

## TRANSCRIPT for Series 2, Episode 5: Culturally Tailored Training (airdate February 2021)

(0:00)

### **Introduction**

Welcome to *A World Where LivingWorks*, stories of science and survival bringing together our heads and our hearts to build a suicide safer world, talking openly about suicide is so important but we also recognize that listening to this series may bring up some tough emotions, if so please talk to a trusted family member, friend or local support service about how you are feeling.

Visit [livingworks.net](https://livingworks.net) and click on 'FIND SAFETY' for international crisis services, we are there to help you.

This podcast is brought to you by LivingWorks, a network of local suicide first aid trainers in your community and communities around the world visit [livingworks.net](https://livingworks.net) to find out how you can play your part in suicide prevention.

### **Kim Borrowdale**

You're listening to *A World Where LivingWorks* and I'm your host Kim Borrowdale.

First I'd like to acknowledge the traditional owners of the beautiful lands wherever you're listening today and I'd also like to acknowledge everyone out there who has been impacted by suicide, the pain it brings to our lives and the desire to make positive change for all of us to live well.

Today I want to introduce you to Associate Professor Maree Toombs, welcome Maree

### **Maree Toombs**

Hi, how are you?

### **KB**

Good thank you. So Maree is a proud Kamilaroi and Kooma woman and Aboriginal researcher, her expertise is in the mental health of Indigenous Australian's and exploring the interface between Indigenous and Western research methodologies. She is the Associate Dean for Indigenous Engagement for the Faculty of Medicine at the University of Queensland, with one of her current projects being I-ASIST a culturally tailored training program established to address the increasing rates of suicide in the Indigenous people living in rural and remote areas in Australia.

Again welcome Maree, look forward to talking to you today.

### **MT**

The same

### **KB**

We're talking today about First Nations people and suicide prevention but let us first acknowledge that neither myself nor Maree can speak to experience and culture of all communities. Suicide statistics in Australia and around the world are massively disproportionate for Indigenous populations, Maree what are some of the risk factors and protective factors for Indigenous communities when it comes to suicide.

### **MT**

Good question, I think some of the protective factors that I've found and this is very "researchy", based on previous studies but the protective factors are very much around connection to country, connection to family and connection to having a trajectory, so in terms of goals and hopes and dreams and what we're finding is that due to colonisation here in Australia and particularly around what we call truth telling and that means not having this history told in a way that Australia more broadly understand it let alone Aboriginal Torres Strait Islander peoples as well, leaves people with a very frail identity and that frail identity unfortunately is far

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reaching across communities and once that's broken down and communities fragmented these rates of suicide are a lot higher and incidentally the word suicide was not anywhere to be found in any Aboriginal and/or Torres Strait Islander culture across Australia prior to 1982/83 and so we're talking about a very Westernised disease here

**KB**

That must be so difficult to discuss as a community this Western concept that has infiltrated your society and your cultures, how do you go about having those conversations?

**MT**

Another great question, it is interesting people don't want to talk about suicide and it's seen as a taboo and often this notion that if you do talk about suicide someone is going to go and suicide. However, we know that it's happening and as you mentioned in your introduction, it's disproportionate higher, here Queensland for example, up in Far North Queensland, we have some of the highest rates of suicide in the world in our Aboriginal communities, we're getting to a point now where it's about a very confrontative about this and we need to have these conversations, we have to start talking about this word suicide or killing yourself, you know, very directly because if we don't start doing this and naming this then we're not going to be able to come up with solutions about it.

(4:48)

**KB**

Absolutely, Maree you've led many programs when it comes to mental health, health of Indigenous populations and now suicide prevention, one of these that you've been involved in, I'm really interested to hear about today which is I-ASIST which is Culturally Tailored Training to help with suicide first aid, suicide interventions, I guess people would know about LivingWorks ASIST training as a methodology that's used a lot around the world to support those conversations in various workplaces and communities but tell me about I-ASIST and way back when, when you had these conversations about the need to have people in Indigenous communities working together to actually support each other to deliver those suicide interventions.

