



THIRILI

NEWSLETTER

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IN THIS ISSUE

A refreshed Board and direction

Strengthening our Partnerships

NAIDOC 2020 Award

Christmas connection

New data on suicide levels and the evidence on effective strategies

Who to contact for support?

National Indigenous Postvention Service Call 1800 805 801

You can contact us for support 24 hours a day, seven days a week.

A refreshed Board and direction



Thirrili is uniquely positioned as Australia's only national Indigenous postvention service.

We were established to support families after the loss of a family member to suicide or other traumatic death.

At our recent Annual General Meeting on 7 December, we marked the achievements of

Thirrili for the 2019-20 financial year. Whilst thanking retiring Board members Mark Wenitong and Wayne Kinrade, we welcomed four new Board members: Janine Mohamed, Donna Murray, Daniel Morrison and Dr Summer May Finlay.

Our refreshed Board comprises strong Aboriginal leaders from across Australia including:

- **Indi Clarke:** is a proud Mutti Mutti, Wemba Wemba, Boon Wurrung, Trawlwoolway and Lardil man, and is the Executive Officer of the Koorie Youth Council.
- **Belinda Duarte:** is a Wotjobaluk, Dja Dja Wurrung descendant with Polish and Celtic heritage. She is the Chief Executive Officer of Culture is Life.
- **Timothy Goodwin:** is a member of the Yuin people of the South East Coast of New South Wales, and a barrister.

- **Dr Summer May Finlay:** is a Yorta Yorta Woman who grew up in Lake Macquarie near Newcastle. She is a researcher at University of Canberra.
- **Jacqueline Flynn:** is a proud Larrakia/Tiwi Woman, and a CPA qualified accountant with Bachelor qualifications in commerce and has worked for some of Australia's largest corporations.
- **Janine Mohamed:** is a proud Narrunga Kurna woman from South Australia and is currently the Chief Executive Officer of the Lowitja Institute.
- **Daniel Morrison:** is a Noongar/Yamitji man from Perth. He is currently the Chief Executive Officer at Wungening Aboriginal Corporation.
- **Donna Murray GAICD:** is a proud descendant of the Wiradjuri and Wonnarua peoples with kinship and family connections around the Murrumbidgee River and the Hunter Valley, NSW respectively. Donna is the Chief Executive and Company Secretary of Indigenous Allied Health Australia.

On behalf of the Board, I also wish to pass on my thanks to our staff for their continued efforts, and commitment to the social, emotional, and cultural wellbeing of our families and communities. This year has seen a lot of change and our people have been flexible, adaptable, and responsive which is greatly appreciated.

May you stay safe and enjoy the coming festivities with family and friends.

Tim Goodwin, Chairman

Our vision is that: All our families and communities have healed from trauma and choose to live their lives in acknowledgement of our deep ancestral connections, drawing on cultural ways of knowing, being and doing and supporting our people to thrive and flourish in this and future generations.

Our strategic priorities for 2020-21 are:

1. **Deliver quality culture-led services:** Commit to using our cultural knowledge, expertise and professionalism in a strong, dedicated, culture led program, while ensuring Thirrili's commitment to assessing quality of impact and outcomes for families, our service providers and community members.
2. **Facilitate collective impact:** Lead discussions with organisations of 'like-value' to gauge support for the coordination of services for Indigenous-led postvention services in community.
3. **Pursue a sustainability agenda:** Pursue activities to support the generation of independent, sustainable sources of income through which Thirrili can grow services and assets and invest in people and cultural programs over time.
4. **Grow our local workforce and the capabilities of our community:** Grow our workforce through enhanced partnerships, localised training, coaching and creating career pathways in the regions where collective impact work is being implemented.

