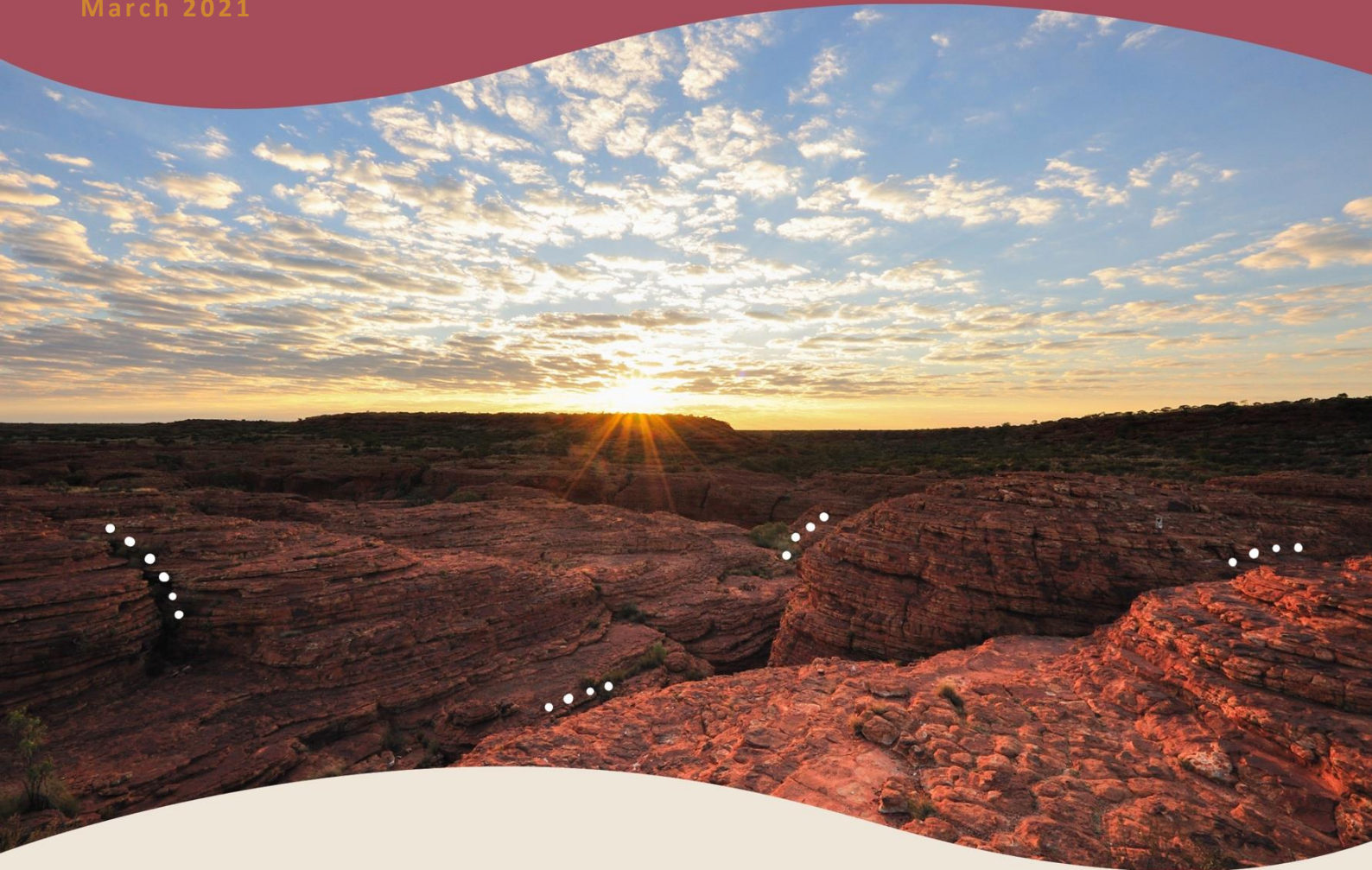


THIRRILI

2021 Volume 2 Issue 3

March 2021

# NEWSLETTER



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You can contact us 24 hours a day, 7 days week.