**MT**

Yeah sure, well as an Aboriginal woman I've been around a lot of trauma and mental health in my life, fortunate for me I had those protective factors around myself, that means I don't have a mental health issue and I don't have thoughts of suicide however, my family have been heavily impacted and more broadly the community, going way back to when this all started and indulge me here, but I need to speak about how this all came about and so I was working in a rural clinical school of medicine up in a little place called Toowoomba and a very high profile researcher joined our team and he became the head of the school and he was a real character, walked around with a cowboy hat on, flew an airplane like super cool and he darkened the doorway of my office, this particular day and referred to me as Toombsy which people call me and said we need to do some research, we need to really do a deep dive into what's going on for Indigenous health particular comorbidities, people with physical illnesses and he was very like, this is how it's going to be and so I pushed back a little bit on him and I said, look Aboriginal people don't like to be researched and so if this is ever going to work then I need to go and consult with communities and find out what it is that communities are interested in and where they see, you know, that we could potentially support them and so with that he was like, ok that sounds like a great idea and I commenced this big driving trip and jumped in the car and headed West, so Western Queensland, which is a really big geographical area

**KB**

I was going to say, for people who are not familiar, give us a ballpark figure of how many kilometres you're talking about here

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**MT**

We're probably talking about 1000 square kilometres here, yeah it's a big chunk of land, if you're from Canada, you're probably get these sort of vast spaces but yeah, very large area of land

**KB**

Lots of driving time

**MT**

Lots of driving, lots of kangaroos and emu's on the road too, you never drive after dusk because you're doing about 60 kilometres an hour, I don't know what that converts to miles but it's really slow but through that process, I just sat down and had a yarn or a chat, so with community members all over that particular region and overwhelmingly people spoke to the rates of mental illness in community and lack of support and this ever growing rise in youth suicide in particular and so they very much welcomed the idea of chasing some research dollars to contribute to this particular area of need and so with that I actually called a couple of really big, what they call NHMRC grants.

As a result of that we got some funding and one of them was for this I-ASIST which initially was funded under the title INIST and it was an acronym for Indigenous Network Intervention Suicide Training, however as part of all of this consultation process to even begin to just design something for I-ASIST communities said to us, they didn't like the word INIST

**KB**

A bit pushy

**MT**

No, no surprisingly and I nearly died when I found out what the issue was, and a couple of Elders ended up telling me, INIST sounds like incest

**KB**

Oh

**MT**

Yeah I know

**KB**

I didn't think of that, I just thought it wasn't in line with the philosophy of coming up with a solution together, wow. Good move changing the name

**MT**

No.

Absolutely, so we're like, ok we're out let's go with Indigenous ASIST or I-ASIST but that's the beauty of consultation, if we hadn't have done that and we produced this product

**KB**

Imagine rolling that out

(9:44)

**MT**

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It would have, it would have not gone anywhere I think to be honest because but because of that community consultation we were able to iron out that crease. Yeah, I think we just, we spent a lot of time, a good I would say two years, really, really consulting with communities about what it was that they saw the gaps were for them and we published a paper around this but what we found was a lot of community members said that relying on stakeholders and you know support services wasn't going to be helpful for them because often these people when they're thinking about suicide, they're not doing it between the hours of nine and five and so they wanted something that they were able to do themselves that empowered them.

The other things that came up around that community consultation, was very much about not wanting the police or those first responders like Ambulance coming in because that often distressed the person even more and yeah so overwhelmingly it was like, give us the tools within the communities to be able to handle this ourselves and we'll do it and so that really formed the premise of where we started with this

**KB**

Fantastic. That's a long process but as you say, you wouldn't get to where you are today and the program being used and taken up by people without it

**MT**

It's true and just on that point too, here in Australia and I know it's the same for First Nations people across the world but we've been heavily traumatized by colonisation and there's a mistrust of researchers because researchers have used data in the past against us rather than with or for us, that's one of the barriers and then the other one is, what are you going to do with this information, you know, who's it going to and are you then going to use it as another way, as a weapon against us, it helps being Aboriginal or First Nations or having someone who is in your research team because it straight away puts those barriers down, it's like oh you're one of us and you get this and that mitigates a lot of the risk but it still takes a lot of time because you've got to get the trust of communities before they will come to the table.

**KB**

I can only imagine your cowboy hat friend doing the same drive and having the same conversations, totally different, no offence to him of course.

**MT**

Well we went to a conference once and it was a big international Indigenous medical student conference and I said to him, don't open your mouth, I said just look and listen but don't open your mouth. He's a lot better these days and beautiful heart but you know there is nuances I suppose that goes with, he knows them now, he didn't back then

**KB**

Absolutely and what did you learn in this projects, you researched what people needed and what communities were asking for in term of the tools and the programs and things like that, and so very strongly heard that they wanted to own that themselves and have those tools within themselves to help but what about when you got together in a classroom, what's different or what did you need to reflect on in terms of Indigenous learning styles and how you actually teach each other those skills

**MT**

Yeah, we found that well if we talk about ASIST because I crashed into Shane Connell, not literally but I met him at an ASIST T4T, I know I'm digressing but I'll just fill in the next piece to that question and I didn't know what gatekeeper training was or suicide intervention training and I went and did the T4T ASIST and what I found about that is the actual PALS so that Pathways to Assisted Living, I think that's the acronym for it, don't quote me, yeah Pathway to Assisted Living was really intuitive and it really makes sense to me as an Aboriginal woman

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in terms of how it flows so noticing, we're very intuitive people and body language forms a really strong part of who we are as Aboriginal peoples, that piece about noticing and asking question really resonated with me.