Annual Report

If you have not done so already, you can read our annual report at: 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>



Strengthening our Partnerships

Thirrili has been focusing on building and developing its partnerships and engagement with key stakeholders – which includes Aboriginal and Torres Strait Islander led and controlled services and peak bodies, Government agencies, Ministers, and other service providers. It is critical that we ensure other services know about the National Indigenous Postvention Service and that we have structured, agreed pathways for referrals for our clients to other services.

We also need to ensure our families and communities know about our services. Visits to communities are key and in recent weeks our teams have visited Halls Creek, Warmun, Gunbalunya, Cherbourg, Swan Hill and Wemba Wemba. These visits not only enable us to do direct work with individuals and families but work across the community to support them in developing their plans for supporting community when there is a loss. It can also help our communities to build their skills and expertise in identifying people at risk to prevent suicide.

Rachael Schmerl, Executive Manager Service Delivery and our Jacqueline McGowan-Jones, CEO also attended a workshop in Wagga Wagga (NSW) with the NSW Ministry of Health and Centre for Aboriginal Health, WellWays (our partners in NSW), the Aboriginal Health & Medical Research Council of NSW and Standby - *Support After Suicide* (our National MOU partners) to discuss and progress our collaboration across NSW to deliver prevention and postvention services to our Aboriginal and Torres Strait Islander families and communities.

Thirrili acknowledges the support provided to us by the National Aboriginal Community Controlled Health Organisation (NACCHO), Gayaa Dhuwi Proud Spirit, the Australian Indigenous Doctors Association (AIDA), the Indigenous Allied Health Association (IAHA), and National Aboriginal and Torres Strait Islander Health Practitioner Association (NATSIWPA) to share information about our

organisation and services, and to advertise our employment opportunities.

We also thank the Queensland Aboriginal and Islander Health Council (QAIHC) for inviting us to their State-wide Leadership Forum and providing us with the opportunity to engage with the Social and Emotional Wellbeing teams from across Queensland and provide information about our critical services.

Our CEO has also met with the Aboriginal Health Council of WA (AHCWA) Executive team and the National Secretariat of the Aboriginal Family Violence Prevention Legal Services. These meetings are focused on entering into MOUs between our organisations to enable collaboration and strengthening cross-referrals for our families.

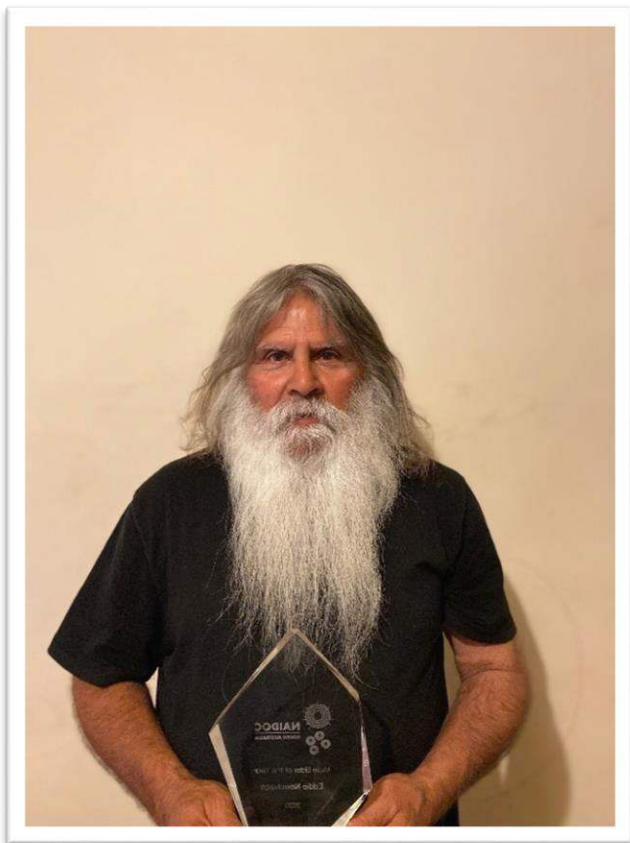
Our teams on the ground – our National Indigenous Postvention Advocates and Regional Implementation Managers - continue to engage with a variety of both government and non-government service providers on behalf of our clients. This work is central to our service model. We thank all our stakeholders for their continued support and commitment to the National Indigenous Postvention Service, but most particularly, for your ongoing support for our clients.