**National Indigenous Postvention Service Call 1800 805 801**

If you would like to subscribe to the newsletter, please contact John Balmforth at [john.b@thirrili.com.au](mailto:john.b@thirrili.com.au)

# From the desk of our CEO



Hello everyone,

I am very pleased to advise that our Thirrili team, and particularly the National Indigenous Postvention Service team, continues to grow and develop. During the week commencing 15 March, we held an all-staff conference in Adelaide. The conference focused on workshops to improve our practice and the way in which we work with families and communities, but also how we collaborate with other services to deliver quality supports for our Clients. We also focused on building our team collaboration and professional development. Immediately prior to the conference, the Executive team met (over the weekend!) to focus on the priorities for the coming months and these were then shared with the team at the Conference.

The Conference was critical for our team to build their relationships as they are based all around the country and do not often have the opportunity to meet each other – particularly over the past twelve months due to COVID-19. Often working in isolation in their regions, our team members told us they really valued the opportunity to hear from others; share practice and experience; and learn new skills during the week. It was terrific to be able to work collaboratively on designing improvements to our approaches in Throughcare; as well as identifying additional resources to be developed for communities and families so they are aware of our range of services. Evenings were spent undertaking team building activities, and the Indigenous Trivia Night was a great success. Our team members worked extremely hard over the week and demonstrated their commitment to our programs – including Standby (NT) and the SA Government Virtual Mental Health Response Project (arising from COVID-19) and shared their knowledge, skills and experience with the team.

We are continuing to build the team with opportunities available in the East Kimberley, Central Australia (Alice Springs), the Great Southern region of WA and Far North

QLD, to be based in Cairns. As we are only funded until 30 June 2021, we are keen to discuss opportunities for job-share arrangements with other Indigenous organisations – or secondment opportunities that will provide the opportunity for staff to build their skills and experience in the postvention space.

We continue to build our partnerships and I am very pleased that we have a range of meetings with Primary Health Networks scheduled over the coming weeks. We have also been engaging with the State and Territory peak Aboriginal Community Controlled Health Services organisations with a view to developing Memorandums of Understanding that will support our Clients, their families and communities following a loss to suicide or other traumatic incident. Our teams are also going to be travelling within their regions to engage with families, communities, and other service providers to ensure people know about our service, and that we identify opportunities for collaboration and developing partnerships for future work. Recent visits to services across Sydney and along the south coast of NSW have proven to be highly productive and we have been able to reach out to families suffering grief and loss due to suicide. Our National Reference Group is also meeting this week, with a view to rebuilding this vital link in our service. We are also engaging with jurisdictional government agencies to enhance our profile and collaboration.

I am very pleased to say that we will soon have new Facebook, Instagram and Linked-In pages, to help us share the message about our vital services – and we are also working to provide information via the Aboriginal media sector (in particular, the Indigenous radio network).

If you would like to know more about our work, or discuss the opportunities for a partnership or MOU, please don't hesitate to contact me.

Kind regards

Jacqueline

**Jacqueline McGowan-Jones**, Chief Executive Officer



# Our National Conference

## Overview of the National Conference

Our National Conference held in Adelaide this month saw all our staff attend the 3-day conference. During the conference, several key activities and external presentations were undertaken to further develop and improve our service delivery capabilities to deliver “best of breed” postvention support programs.

One of the key activities on the first day was in reviewing our Throughcare Plans which saw the team work in separate groups in an activity to review the existing processes in place, determine and agree on improvements on what was working well and what was not. This then allowed for design changes to be agreed and an implementation plan was presented, and the improvements will now be implemented.

A joint session with Standby Coordinators – Caring on Country – was a great success and our teams were excited by the possibilities of using this program in our communities.

A key focus throughout the week was the development of “Best Practice” models for engaging with families and communities and undertaking role plays to demonstrate those skills. All staff were involved in developing client specific engagement activities based on specific “real life” scenarios and each team presented back to the broader team for comments and input. These sessions were invaluable especially for the newer staff, as these scenarios and role plays assisted in providing insights and a working framework for staff to use “in the field” when supporting individuals, families and communities.