The second part which was hear story, that's what we do, we're an oral culture, like everything's been passed down through story for 60 to 100,000 years, like we're the longest surviving civilization in the world, like can you imagine and so that to me was like, oh my gosh that really makes sense and then third part which is really about empowering the individual rather than dragging them around my the scruff of the neck and dragging them off to a hospital or whatever, it's about empowering them to live and to want to live and to support that, I just thought I'm in love with this, this is great, and then the other piece and I share this quite openly when I present on this work, during that T4T training I became very aware that one of my brothers was at risk of suicide and I knew it and it was always sitting in the back of my mind but I didn't know what to do about it, you know and I would consider myself to be a highly educated woman, who can ask questions and explore all those sorts of things but I did not know what to do about that and so I actually rang him on the second night of the T4T training and he didn't pick up so I sent him a message and honestly I felt like an idiot but I texted him and I just said, 'listen you're going to think I'm a bit crazy but I'm doing this suicide intervention training course and I have to ask you, are you thinking about killing yourself', like can you imagine, like I thought I'm a lunatic

(16:10)

**KB**

It feels so weird to say that for the first time to someone

**MT**

It does, it does, now I can say it like I would ask can I have a coffee, you know like you get used to it but I sent this message and I hesitated and then I sent it and I'm sitting there thinking oh my gosh, like I'm a lunatic but anyway we'll just go with it and you know when they respond you can see the little dots

**KB**

Dot, dot, dot

**MT**

Up and down yeah well immediately dot, dot, dot, dot and he came back with, how did you know, and I was like argh oh my gosh

**KB**

Wow

**MT**

I said, pick up the phone I'm ringing you but I went through that PAL framework and it just, like you know two days of training around it but I just knew it because it was so in line with what you would expect that you would do in that situation

**KB**

What you'd naturally say if yeah

**MT**

Yeah exactly, I did though for the little cheat sheet when I got to the little empowering piece at the end, a safety plan and all of that and I'm like argh where's that little cheat sheet but it's amazing and it turned his life around but what it did for me is it made me obsessed with ASIST and I've been hanging onto Shane like a piece of sticky tape now for years and say come on let's make this work and we've formed a really, really lovely partnership in terms of bring this to fruition.

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But in terms of your question about the classroom once again we went back to that consultative process and we started to deliver ASIST with an Indigenous sort of way of doing it and basically we started by doing straight ASIST but we would get feedback from community as we would explain it as a pilot study because we were funded by the National Health and Medical Research Council we always said that this is a research project and we're here to glean information from you to make this culturally safe, it was about an adaptation and some of the big ticket items that came out of that really early on was we need to have a debrief and an information session before we even did ASIST and that entailed food, it entailed the whole team that were going to deliver the training to come together and do a big yarning circle and we introduce each other, we would inevitably get into why we were sitting at this circle and nine times out of ten people had a direct lived experience of suicide and it was about a safe place to share that, so that when the participants, we call them but when everybody came to do the training for I-ASIST they we're coming into learn a skill not be re-traumatized and that helped them when we did the yarning circle on the first day when you make those introductions to each other and it kind of mitigated a lot of risk and the other thing that it has helped with is, here in Australia, we have 250 language groups or tribes and each one we call a country, that's tribe or a country or a nation but each one of those is it's own discreet culture and it's like if you think of Europe and all the countries that we have over there, it's the same deal, so not everybody gets on with each other and we have, through that yarning circle and that workshop that we did the before, that was also a way to get people individually to come and have a yarn with us about if there were any conflicts in the room or some people might have worked together and they might have thought I don't feel comfortable sharing personal stories together, so that's when we would put them in those separate groups when we did the role playing things like that. It just helped us to navigate any relationship issues that may have been in the room as well.

(20:24)

**KB**

That's really good that's a much better approach, so that not only can you build that trust with each other but also you've got the focus on the skills and as you said, not unnecessarily re-traumatizing or traumatizing people given past history or relationships

**MT**

And what's interesting about that too just briefly was, it was also an option for people to opt out at that point and so but in the end trained, I think it's 344 people, yeah I think it's 344, only one person has ever opted out.