Finally, Thirrili has become a member of Postvention Australia and is now represented on their Board – our CEO is the representative on the Board. This new relationship will assist Postvention Australia in building their cultural capacity for working with our families and communities and will also provide additional strength to the work undertaken by Thirrili Ltd.

We are looking forward to continuing our critical stakeholder engagement and partnership work into 2021.



NAIDOC 2020 Award



We are delighted to celebrate Eddie Newchurch being awarded NAIDOC 2020 Elder of the Year in South Australia.

The Award was presented to Eddie by NAIDOC SA Chairperson, Joyleen Thomas, at the Adelaide Town Hall on 9 November 2020. Lord Mayor of Adelaide Sandy Verschoor said that NAIDOC awards are an important way of honouring the significant contributions made by Aboriginal and Torres Strait Islander communities. *“The resilience and richness of Aboriginal and Torres Strait Islander cultures are of great importance to Aboriginal and non- Aboriginal people alike. It is important that Lore, knowledge and stories continue to be told.”*

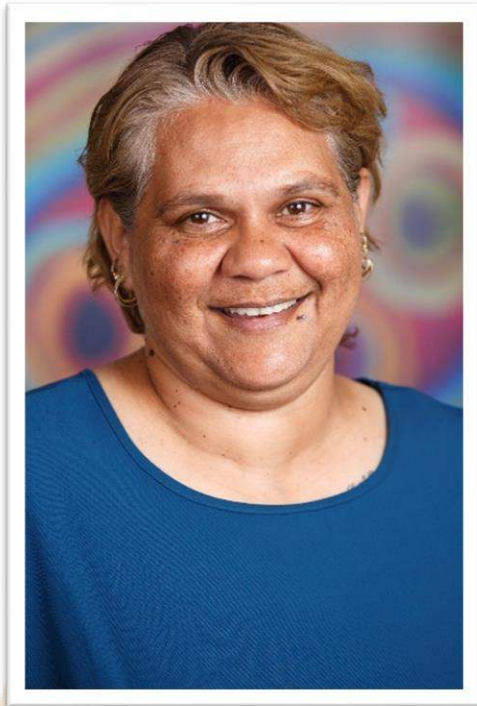
Eddie is from the Narungga Clan with ties to a lot of other mobs across SA and interstate. Eddie is Chairperson of his community Point Pearce Aboriginal Lands Trust. He has four daughters, six grandchildren and two great grandchildren, and a lot of nephews and nieces. He barracks for Port Power, and enjoys eating food as it all taste good and going on country.

Eddie joined Thirrili because there is something missing in communities which is communication, which involves everything that Thirrili identifies with, as it is just so important to support one another

Eddie works with our **SA COVID-19 Virtual Support Network**, which is a network of services that provide prevention and support services to the Aboriginal and Torres Strait Islander people within the State of South Australia who could be impacted by the COVID-19 Pandemic. A significant focus has been the coordination of services to respond to community need and supporting the collection of accurate data for the SA Department of Health. The COVID-19 workers contribute to the Network strategically by linking with community leaders to understand their needs and participating in and contributing to Network planning sessions, support of Network meetings and enabling the cross referral of clients between Network partners.



Being there for others at Christmas



You might want to try:

- *"I'm so grateful for your friendship."*
- *"It means so much to me to spend today with you."*

It's important to remember that grief does not just come to an end at a certain point after a loved one's death. Feelings of grief often return on the anniversary of a loved one's death, and particularly on special days such as Christmas and New Year. It's common to experience a sudden temporary upsurge of grief, and for people to know that what they are feeling is temporary. The feelings can be triggered by sights, sounds and smells. For example, you might suddenly be flooded with emotions you drive by a place their loved or when you hear their favourite song. When grief is re-awakened it can last for a few minutes to a few days, and people often experience the same emotions and reactions to when they first experienced the loss which may include anger, anxiety, crying spells, fatigue, lack of energy, guilt, loneliness, pain, sadness, and trouble sleeping.

