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Alive and Kicking Goals!: Preliminary findings from a Kimberley suicide prevention program

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Abstract
Suicide is an enormous problem in the Kimberley, a region in northern-Western Australia. An 18-year-old Indigenous male is seven-times more likely to die by suicide, compared to his non-Indigenous peers. Alive and Kicking Goals! (AKG) was a pilot program that took an innovative approach to suicide prevention peer education. Players from the Broome Saints Football Club formed a youth sub-committee. Guided by a Project Mentor (PM), these young men undertook training in suicide prevention in order to become Peer Educators (PEs) for the Kimberley region. AKG created a safe space for healing which allowed these young men to come to terms with the ‘cycle of grief’ experienced in the region. AKG also tackled suicide stigma as the PEs, who were well-respected sportsmen, demonstrated that seeking help does not display weakness. At the conclusion of the pilot, 16 young men became PEs. They learned practical skills in suicide awareness and prevention which they can teach within and across the different communities within the Kimberley region. Preliminary results from this pilot have informed ways in which AKG can be developed for the future. Further research can indicate to long-term positive impacts.

Keywords: Indigenous, suicide, Kimberley, sport, empowerment, peer-education

Pity I didn’t get to see him before he did it. … With all the training I have done I might have seen the signs that the other boys didn’t see. (Peer Mentor, personal communication, February, 2011)

While much has been written on the risk factors which appear to make Indigenous communities so vulnerable to suicidal behaviours, the experiences of the Kimberley region in northern Western Australia remain underresearched. At 10.0 per 100,000, its overall suicide rate is higher than the national average of 8.6 per 100,000 (Western Australian Government, Department of Health, 2009). The Western Australian Suicide Prevention Strategy 2009–2013 states that those people most at risk are: male; aged 20–34 or 75+ years; Indigenous; and, living in remote areas (Western Australian Government, Department of Health, 2009). Further numbers make for stark reading in the Kimberley where it has been stated that an 18-year-old Indigenous man is seven-times more likely to die by suicide than his non-Indigenous peer (Hope, 2009, 2008).

However, there is a concern that a focus on risk factors negatively frames the lived experience of an Indigenous community by constructing suicide in terms of blame and powerlessness. Recent suicide prevention strategies have subsequently focused on enhancing protective factors, such as community connectedness, personal capacity and ownership of the programs. These strategies not only positively frame the community’s lived experience but also help to ensure that suicide prevention strategies are more likely to become naturally sustaining (McKay, Kõlves, Klieve, & De Leo, 2009; Tsey & Every, 2000; Tsey et al., 2003, 2007).

There is little doubt of the importance placed on sport within the Australian cultural context. Indeed, ‘… sport is an important lens or mirror for examining the larger ideas and issues in a human society’ (Booth & Tatz, 2000, p. xii). Sporting and athletic prowess have long been linked to hegemonic ideals of masculinity in terms of strength, power and success (Booth & Tatz, 2000; Kraft & Brummett, 2009; Robertson, 2003). Success in sport can not only turn a boy into a man but acceptance into a sporting team...
can strongly connect an individual into a group. Grounded within this paradigm, Alive and Kicking Goals! (AKG) is a positively-framed suicide prevention peer education project which takes an innovative approach in tackling the inadequate provision of mental health services available for youth at risk in the Kimberley. This article explores the findings from the 12-month pilot where it was hoped that vulnerability to suicide would decrease as community connectedness and empowerment strengthened and capacity and capability increased. It should be noted that, while evaluating a program such as this can be difficult over a short period of time, this paper aims to present key process factors of AKG that may lead to a sustained and successful intervention for this population in the future.

**Methodology**

Operating under the auspices of Men’s Outreach Services Inc., AKG aimed to address the growing suicide epidemic amongst Indigenous youth in the Kimberley. Using the unique vehicle of a football club to engage and educate Indigenous youth, AKG centred on skill-building, confidence and esteem-building through peer education and leadership training. The roots of AKG took hold when the Project Mentor (PM) was approached by members of the Broome Saints Football Club (BSFC) who wanted to do something in response to the high numbers of youth suicides occurring within their immediate and extended families, their communities. The BSFC was initially used as the vehicle with which to drive this action. Established in 1960, the BSFC is a grassroots, predominantly Indigenous, Australian Rules (AFL) football club which has a strong standing in the local community. During the pilot, young members of the BSFC, organised into a youth sub-committee, were trained in suicide prevention and leadership skills. At every stage, the youth sub-committee was consulted about when, where and how often they would meet, and what would be taught and spoken about within these meetings. Crucially, the BSFC and Men’s Outreach Service granted the power to the youth to be the ultimate decision makers on all aspects of the project. In essence, they were the embodiment of the project, empowered and in control.