The second day of the conference commenced with Tanja Hirvonen presenting on “Trauma Informed Care”. Tanja is a registered Clinical Psychologist currently based in Townsville, Queensland. Tanja's approach incorporates cognitive behavioural therapy (CBT), Acceptance and Commitment Therapy (ACT), mindfulness skills and ways of working that are culturally sound and safe when working with Aboriginal and Torres Strait Islanders. The presentation covered Mental health issues as one of the leading causes of the Indigenous health gap (18% - second only to cardiac disease). When combined with intentional and unintentional injuries (13%) the two issues account for almost one third (31%) of the total health gap. Nearly one third of the Aboriginal and Torres Strait Islander population report high levels of psychological distress - 2.5 times the rate of others.

The second presentation of the day was delivered Rosemary Wanganeen, Chief Executive Officer, Australian Institute for Grief and Loss. Rosemary comes from South Australia of Kurna, Wirrangu, Koogatha and English heritage and Rosemary began her own healing journey in 1987. Rosemary vividly recalls asking herself this question: “**where are all these Aboriginal families across Australia going to talk about the death of their loved one in custody?**” This question is what compelled her to research and develop her Seven Phases to Integrate Loss and Grief. The Seven Phases model was strengthened by studying with Bereavement Educational Services (SA) in 1994 and with COPE (SA) in Counselling Basics and Counselling Strategies in 1991. In her presentation to the conference, Rosemary presented the *Seven Phases* model introducing the framework to explain the 7 steps methodology.

A workshop to review approaches to community engagement and capacity restoration resulting in an agreed statement of position “**Community Capacity building is about promoting the Capacity of Local Communities to develop, implement and sustain their own solutions to problems in a way that helps them shape and exercise control over their physical, social, economic and cultural environments**”

The final day of the conference was establishing team workshops to bring together the learnings and how best to work together as teams across the organisation. This workshop clearly demonstrated the commitment of all staff to the vision and working across functions to support each other in delivering our critical services. This led into the next session which discussed priority setting and what resources and supports are required to deliver on our value proposition.

The final session was a combined presentation and workshop on engaging stakeholders with our services and best practice approaches to stakeholder engagement at the local, Regional, State and National level and ensuring that a consistent message is being delivered across all engagements. The last session was an open question and answer forum asking, “what we had learned” and agreeing on what our priorities are going forward.

Each evening saw the teams engaging in various team building activities as well as opportunities to meet with the Board Chair and Directors. Timothy Goodwin, Chair, spoke to the participants at a dinner on Wednesday evening and discussed the Thirili priorities and thanking all staff for their valued contributions to the organisation and, in particular, for the work they do with our families and communities.

Staff were presented with individualised Certificates of Appreciation at the final team building event on the last evening, while enjoying dinner.





Left to Right: Jacqueline McGowan-Jones (CEO - Thirrili), Thirrili Board Directors Janine Mohamed (CEO - Lowitja Institute) & Donna Murray (CEO – Indigenous Allied Health Australia) and Rosemary Kudnarto Wanganeen (CEO – Healing Centre for Griefology)



Left to Right: Nola Turner-Jensen (NSW Advocate), Donna Smith (NT Advocate), Natasha Sumner (SA Advocate), Sarah Corrigan (NSW Advocate), Greg Cussack (NT Advocate)





Top Image: Rosemary Kudnarto Wanganeen presents Seven Phases to Integrating Loss and Grief model  
Bottom Image: Thirilli staff discuss community capacity and restoration



# Meet more of our new staff

## *Nola Turner-Jensen*



An Aboriginal Australian Consultant from the Wiradjuri language group. A former Social Worker running youth shelters in Brisbane, Nola is the content writer and e-learning designer for Crackerjack Education over the last eight years. Crackerjack is Australia's leading Indigenous run education company for Teachers and educators. In this role, having written & designed over 100 interactive digital resources, e-Books & games, Nola is considered an Aboriginal Engagement Specialist in Digital Education content and resource design using Aboriginal learning styles.