**KB**

Wow

**MT**

Which I thought was very, very cool as well, yeah

**KB**

Very cool but that's great to have that option actually to opt out because it's such an important but also sensitive skill to be learning so you want people to be able to be absolutely comfortable going into it.

**MT**

Absolutely yep

**KB**

Great and what else in the two day program usually ASIST is this two day suicide first aid course, within the program itself, was there many difference that you thought or adaptations you had to make to make it more culturally appropriate.

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**MT**

It was more about ensuring that there was an Indigenous trainer in the room, we talk to each other in a way that's very casual and some of the language that is used in ASIST is very you know, kind of high level in some ways, it was about being able to bring that language down and be adaptive where we needed to be with the groups, having an Indigenous trainer always there made that process a lot easier as well and you know, because this is Western disease we didn't find that the material itself was, there was anything wrong with that, we've maintained the integrity of that because it work, I think there's 30 something years' worth of evidence to show that ASIST is gold standard and for us we felt that our First Nations people here in Australia deserved gold standards, so how could we adapt that to retain the integrity but also make people feel culturally safe and we've been really working hard with LivingWorks to develop new training materials and so they essentially are the same but the artwork and the way that they present themselves look First Nations, so when you open the workbook for example, you know it's a workbook for First Nations people and when you've got the pathway that dots across the framework for example, it looks like Indigenous art so it's like dot, dot, dot, dot you know and so

**KB**

Yep, you're already welcome as soon as you sit down

**MT**

Yeah, that's right, that's right. And so we've got the Australian version of the ASIST videos now and within that we have Aboriginal actors and so you know what Aboriginal people see them they come and see in I-ASIST is oh we can relate to these people because they look like us, they sound like us and yeah I think that and it brings down that level of anxiety for people when they do the training.

**KB**

That's a nice side benefit to seeing those videos pop up in all sorts of general population training as well, so it's got a side benefit of other populations normalizing Aboriginal conversations in their society, yeah great videos, I love those videos.

**MT**

And thanks for mentioning that Kim because that was the whole thing, how cool would it be to have these Aboriginal actors and these videos that are designed for I-ASIST to be generalizable across a whole of Australia and flip it so that instead of us looking at white fellas in the videos, they're looking at black fellas in the video and it's normalized and yeah, so I thought that was strategically brilliant as well.

**KB**

Yeah, I love it, more of it I say.

Now moving away from I-ASIST for a moment, when you started your role as Associate Dean of Indigenous Engagement at the University of Queensland, which you've been in now for... two years?

**MT**

Yeah about 18 months, yep.

**KB**

Obviously when I go and look you up online, I've read all of the articles and done a little stalk around your media profile and one of the things that you said when you started was that developing a greater sense of community, safety and cultural humility would be a priority, what do you mean by cultural humility?

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(25:08)

**MT**

Cultural humility is really non-Indigenous people accepting that they don't know our culture and as such should not be dictating to us how we should behave in our culture and in terms of that cultural humility, you know sometimes we come across researchers who do that research to us, not with us, also in terms of curriculum and a whole range of things across the medical school that I work in, which is the largest medical school in the country, currently we've got about 490 first year medical students here in Australia but all over the world as well that come to us and so it's about introducing cultural safety, cultural awareness but scaffolding that up to this piece about cultural humility, which is really just about respect and respecting our voices and that our voices speak the truth and we do have the answer to our own problems and you know just in response to that federal government have finally released a new Close the Gap document and for those listeners who are not from Australia, Close the Gap is a big campaign to reduce the mortality and morbidity rates of Aboriginal Torres Strait Islander peoples across Australia, we have particularly the mortality, we were dying at about 20 years that of non-Indigenous people, so there are some gains being made in that space but after 10 years, the Close the Gap has been designed to work with Aboriginal communities not for Aboriginal communities, even the government is a little bit slow to pick up on some of this stuff unfortunately.

**KB**

Yeah I think a lot of workplace and communities can also learn from that and learn from the approach that you're taking with I-ASIST and not as you say, it's about respect not assume that there is a problem and that you know the solution and the people who are living with those problems and finding solutions themselves will hold the answers to that.

**MT**

And a classic example of that, we took this program out to one of our discreet communities, so 92% of the people that live in that community are Aboriginal and lot of suicide has occurred there, like a lot, it's horrific but the community said, why don't we have I-ASIST stickers put onto letterboxes around this community, so that if someone is at risk of suicide they know where to go. Now I would never have thought of that, I don't think you would have.