Things that can help people live with their grief include:

- **Being prepared:** knowing you're likely to experience grief reactions can help people understand them. It's important to remember the feelings are temporary.
- **Planning a distraction** to visit with friends or loved ones when you're likely to feel alone or be reminded of your loved one's death.
- **Reminiscing:** Focus on the good things about your relationship with your loved one and the time you had together, rather than the loss. Look at photos of memorable events that included your loved one, write a letter to them or journal about some of your memories.
- **Connecting with others:** call or visit people who were special to your loved one, and who will encourage you to talk about your loss. Stay connected to your usual supports, such as friends, family members and spiritual leaders.
- **Allowing yourself to feel a range of emotions.** It's OK to be sad, angry, to feel lost, alone and to miss the presence of your loved one. But also allow yourself to experience joy and happiness²

If you need any support over this time, there are a range of support services who can assist 24/7 listed the last page of this newsletter.

I wish you all a safe and blessed Christmas.

Rachael Schmerl, Executive Manager Service Delivery

For many of our mob, Christmas and New Year is a sad time as it reminds us of those we have lost and that they are no longer with us. At a time when it seems everyone is celebrating, many people who have lost someone can feel alone, so we need to find ways to acknowledge how they are feeling and reach out and provide support. It can be comforting for people to know we are thinking of them. Rather than saying Happy Christmas, it can be helpful to say:

- *"I'm thinking of you, especially this Christmas."*
- *"I imagine this New Year is tough for you. How are you doing today?"*

It's also important to let friends and family know you're there for them, however they feel or whatever they want to do. Allowing the space for people to honestly express how they are feeling can support their healing. You could say:

- *"It's okay for you to feel however you feel this Christmas. I'm here for you."*
- *"I want to spend time with you this New Year, no matter how you're feeling."¹*

If people are hurting, taking the opportunity to tell them how grateful you are for your relationship and what they bring to your life, can help them to find their own gratitude, which can help them build resilience and find meaning.

¹ <https://optionb.org/articles/being-thoughtful-about-holiday-greetings>

² Mayo Clinic 2016. Grief: Coping with reminders after a loss. <http://www.mayoclinic.org/healthy-lifestyle/end-of-life/in-depth/art-20045340> © All rights reserved United Synergies Ltd 2017

New data on suicide levels and the evidence on effective strategies

Two recently released reports provide us with data on suicide levels.

Australia's health data insights 2020

This report shows that in 2018, 169 Indigenous Australians died by suicide, accounting for 5.3% of all Indigenous deaths (ABS 2019a). The age-standardised rates of Indigenous deaths by suicide have increased over time, from 20.2 per 100,000 persons in 2009–2013 to 23.7 per 100,000 persons in 2014–2018.

Age-standardised suicide rates for Indigenous males have increased from 30.4 per 100,000 in 2009–2013 to 36.4 in 2014–18. The change in the rate for Indigenous females has been less marked (10.7 per 100,000 in 2009–2013 compared with 11.6 in 2014–2018).

Suicide is a pronounced issue for Indigenous youth—in the five years from 2014 to 2018, suicide rates were highest for those aged 25–34 years (47.1 per 100,000) and 15–24 (40.5 per 100,000) but then declined with age to less than ten per 100,000 for those aged 65 and over.

Indigenous males are more likely than females to die by suicide—there were around three times as many deaths by suicide in Indigenous males (129) as females (40) in 2018 (ABS 2019a)—while Indigenous females were more likely than males to be hospitalised for intentional self-harm (1,736 cases or 445 per 100,000 population, compared with 1,113 cases or 325 per 100,000 population) in 2016–17.