Nola was contracted by QAIHC in 2020 to undertake a nine-month Suicide Prevention Referral Pathways Project looking at what happens when an ATSI/CHO client experiences a suicide crisis. Nola has been the lead researcher on the Culture code Project for the last six years— identifying unique Cultural Markers of Aboriginality and to teach people the art of Culture Brain Switching.

Nola is currently leading a Wiradjuri Toponymy Project under the direction of the Wiradjuri Elders, to restore language place names within the boundaries of her mother's people. An accomplished writer Nola has published four Aboriginal children's books and was awarded a Fellowship of the First Nation Australian Writers Network in 2019. Nola was chosen as one of 12 Aboriginal women to be featured in the 2018 NAIDOC (National Aboriginal & Islander Day Organising Committee) E-Book celebrating the leading Aboriginal female entrepreneurs in Australia

## *Tegan Schefe*



Tegan is a Bidjara and Kamilaroi woman growing up in Charleville. Tegan has a long history of engagement with Aboriginal and Torres Strait Islander communities. Her background as an Aboriginal Health Worker and experience working with Aboriginal and Torres Strait Islander people, project development and management has been instrumental in the USC Thompson Institute's development of a co-designed First Nations Suicide Prevention Strategy, and in ensuring its research and community-based initiatives are culturally appropriate, culturally informed, and community-led.

Tegan is passionate about the importance of evidence-based research being translated back into community, while ensuring best practice protocols are used to building community capacity for individuals, families, and communities. Tegan advocates for finding effective and sustainable strategies, through close consultation with the community they aim to benefit.

Tegan has established and maintained excellent relationships with community, government, and non-government services. Tegan has been working alongside Living Works Australia in the development of a culturally tailored program of their suicide alertness training safe TALK. Tegan is currently studying a Bachelor of health science degree – applied health promotion.



# Supporting Individuals, Families and Communities

## *Our Advocates Principal Purpose and our Model of Care*

Our Service model provides access to one of our Postvention Advocates (all of whom are Indigenous) and who can be contacted 24/7 through our service number-1800 805 801 - and once notified of a loss of an Aboriginal and Torres Strait Islander person to suicide or other traumatic incident, we then assess who is best placed to assist the family.

Our Advocates are located in regional areas and can travel across the relevant jurisdictions to work with families and communities post a fatal traumatic incident, including suicide. Our Advocates provide critical after care support, advocacy and connect families and communities with supports and services that are culturally responsive. They also provide practical social support, link people with a range of local social, health and community services and where appropriate continue to work with local services to ensure care and support continues beyond the immediate aftermath of the traumatic incident.

Our Model of Care Program consists of 3 elements:

1. to provide culturally responsive support for Aboriginal and Torres Strait Islander families affected by suicide-related trauma;
2. to strengthen community capacity to better respond to suicide;
3. and to support systems change with a view to strengthening the service system coordination

Our Throughcare Planning aims to support the successful transition of families and communities through the grief and loss cycle, specifically related to a suicide or other traumatic incident causing death. Throughcare models are more likely to be successful for Aboriginal and Torres Strait Islander people if they are culturally responsive, strengths-based, and delivered by Aboriginal and Torres Strait Islander controlled organisations. Throughcare focuses on the importance of intervention, service coordination and support at critical points. Three critical elements underpin successful Throughcare Planning:

1. The Client is always at the Centre of our work.
2. It must be a meaningful process....and,
3. It must be a flexible process.

Our Advocacy team have qualifications and experience in a variety of disciplines including Mental Health; Social Work; Counselling; Grief and Trauma. Our advocates work with local Elders, Community and Aboriginal and Torres Strait Islander organisations to ensure a community response is put in place to support bereaved individuals, families, and communities. All our Advocates work with individuals, families, and communities and we seek to gather practical information that supports us understand the local culture, establish relationships that are respectful of the local culture, so that the support we provide is culturally responsive.