**KB**

That's a great idea.

**MT**

I know, but that was the community and they're like, let's do this because it's just so simple but ingenious, sort of like you know like the safe house.

**KB**

Yeah, it's a safe space to come to.

**MT**

Yeah.

**KB**

Yeah, like the neighbourhood watch thing, I'm a safe place for you to run to if you need help.

**MT**



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Exactly, so to have a little sticker that say, hey listen I'm trained in this come here and so yeah that's a classic example.

**KB**

That's a great idea that can now be taken to other communities and say this might work for you, if you're something that you're up for this is what happens in this community, that's great.

On that note, I know the research that you do, you come across a lot of health problems and you're hearing about people's trauma day in day out, but also looking at solutions with some people and in ways where they can be empowered in their own physical and mental health, so talk to me about what give you hope when it comes to First Nations and suicide prevention.

(29:03)

**MT**

Well I just keep coming back to we are survivors, you know and I bang on a lot about we are the oldest surviving civilisation in the world but if you think about that in terms of the strength that we have from that, like 60 to 100,000 years old, I mean like that just blows my mind, so we are a strong people and I think through the research that I do and the yarn that I have and you know be it in the suicide intervention space for the mental health space, all of this comes back to our identity and we have been told since colonisation that there is something wrong with us because we are Aboriginal, it very much this deficit model, you know and it's been pitted against us, you know we all have different skin colour for example and we were classified based on our skin colour you know, so we've picked up these Western policies and views of ourselves and we've taken them onboard and so one of my projects which I just get so excited about is working with traditional healers and clinical psychologist with people who suffer from major depressive disorders but what we're hearing through that process in particularly the work that spiritual traditional healers are doing with these people, is that they're saying that there's spirit is sick and through the traditional healing process their spirit is getting better but it's waking up their Aboriginality and so there is this sort of notion that coming out that our Aboriginality has been sleeping and if we wake that up and put some pride around that then you know, hopefully we can build on that, so I think a lot of this also is about working with communities to help them also understand why we're in the position that we're in and that it's like that chipping away at something ever so slightly over 230 something years that has led to us being in this sort of fragility of identity and I think that if we can all wake our Aboriginality up, wake our identities up from this sleep that it's been in then I think that we will start to see some change, but I don't know if I'll see it in my lifetime but we've got warriors out there and we're all trying to move forward with this space.

**KB**

Thank you so much Maree, I can see the strength and I share you hope as well and really appreciate the time that you shared with us today and those insights and all the best in the work that you're doing. Is there anything else you'd like to share with us in other projects that you're doing outside of suicide prevention?

**MT**

Probably just that one that I mentioned with the traditional healers because I think there's a space for that type of a person or people to be involved when we run the I-ASIST and you know I-ASIST is very transferable to other First Nations communities across the world and I know in Canada there is some interest in how this could also be adapted and modified and it has been for the Inuit peoples but I do think that having someone like that at these workshops helps as well, just briefly but in that process that I spoke to about having that workshop the day before, where we can we have had a traditional healer come to our workshops to provide that support or debrief if somebody does get traumatized throughout that workshop as well, it's just another layer of support, I suppose, which is a traditional way of supporting that could be included in this.

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**KB**

And so something that's so valuable to the individuals those participants in that room whether or not they ever use the suicide first aid skills just being involved in the process I can imagine must be so empowering and helpful to wake up their strength as well.

**MT**

Absolutely and I will just leave this with you, this program does save lives so as a research project we have collected data from participants at the workshops, at baseline and then we've followed them up at 6 months and 12-months and at 6 months almost everybody has used I-ASIST at least once but at 12-months at least four or five times and so it is working and yeah, so it's very exciting.

**KB**

That is hugely exciting. Thank you so much for all the work you've done on this Maree, I get so excited when I hear about this project and the other projects you're doing and can't wait for our listeners to come to your University of Queensland website, check out more of your projects and find out more particularly about I-ASIST and how it can not only support communities in Australia but also hopefully First Nations communities around the world.

**MT**

Thanks very much, thanks for having me, Kim.

**KB**

Thanks so much Maree.

### **Ending**

If you've enjoyed this episode, we'd love you to subscribe on the usual channels, write a five star review and most importantly share it with your family, friends and colleagues on social media, tagging LivingWorks. This podcast is brought to you by Living Works a network of local suicide first aid trainers in your community and communities around the world. Visit [livingworks.net](https://livingworks.net) to find out how you can play your part in suicide prevention.

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