



CROSSROADS TO COMMUNITY WELLBEING **Action Plan 2020**



VICTORIA POLICE



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We acknowledge and pay our respects to the Wurundjeri people and other peoples of the Kulin Nation on whose unceded lands our work in the community takes place. We respectfully acknowledge their Ancestors and Elders past, present and emerging.

We recognise and value the knowledge and wisdom of people with lived experience, their supporters and the practitioners who work with them.

We celebrate their strengths and resilience in facing the challenges associated with their recovery and acknowledge the important contribution that they make to the development and delivery of health and community services.

Eastern Melbourne PHN values inclusion and diversity and is committed to providing safe, culturally appropriate, and inclusive services for all people, regardless of ethnicity, faith, disability, sexuality, gender identity or health status.

Executive Summary

The Crossroads to Community Wellbeing Action Plan 2020 (The Plan) has been developed to guide the collective efforts to understand, prevent and reduce suicide in the South Asian community in the City of Whittlesea.

The Plan has been guided by the work of the Crossroads to Community Wellbeing working group (Crossroads) which was established in December 2018 to respond to an emerging concern that there was a possible cluster of suicides amongst women from the South Asian community.

The Plan provides an analysis of the presenting issue, policy context, socio-demographic information about the City of Whittlesea, an evidence informed model of suicide prevention, and high level strategic actions that capture the actions of Crossroads, related projects, and opportunities for future work.

One of the foundational actions undertaken was to formally request the Coroners Court of Victoria investigate the deaths in order to determine the following: if these deaths did indicate a cluster; if there were commonalities between the reasons for suicide; and if the women were all from South Asian countries of origin.

The Coroners Prevention Unit (CPU) identified four suspected suicides of South Asian women in the City of Whittlesea in 2018, compared to one relevant death for the period 2009 to 2015 (Coroners Court of Victoria, 2020). Additionally, the CPU identified a further two possibly relevant deaths that occurred in 2019 (Coroners Court of Victoria, 2020). This brings the total number of suspected suicides of South Asian women in the City of Whittlesea for the period 2018 to 2019 to six (Coroners Court of Victoria, 2020).

The Coroner determined this met the Centres for Disease Control and Prevention's definition of a suicide cluster (Coroners Court of Victoria, 2020).

In determining the precipitating factors that lead each of the women to take their own life the Coroner was "unable to find the precise factors" (Coroners Court of Victoria, 2020). However, through the investigation of the deaths, there are common themes in relation to mental health and suicidality, financial vulnerability, social isolation and family violence.

The Coroners reports into the women identified as Ms TP, Ms YN, Ms MH and Ms WX (Coroners Court of Victoria, 2020) made formal comment that the Crossroads working group "is well placed to progress the necessary research and planning required to inform future work, including further inquiries into the broader issues faced by South Asian women in the City of Whittlesea that do not form part of the coronial jurisdiction" (Coroners Court of Victoria, 2020).

In line with evidence based suicide prevention, the Coroners reports noted that future work will require initiatives from a number of government departments and that "the Department of Health and Human Services ought to identify opportunities to improve South Asian women's access to and engagement with support services" (Coroners Court of Victoria, 2020). The Coroner made recommendations that Victoria Police "investigate the deaths of women from culturally and linguistically diverse backgrounds in the Whittlesea area: to consider the relevance of any family violence issues and potential common themes in these deaths, including



inter alia social isolation and family violence, which may, in turn, assist in suicide prevention" (Coroners Court of Victoria, 2020).

To work collectively to guide future suicide prevention efforts, this Action Plan has utilised an evidence based approach to integrated suicide prevention; the LifeSpan framework by BlackDog Institute (2017). The actions outlined are structured according to the strategies and principles of LifeSpan (BlackDog Institute, 2017) and include both actions undertaken by the Crossroads working group itself, projects and services delivered by the organisations represented within Crossroads as well as ideas for new projects and systemic changes.

It is recognised that there are limitations of using only a suicide prevention framework to address this complex issue. Future work may need to examine and integrate family violence models, practice and frameworks with a cultural lens.

The next steps will require a focus on engaging further with community and lived experience to develop a tailored community-led suicide prevention effort. As recommended by the Coroner, further work will require a deeper analysis and solution-focussed approach of the service system supporting the community of South Asian peoples in the City of Whittlesea.



Need help?

Thinking and reading about suicide can be distressing.

If you need help, please access the support you need. No one needs to face their problems alone.

If you or someone you are with is in immediate danger, please call triple zero (000).