Every week after football training, the youth sub-committee would undertake this holistic suicide prevention training. Training was conducted by the PM (the first author), a non-Indigenous counsellor, who has worked in the Kimberley communities for several years and is also a member of the BSFC. The youth sub-committee were taught how to recognise suicide risk factors and warning signs, healthy coping strategies, and different approaches to dealing with at-risk members of their communities. The members of the youth sub-committee were also able to discuss their individual issues in a safe and confidential environment. This meant that the men being trained to be Peer Educators (PEs) did not have to shoulder the burdens of their new positions within the community without support of their own: ‘This will be hard work, lots of people will come to us, we will need support ourselves’ (Peer Mentor, personal communication, June 2010). In these respects, the youth sub-committee were being trained to be gatekeepers for their communities (Capp, Deane, & Lambert, 2001; Deane et al., 2006). However, by incorporating a greater teaching and self-care aspect to the training, AKG aimed to broaden the experiences of the PEs and, as a consequence, deepen the impact upon the communities. AKG will eventually be conducted in 10 Indigenous communities within the Kimberley region: Broome (the base), Derby, Fitzroy Crossing, Halls Creek, Looma, Bidyadanga, Beagle Bay, Djarindjin Community, One Arm Point and Lombadina.

While the PEs remained a focus, training and education was not just limited to the BSFC. Overall, during the pilot (2009–2010), 41 activities were held with a total of 644 participants attending at least one activity. Of these participants, 421 were Indigenous. These activities catered for a range of age-groups within the BSFC – from the under-13 football team to adult club members – and were predominantly one-off, although people could attend as many as they wanted. These activities included training programs such as ASIST and ‘Who You – Which Way’, as well as other sessions. Importantly, the sessions dedicated to the PEs continued throughout the pilot and had a 100% retention rate. However, it should be
noted that the original design of AKG was as a community-based peer-education suicide prevention program; it was not initially created within a research-based framework.

While some studies have indicated the problematic nature of the hegemonic masculinity affirmed within the Australian sporting construct (Coram, 2007; Robertson, 2003), no studies have been made as to whether these detrimental masculine stereotypes can be avoided within a positively-framed, sport-based suicide prevention program. Further, while Australian research has investigated the role of health professional gatekeepers in Indigenous suicide prevention, little research exists on the role of youth PEs. While the traditional role of elder Aboriginal men in 'holding' younger men has been explored (McCoy, 2007), its potential protective nature needs to be more carefully examined within the modern Kimberley context.

LEARNINGS FROM THE PILOT

On the subject of sport, Bourdieu wrote that 'the original principle of division that divides human beings into men and women allocates to the former those games that alone are worth playing, and it obliges them to acquire the disposition to take those games seriously that the social world constitutes as serious ones' (Worsching, 2000, p. 59). Within the Australian context, this is true; 'games' such as AFL, rugby union/league or cricket are taken seriously. Ability in one of these sports potentially allows a man to be socially constructed outside of skin colour, ethnicity, or sexual orientation; although this may not always be the case (Coram, 2007).

Researchers within Australia, and internationally, have perceived an increased vulnerability to self-harm and suicidal behaviours as Indigenous youth 'articulate a sense of emptiness, a loss of culture, especially ritual and spirituality. Others know there is a 'hole' in their lives but don't know what it is' (Tatz, 2005, p. 87). Suicide is seen to become a solution for Indigenous youth when they lose sight of their personal persistence (they cannot see that they are the same person today that they were yesterday or will be tomorrow) and cultural continuity (loss of their unique culture within a white, Westernised hegemonic culture; Chandler & Lalonde, 1988; Chandler, Lalonde, Sokol, & Hallett, 2003). Within an Australian Indigenous context, the identity bound within a football club can become a source of personal persistence. Within the frames of AKG, strengthened community connectedness and empowerment can, in turn, increase feelings of cultural continuity in individuals, as well as a community as a whole (McCoy, 2007).