We work with communities to address racism and other forms of discrimination; create structures and processes in which diverse groups can work together; overcome internalised oppression; and build strong and diverse communities. As community builders, understanding culture is our business. No matter where Thirrili places itself or whom we relate to, practically, we are working with and establishing relationships with Aboriginal and Torres Strait Islander people who all have different cultures.

## *How our Advocates Operate “in the Field”*

In every situation our advocates operate by:

- providing respectful and responsive support
- work in trauma informed and culturally safe ways
- honesty and integrity in their relationships
- working collaboratively with communities, and
- strengthening resilience and wellbeing of communities.

Also, they provide-

- prevention and postvention strategies.
- expert, evidence-informed advice to drive jurisdictional and national change to improve the social and emotional wellbeing of suicide involved families.
- Advocate for funding to Aboriginal led and controlled services to deliver culturally safe and responsive services
- Strengthen individual, family and community resilience and wellbeing through delivery of a critical response system to support affected individuals and families after their experience of suicides and traumatic incidents.



# JOIN OUR TEAM: AFTER SUICIDE SUPPORT ADVOCATES

## Aboriginal and/or Torres Strait Islander identified positions

Thirrili Ltd (Thirrili) delivers the National Indigenous Postvention Service across Australia and has taken a national leadership role in the provision of suicide postvention support and assistance to Aboriginal and Torres Strait Islander individuals, families and communities. Thirrili employs a dedicated team of professionals to provide support across all states and territories in Australia.

We provide flexible working arrangements and extensive salary packaging opportunities for all employees. We support our Aboriginal & Torres Strait Islander staff with Cultural and Ceremonial Leave, as well as annual leave and personal leave.

### Locations

We have opportunities available in multiple locations and we are flexible within each of the Regions in which we operate. In particular areas such as the East Kimberley, Central Australia (Alice Springs), the Great Southern region of WA and Far North QLD, to be based in Cairns.

**We are also keen to discuss flexible opportunities for job-share arrangements with other Indigenous organisations - or secondment opportunities that will provide the opportunity for staff to build their skills and experience in the postvention space.**

## National Indigenous Postvention Advocates, SCHADS Award Level 4 (\$72,000-\$77,000pa, plus super)

**The key requirements are that you are an Aboriginal and/or Torres Strait Islander person**

You hold relevant experience and/or qualifications in strengthening the health and social and emotional wellbeing of Aboriginal and Torres Strait Islander communities.

That you are able to demonstrate and provide statements addressing the Selection Criteria outlined in the Position Description.

### Sound interesting?

Contact **Angela Threlfall**, via email [angela.t@thirrili.com.au](mailto:angela.t@thirrili.com.au) to obtain a copy of the Position Description and selection criteria information.

Applications must include a Cover Letter detailing how your experience meets the requirements of our position; a Resume/Curriculum Vitae and Referees. You must obtain a National Police Clearance and Working with Children and Vulnerable Persons clearance.





# What Research tells us in a Covid 19 World?

The recent drought, bushfires and now COVID-19 are compounding risk factors for mental health issues and suicide. There is concern that measures to control the spread of COVID-19 are triggering community concerns - especially for those with trauma histories. Through research we know that mental health issues and suicide rates are high for individuals, families, and communities.

As our Advocates visit and support these communities across Australia, we continue to deliver our critical response programs to ensure that on-going support during these times is both maintained and pathways to the most appropriate services are delivered in response to COVID-19 impacts.

The recommendations made by the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention at the University of Western Australia to manage COVID-19 recovery and address adverse impacts is part of our on-going programs of support. The recommendations from that report focus on the right to self-determination, the health and mental health workforce, social and cultural determinants of health, digital and telehealth inclusion, and evaluation that includes Indigenous data sovereignty. These recommendations directly align with lived experiences in communities that we provide our support services across Australia.

Our view is that drawing on the lived experience and realities of Aboriginal peoples, taking firm action on the social determinants of mental health and working collaboratively with Aboriginal peoples and communities is the most effective way to address the indirect impacts of COVID-19.