National 24/7 crisis services

Lifeline	13 11 14	www.lifeline.org.au
Suicide Call Back Service	1300 659 467	www.suicide.callbackservice.org.au
MensLine Australia	1300 78 99 78	www.mensline.org.au
Beyond Blue Support Service	1300 224 636	www.beyondblue.org.au
SANE Australia Helpline	1800 187 263	www.sane.org
1800 Respect	1800 737 732	www.1800respect.org.au

Support after a suicide services (bereavement support)

LifeConnect: suicide prevention and support after suicide	1300 052 590	www.neaminational.org.au/our-services/suicide-prevention/lifeconnect
Australian Centre for Grief and Bereavement	(03) 9265 2100	www.grief.org.au

Culturally specific organisations and charities

IndianCare	(03) 83128805	www.indiancare.org.au
Oorja Foundation	Not available by phone	www.oorjafoundation.org.au
Harman Foundation Helpline	1800 11 66 75	www.harmanfoundation.org.au



Safe language

Certain ways of talking about suicide can alienate members of the community, sensationalise the issue or inadvertently contribute to suicide being presented as glamorous or as an option for dealing with problems. People who are vulnerable to suicide, or bereaved by suicide, can be particularly impacted by language.

It is preferable to avoid detailing method of suicide, however, we acknowledge that at times it may be necessary to determine patterns and interventions. (Mindframe, 2019)

Don't say	Do say	Why?
'failed suicide', 'unsuccessful suicide' or 'suicide bid'	'non-fatal attempt' or 'made an attempt on their life'	To avoid presenting suicide as a desired outcome or glamourising a suicide attempt
'successful suicide'	'took their own life', died by suicide' or 'ended their own life'	To avoid presenting suicide as a desired outcome
'committed' or 'commit suicide'	'died by suicide' or 'death by suicide'	To avoid association between suicide and crime or sin
'suicide epidemic'	'increasing rates' or 'higher rates'	To avoid sensationalism and inaccuracy

Glossary

Abbreviation	Description
ABS	Australian Bureau of Statistics
BSL	Brotherhood of St Laurence
CALD	Culturally and Linguistically Diverse
CAG	Community Advisory Group
CCOV	Coroners Court of Victoria
CPU	Coroners Prevention Unit
DHHS	Department of Health and Human Services
DPC	Department of Premier and Cabinet
EMCHN	Enhanced Maternal Child Health Nurse
EMPHN	Eastern Melbourne Primary Health Network
FVIU	Family Violence Investigation Units
LGA	Local Government Area
MHRV	Mental Health Reform Victoria
NMHC	National Mental Health Commission
PHN	Primary Health Network
SaSC	Stronger and Safer Community Project
VMC	Victorian Multicultural Commission
VSR	Victorian Suicide Register
WCC	Whittlesea Community Connections Incorporated
WCF	Whittlesea Community Futures
WCFVP	Whittlesea Community Family Violence Project
WCLS	Whittlesea Community Legal Service
WHIN	Women's Health in the North
WHO	World Health Organisation

1. Introduction

1.1 Why are we focusing on suicide prevention in the South Asian community?

In relatively short succession, a local Victoria Police Sergeant attended a number of suspected suicides of South Asian women who lived in the City of Whittlesea. The determination by the police sergeant that the women were of South Asian background was experiential only, as there was no system in place for the collection or verification of cultural background. That this data was not being collected and verified meant there was no reporting mechanism to show trends in suicides of culturally and linguistically diverse (CALD) communities, and therefore no alert to policy makers and service providers that a particular community was in need of support.

Nonetheless, despite a lack of evidence in relation to cultural background, the sergeant's experience of the nature of the suicides, his knowledge of the community and the correlation in the cases left him so troubled that he decided to escalate the matter to his superiors and then to the local council.

Although initial reports on the deaths provided no indication that family violence was the primary driver in the women ending their lives, police investigations observed that there had been prior violence in some of the cases, as well as other isolating and controlling behaviours.

In order to save the lives of other women of South Asian background living in the City of Whittlesea, it was imperative these tragic deaths be investigated further in order to understand the precipitating factors and experiences of the women, determine if this was a cluster of suicides, and, whether there are systemic issues that may be contributing factors.

1.2 What is being done about the suicide deaths in the South Asian community in Whittlesea?

The Crossroads to Community Wellbeing Working Group (Crossroads) was established in late 2018, in response to a perceived increased frequency of suicides of South Asian women in the City of Whittlesea. The group was established to:

- Gather local intelligence to inform a strategic direction for a response in the local community;
- Investigate the presenting issue; and
- Engage with local community leaders to develop a tailored suicide prevention response.

This document serves the purpose of explicating the presenting issue, what the local intelligence gathering revealed, the Coroners findings, a best practice model of suicide prevention, and an action plan which outlines the key strategies to prevent suicide in the South Asian community.

