

The Australian

Urgent response ‘no fix for suicide’



Indigenous Australians Minister Ken Wyatt. Picture: Kym Smith

• **PAIGE TAYLOR**

WA BUREAU CHIEF [@paigeataylor](#)

AMOS AIKMAN NORTHERN CORRESPONDENT [@amosaikman](#)

-
- 12:00AM JUNE 8, 2019
 - 37 COMMENTS

One of Australia’s leading suicide researchers has expressed caution about the many urgent calls to action as it emerged that yet another child in a remote Aboriginal community died this week in circumstances police consider suicide.

Gary Robinson — a professor at the Menzies School of Health Research in Darwin — said to get indigenous suicide rates back under control, Indigenous Australians Minister Ken Wyatt would need to “look through” many urgent calls for support.

“There’s a lot of people who think that the way to prevent suicide is through postvention responses, and that doesn’t make sense,” Professor Robinson said.

“Everyone runs around wanting to act and react, but they’re not addressing the long-term risk factors.”

So far this year at least 78 indigenous Australians have died in circumstances that are being treated as suicide. Of those, 20 were aged 18 and under. The youngest of the indigenous

children believed to have taken their own lives were two 12-year-old girls who died within a week of each other in January, one in the Pilbara region of Western Australia and the other in South Australia.

The death of a 16-year-old girl this week in the West Australian desert community of Balgo, population 360, is being treated as a suicide and comes two months after the community was plunged into grief by the suicide of a 19-year-old woman there.

The 2019 death toll — and a harrowing coroner's report into the suicides of 13 indigenous children and young people in WA's far north between 2012 and 2016 — prompted Mr Wyatt to consider the potential for a new approach to suicide prevention. He has been in talks with state ministers and indigenous people.

Professor Robinson said research showed the long-term risk factors for suicide included adversity experienced from an early age, such as neglect and abuse, compounded in families and communities that were struggling to cope.

“It's not just about mental health; it's about the family history of suicidal thoughts, suicidal behaviour, attempts by parents or siblings,” Professor Robinson said.

He believes one under-recognised conclusion from the evidence before the recent inquest into suicides in WA's Kimberley region was the absence of support services for families.

That region's history showed suicidal behaviour arrived after alcohol, cash-based economies and the disintegration of social structures that had existed for thousands of years. Young people had been threatening suicide long before they started to carry those threats out. Once suicidal ideation became established, it was difficult — but not impossible — to stamp out.

Professor Robinson said existing support services were not necessarily able to engage with young people well.

Cultural awareness programs were useful if informed by evidence.