While the learnings from the AKG pilot cannot strongly point to any prevention outcomes, they do demonstrate the engagement of community, particularly its youth, and have created a foundation upon which future research-based evaluations will occur (see also learnings found in Allen, Mohatt, Fok, & Henry, 2009). Engagement with members of the BSFC, and subsequently with others within all the communities, speaks to the important process aspects of AKG, as well as enhancing social inclusion and a sense of purpose among the PEs. This is especially demonstrated with the continuing evolution of the training and education sessions since the conclusion of the pilot, as the PM, PEs and other BSFC members have become increasingly confident with creating more Kimberley-focused activities.

Indeed, one of AKG’s real strengths has been in building upon a pre-existing community-of-practice (COP) – the BSFC. The BSFC is a family-oriented club where the players have all known each other for many years; some were closely related. Their pre-existing ability to work as a team made the potentially difficult task of uniting them towards the goal of suicide prevention more simple. By enhancing the protective nature of this COP, another was also created – the PEs. Further strengthening the protective nature of this COP was that the decisions regarding training were made by the PEs, not the PM. In this way, the PEs had real control over AKG. In a region where there were no peer education programs in place, and few culturally-appropriate suicide prevention models, AKG became a strong beacon for community capacity building, empowerment and hope.
During the pilot period, AKG meetings were held at least once a week and were overseen by the PM. These meetings mostly focused on enhancing leadership development and refreshing awareness of suicide prevention. Indicative of the esteem in which AKG was held in Broome, up to 20 young men regularly attended these meetings which were also used to refer those deemed at-risk of suicide to Men’s Outreach Service for further support and counselling. Other formal training, including the ASIST workshop, was also undertaken. Altogether, 16 men from the BSFC have been trained as PEs for the Kimberley region initially as volunteers.

The cumulative impacts of the AKG pilot have been felt in the Broome community in two important ways. First, AKG created a healing space within the COP. Previous research, which has examined the after-effects of multiple suicides in Indigenous communities, has dissected bereavement where ‘cycles of grief’ can occur (Hunter, Reser, Baird, & Reser, 2001; McKay et al., 2009; Tatz, 2005). In this case, the community is unable to grieve fully and appropriately for one death before another has occurred; the community becomes stuck in seemingly never-ending waves of sadness, anger and apprehension as to when another death will occur. One PE believed communities were ‘living between suicides’. However, the way in which suicide was approached during the AKG meetings allowed men to talk about their experiences of grief and loss where they received support not only from their peers within the youth sub-committee but also further counsel from the PM. As a result of the healing allowed within the COP, these men could learn and implement healthy ways of coping with suicide in their community and, in turn, teach others these same protective behaviours.

Second, AKG helped to begin dismantling the stigma of suicide and help-seeking. Traditionally in Western cultures, suicide has been constructed as an act of deviance committed by people who are ‘mad’, ‘bad’, ‘hysterical’ or ‘weak’ (Alvarez, 1973; Douglas, 1970, 1967). This ‘weakness’ has transferred to help-seeking where, compared to women, rural men are more reluctant to seek help; instead they may focus on finding their own solution, even if it ends in death (Alston, 2012). The seeming historical absence of suicide in Australian Indigenous society appears to have little affected the potency of the stigma attached to it. However, the reluctance attached to help-seeking appears to be tied to masculine ideals and a lack of appropriate services (Sheldon, 2001; Vicary & Westerman, 2004). AKG tackled these aspects of stigma by the fact that the very men who undertook the challenge to become PEs embodied the ideals of the hegemonic masculinity constructed within the Kimberley paradigm. As sportsmen, they were well-respected within the community; as PEs, they demonstrated that seeking help does not display weakness. Indeed, their very participation has helped to begin conversations about suicide so it can be recognised as a phenomenon which can be prevented. One PE believed that: ‘if people are aware, they can become more alert … knowing what I know now has opened my eyes to the problem’. This newly-found awareness consequently becomes the foundation upon which greater community capacity and understanding can be built.