The actions outlined in this document have been guiding the work of Crossroads to date, however, it is acknowledged by the group that this is an iterative process and will need to be revised regularly. As the Crossroads working group continue to engage with community leaders and those with lived experience, it is planned that a shared responsibility and leadership is undertaken to work together to prevent suicide in the South Asian community.



2. Policy Context

2.1 National Policy

In 2015, the National Mental Health Commission (NMHC) set out recommendations to implement a systems-based approach in its report [Contributing lives, thriving communities: review of mental health programmes and services](#) (NMHC, 2014).

The recommended responses from NMHC included:

- Future efforts in suicide prevention should focus on improving the quality of service responses to people who seek help for suicidal ideas or behaviours, and those who are concerned about them. This focus needs to be in local communities.
- Evidence shows a systemic, community-based approach to suicide prevention is likely to be the most effective at reducing suicide rates. Such an approach would involve initiating systemic, multi-level and multi-sectoral prevention models in particular communities in collaboration with key stakeholders in those communities.
- Provide access to adequate services, ensuring that therapeutic interventions are tailored to the complexity and severity of individual need (NMHC, 2014).

As part of its response to the NMHC review of mental health programs, in 2015, the Commonwealth announced a renewed approach to suicide prevention through establishment of a new National Suicide Prevention Strategy. Key components of the Strategy are:

- "a systems-based regional approach to suicide prevention led by Primary Health Networks (PHNs) in partnership with

Local Hospital Networks, states and territories, and other local organisations with funding available through a flexible funding pool;

- national leadership and support activity, including whole of population activity and crisis support services;
- re-focused efforts to prevent suicide in Aboriginal and Torres Strait Islander communities, taking into account the recommendations of the Aboriginal and Torres Strait Islander Suicide Prevention Strategy; and
- joint commitment by the Australian Government and states and territories, including in the context of the Fifth National Mental Health Plan, to prevent suicide and ensure that people who have self-harmed or attempted suicide are given effective follow-up support"

(Department of Health, 2016a).

Most recently, the consultation document led by the Victorian Department of Health and Human Services for the National Suicide Prevention Implementation strategy 2020-2025: Working together to save lives stated that effective suicide prevention requires coordinated and combined efforts across a range of systems and settings, and from all levels of government. "When interventions are integrated and delivered simultaneously across a geographic region or a priority population, it is referred to as a 'systems-based approach' to suicide prevention" (Department of Health and Human Services, 2019, p2).

- Suicide prevention is most effective when integrated with broader, cross-sector responses that address the social and cultural determinants of poor health and wellbeing, including

childhood trauma, family violence, poverty, displacement, experiences of discrimination and bullying, education, workplace achievement and isolation" (Department of Health and Human Services, 2019, p2).

2.2 Victorian Policy

In 2016, the Victorian Government introduced the [Victorian Suicide Prevention Framework 2016-2025](#) (Department of Health and Human Services, 2016). Advocating for a systems approach where all stakeholders involved in suicide prevention collaborate and focus their efforts on the interventions that are proven to have the greatest impact, the framework seeks to halve Victoria's suicide rate by 2025 through five key objectives. These are:

"Objective 1: Build resilience

Improving individual and community strengths and capacity to prevent suicide. Leveraging off a new focus on building resilience across the Victorian Government, including in schools and health and emergency services.

Objective 2: Support vulnerable people

Uniting behind groups who are at a higher risk of psychological distress and suicide. This includes early responses to concerns among dairy farmers, regional communities, Aboriginal communities, emergency service workers, paramedics, police, and lesbian, gay, bisexual, transgender and intersex people.

Objective 3: Care for the suicidal person

Strengthened approaches to assertive outreach and personal care when a person who has attempted suicide leaves hospital or an emergency department.

Objective 4: Learn what works best

A commitment to test and evaluate suicide prevention initiatives, and share data with local communities.

Objective 5: Help local communities to prevent suicide

Trialling a coordinated approach to suicide prevention that will be implemented at a local community level."

(Department of Health and Human Services, 2018).

In line with the key policies; *National Suicide Prevention Strategy 2015* and *Victorian Suicide Prevention Framework 2016-2025*, the Victorian State Government (DHHS) and Victorian Primary Health Networks (PHNs) are collaborating to trial place-based approaches to suicide prevention across twelve locations. Each place-based trial site is delivered under the same operating model, including a common evaluation approach, planning and reporting.

The Eastern Melbourne PHN (EMPHN) has been funded to run two place-based suicide prevention trials in the local government areas of Maroondah and Whittlesea. These trials operate alongside existing mental health services and suicide prevention services and do not establish a new service, or duplicate existing services.

EMPHN's role is to work with the community and local service system to prevent suicide; to try to understand what took people to the point of suicide, what supports were missing or not working, how the community can better support those at risk and what solutions they would propose for saving lives.