In the ABS Causes of Death data set, the Indigenous status of a deceased person is captured through the death registration process; however, it is recognised that this does not always occur, leading to under-identification (ABS 2019a). Due to these known data quality issues, the ABS Causes of Death data set only reports rates of Indigenous deaths (including those by suicide) in those states and territories that have official records with reliable identification data for Indigenous people (New South Wales, Queensland, Western Australia, South Australia, and the Northern Territory).

In order to improve suicide prevention activities targeted at Indigenous Australians, and to accurately assess their progress, it will be critical to improve the evidence base around this population group. Through the National Civil Registration and Statistics Improvement Committee, the ABS is working closely with the state and territory Registries of Births, Deaths and Marriages.

A copy of this report can be accessed at:
<https://www.aihw.gov.au/getmedia/be95235d-fd4d-4824-9ade-34b7491dd66f/aihw-aus-231.pdf.aspx?inline=true>

Overcoming Indigenous Disadvantage: Key Indicators 2020

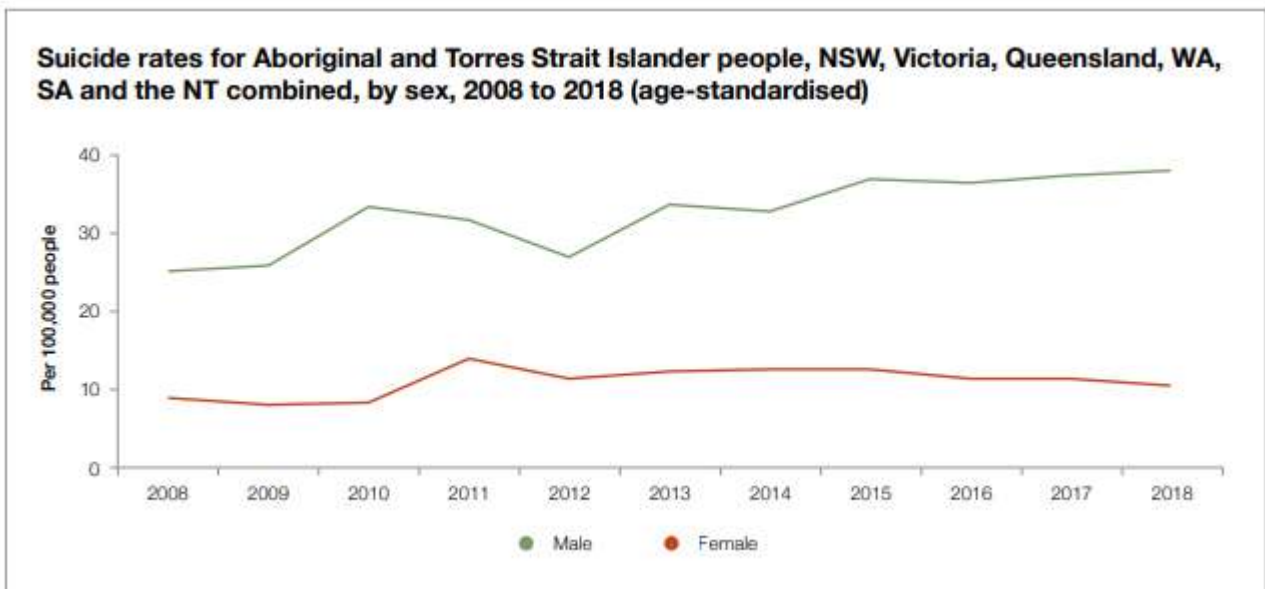
Suicide rates

This report found:

- Suicide is one of the most serious public health challenges and causes substantial grief, pain, and loss within and across communities.
- At least 2,390 Aboriginal and Torres Strait Islander people have died from suicide in the 20 years to 2018, with three quarters of them male.
- The suicide rate for Aboriginal and Torres Strait Islander people remains about twice the rate for non-Indigenous people, a ratio unchanged for the past six years.