Before COVID-19, Aboriginal people faced health disadvantages and inequitable access to health care. Any decrease in health care access for Aboriginal people through missed, delayed or avoided health care may lead to further adverse health outcomes and inequities and our Advocates are committed to ensuring that the most appropriate and effective post-vention activities in support of post suicide impacts is supported through our specific through care planning program/s.

Our Advocates live and work across all States and Territories supporting the community, the social determinants of mental health and post suicide support, our connection to our shared identity as Aboriginal people.

Community supporting the community is one of our real strengths and Thirrili and our Advocates will always put the individual, family, and community at the centre of all we do in providing support in post-vention activities. It is a point of difference and pride that strengthens our resolve to continually provide best practice outcomes for our people in times of trauma.

The pandemic has been disruptive, and community events and gatherings have been cancelled because of important and legitimate public health concerns. However, despite these impacts, our Advocates are still responding to the needs of the impacts suicide has on individuals, families, and communities.

Cultural determinants of health such as connection to country (land and water), traditional practices and kinship systems promote resilience and support social and emotional wellbeing for Aboriginal peoples and communities.

Paying attention to the intersections of culture and diversity is essential to understanding the indirect impacts of COVID-19. Within Aboriginal communities, there are minority groups who are significantly affected by COVID-19.

Minority groups include people with existing chronic conditions, people with disabilities, people experiencing homelessness, people living in rural and remote areas, and people who identify as lesbian, gay, bisexual, transgender, queer, asexual and questioning. Sistergirl and brotherboy are terms used for gender diverse people within some Aboriginal or Torres Strait Islander communities

Thirrili's view is drawing on the lived experience and realities of Aboriginal peoples, taking firm action on the social determinants of mental health and working collaboratively with Aboriginal peoples and communities is the most effective way to address the indirect impacts of COVID-19.

Access to Suicide support and post-vention care has become more challenging during COVID-19 with reduced availability of services, however our Advocates have continued to provide on-going services in support of the needs anywhere in Australia to ensure our services are maintained.



# Suicides reported to us

The following tables shows a total of 29 Aboriginal and Torres Strait Islander suicides have been reported to Thirrili from 1 January 2021 as at 25 March 2021, by jurisdiction and age.

Jurisdiction	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Other	Total
Completed suicides	7	3	4	0	8	0	5	0	2	29

Age	Under 18	18-24	24-34	35+	Not known at this stage	Total
Completed suicides	3	8	8	4	6	29

Gender	Male	Female	Not known at this stage	Total
Completed suicides	13	7	9	29

## Annual Report

You can read our annual report at: [http://thirrili.com.au/sites/default/files/2020-12/19-20AnnualReport\\_Final\\_HR.pdf](http://thirrili.com.au/sites/default/files/2020-12/19-20AnnualReport_Final_HR.pdf)

## Strategic Plan

A copy of our strategic plan is available at: <http://thirrili.com.au/sites/default/files/2020-09/STRATEGIC%20PLAN%20-%20FINAL%2011092020.pdf>

## Who to contact - Other Services?

Thirrili recognises that each number reported here represents an individual and wishes to acknowledge the devastating effects suicide and self-harm can have on people, their families, friends, and communities.

Should you or someone you know be distressed or have suicidal thoughts, you can contact any of the services below for help:

- Lifeline 13 11 14
- Suicide Call Back Service 1300 659 467 (cost of a local call)
- Kids Helpline 1800 55 1800
- MensLine Australia 1300 78 99 78
- Beyond Blue 1300 22 4636.
- The crisis support services above can be reached 24 hours a day.

National Indigenous Postvention Service can be contacted 24 hours a day on 1800 805 801.

*We support Aboriginal and Torres Strait Islander families to deal with grief and trauma experienced as a result of a loss to suicide of an immediate family member, and/or a fatal traumatic event other than suicide.*

*Our phone line is answered by Aboriginal and Torres Strait Islander Advocates.*