LIMITATIONS

Indigenous suicide prevention strategies must be appropriate and relevant to the community and there is no one Indigenous community (Hunter & Milroy, 2006). AKG was centred on the Kimberley region in northern Western Australia so the program conducted within this project may need to be adjusted to suit Indigenous communities outside this context. However, the training activities within AKG were created to be flexible to various audiences within different geographical locations. This limitation will be addressed and monitored as AKG continues after the completion of the pilot study.

CONCLUSION AND IMPLICATIONS

Alive and Kicking Goals! is one of the few suicide prevention programs in the Kimberley region that is wholly-owned by an Indigenous community. It directly talks about suicide but its focus on peer education and positive change allows the PEs to be practically involved in the solutions to this tragic problem. Further, the continual reflection incorporated within the AKG pilot ensures that the program remains fundamentally bound
to the Kimberley experience; the PEs recognised that: ‘we need to do it our way. Aboriginal people talking our way to our people, otherwise it won’t work’. Through AKG, the PEs have learned practical skills in suicide awareness and prevention which they can then teach within and across the different communities within the Kimberley region. The preliminary findings from the AKG pilot have been positive and have indicated the different ways in which the program can be developed, including one for younger children. With further research and evaluation, it is hoped that further tangible and positive impacts can be demonstrated in the future.

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References


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FORTHCOMING SPECIAL ISSUES

Advances in Contemporary Health Care for Vulnerable Populations
Guest Editors: Debra Jackson (University of Technology, Sydney, Australia), Adey Nyamathi (University of California at Los Angeles, USA), Mark Hayter (University of Sheffield, UK) and Bernie Carter (University of Central Lancashire, UK).

http://www.contemporarynurse.com/archives/vol/42/issue/2/marketing/

Fatherhood in the early 21st Century
Guest Editors: Deborah Dempsey (Swinburne University of Technology) and Belinda Hewitt (University of Queensland)

Themes: Fatherhood is a complex and controversial institution and set of practices in the early 21st century. Many Australian men are now engaged in resident and non-resident care relationships with children outside of the context of marriage. Contemporary instances of this for gay and heterosexual men include sole parenting, foster care and parenting post-divorce. Women, as well as men in heterosexual couple families now frequently engage in paid work, which has led to some reworking of conventional fathering identities within the nuclear family and the emergent possibility of larger numbers of involved carer fathers. For many years now, researchers have sought to understand the dynamics of work/care divisions of labour among heterosexual couples, and recent indications are that fathers are beginning to take on more caring responsibilities for children despite their long paid work hours. Furthermore, since the early 2000s, the increasing popularity of reproductive technologies such as donor insemination and gestational surrogacy has enabled newer categories of Australian gay fathering identities to emerge such as the ‘surro’ and ‘donor’ dad.

Aims and significance: The primary aim of this special issue is to bring together recent Australian research on gay and heterosexual fatherhood, to our knowledge, for the first time in this country. We emphasise gender as an important axis of difference when it comes to resident and non-resident, biological and social fathers’ participation in children’s care. The issue as a whole reflects on some very contemporary fatherhood themes or ‘new vistas’ (e.g. engaging fathers in care of young infants, gay fathers), as well as latest findings about ‘familiar dilemmas’ in the literature (e.g. work/life balance in heterosexual relationships). In the editorial prefacing the issue, we will reflect on the evidence for persistence and change in dominant gendered understandings and practices of fatherhood across the sexuality divide.


Culture, Death and Dying with Dignity
Guest Editors: Glennys Howarth (School of Social Science and Social Work, University of Plymouth, UK), Ruth McManus (School of Social and Political Sciences, University of Canterbury, Christchurch, New Zealand), Sheila Harper (University of Sydney) and Cyril Schafer (University of Otago).

The purpose of this special issue of Health Sociology Review (volume 22/1, March 2013) is to consider new debates in sociology regarding ‘what does it mean to die with dignity’ in light of changing healthcare demands and diverse customary and historical practices. To a large extent sociological perspectives have been marginalised and the field has been left for psychology and health sciences to dominate debate. There has been little discussion from sociology about wider so-
the fi  eld has been left for psychology and health sciences to dominate

This issue opens up the conversation to a variety of perspectives in the wider debate.

This special issue includes sociologically informed theoretical and empirical papers addressing topics such as:
• Appropriate palliative care (accessibility and acceptability)
• What is a good death
• Places of death
• Methodology in death and dying social research

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