After adjusting for population age structures, the suicide death rate for Aboriginal and Torres Strait Islander people increased by about 40 per cent over the decade to 2018 and continues to be about twice the rate for non-Indigenous people. Rates for Aboriginal and Torres Strait Islander men are about three-and-a-half times the rate for women (and rising) as shown in the following diagram.





The report also found:

- Suicide rates vary across age groups; they are higher for Aboriginal and Torres Strait Islander people across all age groups except the oldest age group (aged 45 years or over), in which rates are higher for non-Indigenous people.
- Hospitalisation rates for intentional self-harm have increased over time for Aboriginal and Torres Strait Islander people and are higher than for non-Indigenous people.
- Aboriginal and Torres Strait Islander women are more likely to be hospitalised for self-harm than Aboriginal and Torres Strait Islander men but are less likely to die from that self-harm — mirroring the pattern seen for non-Indigenous people.

The factors leading to higher rates of suicide for Aboriginal and Torres Strait Islander people

- A range of interrelated factors contribute to the higher rate of intentional self-harm in Aboriginal and Torres Strait Islander communities. They include the intergenerational trauma attributable to colonisation and dispossession, exposure to multiple and cumulative life stressors, higher levels of psychological distress, exposure to suicide of other family members, poorer access to mental health services for people who are at risk of suicide, higher rates of alcohol use, and the use of illicit substances.

As the factors that contribute to suicide in Aboriginal and Torres Strait Islander communities are numerous and interrelated, suicide rates need to be addressed at multiple levels. While the evidence-base for the effectiveness of suicide prevention programs and activities remains limited (WHO 2014), approaches to reduce suicide in the context of

Aboriginal and Torres Strait Islander communities (Dudgeon et al. 2016) have been suggested at three levels:

- **Community-wide** - aimed at increasing community-wide protective factors, such as increasing employment and improving mental health and reducing risk factors, such as incarceration. These include approaches to strengthen social and emotional wellbeing and culture, to promote healing and increasing resilience in individuals, families, and communities and to prevent or reduce alcohol and drug use and reducing child abuse and family violence. They could also include community forums providing education to support help-seeking behaviour for those who need it, or to help other community members to identify those who need support and how they might support them
- **For at-risk groups** - aimed at groups who are most at risk of suicide. As noted above, Aboriginal and Torres Strait Islander young adults are at higher risk of suicide than other age groups. Some of the successful approaches include teaching Aboriginal and Torres Strait Islander cultures in schools, promoting engagement with programs such as sport, and connecting to cultures/Country/Elders.
- **For at-risk individuals** - aimed at individuals identified as being at risk of suicide, or who have attempted suicide, but not died. This might mean increasing the accessibility of mental health and other support services that provide timely therapeutic treatment in a culturally safe environment with access to Aboriginal and Torres Strait Islander staff or culturally competent staff, including through Aboriginal Community Controlled Health Services (ACCHSs). Aboriginal and Torres Strait Islander people report that ACCHSs influence their health more positively than other health services as they are more welcoming, holistic in responding to needs and culturally safe.



The common factor in successful approaches to preventing suicide among Aboriginal and Torres Strait Islander people, across these three levels, is their development and

implementation with Aboriginal and Torres Strait Islander leadership and in partnership with the local Aboriginal and Torres Strait Islander communities.

A copy of this report can be accessed at:

<https://www.pc.gov.au/research/ongoing/overcoming-indigenous-disadvantage/2020>

Who to contact for support?

Thirriili 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.

If this report raises any issues for you, or you need support at any time over Christmas because you or someone you know has 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:

- ***the suicide of an immediate family member; and/or***
- ***the death of an immediate family member because of a fatal traumatic event other than suicide.***

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