The coordination of the Crossroads working group and associated actions is one of the activities funded through the EMPHN place-based suicide prevention trials. The trial will conclude at the end of the 2021/22 financial year.

3. Investigation of the presenting issue

3.1 Research and data on suicide in relation to South Asian communities

In seeking to understand why women, who have emigrated from the South Asian area and now live in the City of Whittlesea may be more vulnerable to suicide, desktop research was conducted to contextualise the local situation with national and international research and data.

Data from the Australian Bureau of Statistics (ABS) reveals that in 2017, suicide was the leading cause of death for Australians aged 15 to 44 years. In Australia, men are more likely to die by suicide than women, and Aboriginal and Torres Strait Islander people are twice as likely to die by suicide than non-Indigenous Australians (ABS, 2018). The ABS does not publish data on country of origin or cultural identity for those who have died by suicide.

In 2016, the World Health Organisation recorded that the global average of females dying by suicide is 7.7 per 100,000 people. In Australia, it is slightly lower at 6.2 females per 100,000 people (ABS, 2018). In comparison, the regional average for females dying by suicide in South Asian countries, is 11.6 per 100,000 people (WHO, 2016) and in India specifically, the average is 14.7 females per 100,000 people (WHO, 2016). From this data it can be seen that the suicide rate for females living in South Asian countries is nearly double of their counterparts in Australia.

Patel and Gaw (1996) conducted a review of international studies of suicide among immigrants from the Indian subcontinent (India, Pakistan, Bangladesh, and Sri Lanka) to better understand social and psychological factors contributing to suicide in this group. This research found that family conflict and domestic violence appeared

to be a precipitating factor in many suicides. More specifically, moving to a foreign country and living in a hostile, unfamiliar, and lonely family situation may leave the vulnerable woman in a particularly unsupported environment at a critical time (Patel & Gaw, 1996). Patel and Gaw (1996) proposed that these women might experience a sense of desperate entrapment and hopelessness about their future when they have to choose between continued abuse in the new situation and being an outcast in their own community at a time when they most urgently need support.

Domestic violence is a major precipitating factor for suicide, and ethnic minority, immigrant and refugee women are at higher risk for suicidal behaviour (Colucci & Montesinos, 2013). A highly significant relationship between domestic violence and suicidal ideation has been reported in many low income countries (Moreno, 2011). For instance, in India, 64% of women who had experienced physical abuse by their intimate partner thought of killing themselves (WHO, 2001). In Colucci & Montesinos' (2013) research, the belief that suicide is not only accepted but an expected response in some circumstances, and that women might thus be 'forced' to kill themselves, was indicated by participants from the Indian sample.

3.2 City of Whittlesea Demographics

The City of Whittlesea is one of the most multicultural municipalities in Victoria. The Suburbs and Residents report by Whittlesea Council states that in 2016, almost half of all local residents spoke a language other than English at home. In more recent years, the pattern of emerging communities in the City of Whittlesea included residents born in India, China, Iran and Sri Lanka.

The local Indian-born population has been growing significantly over the past 15 years. Between 2001 and 2016, the number of Indian-born residents increased from 954 to 11,119 people; with the largest number arriving between 2011 and 2016 (an additional 5,870 people). Overall, the percentage of Indian-born residents in the City of Whittlesea (5.6%) is higher than Greater Melbourne (3.6%) and Victoria (2.9%). The local Indian-born population were predominantly new arrivals to Australia rather than having lived in Australia for several years and recently moving to the municipality. Epping North precinct has the largest proportion of Indian-born residents (13.1%), followed by Epping (7%) and Thomastown (6.4%).

In 2017-2018, City of Whittlesea continued to have one of the highest rates per 100,000 of population of family violence in the Northern Metropolitan Region of Melbourne (1,428.9 per 100,000 of population, compared to Victoria 1,176.7) and children are recorded as present at a much higher rate than other municipalities (436.7 per 100,000 of population, compared to Victoria 323.2).

Whittlesea has high proportions of population groups vulnerable to family violence and who may often experience significant barriers to accessing services and supports including women who are pregnant (pre and post pregnancy), those aged between 15- 45 years (almost 45% of women), culturally diverse and Aboriginal women.

The City of Whittlesea has a rapidly growing population meaning the already high demand for family violence support is set to grow exponentially. There is limited access to specialist family violence services locally, as family violence services are primarily located outside of the municipality.

3.3 Cultural complexities of family violence

The Equal and Safe Strategy 2019 (City of Whittlesea, 2019) states that culturally diverse communities experience a complex web of additional barriers to accessing family violence services, which often means they are more vulnerable to the impacts of violence and less likely to seek support. While family violence occurs in all communities, it is critical to provide specialist family violence services with a cultural lens (City of Whittlesea, 2019). The Equal and Safe Strategy 2019 (City of Whittlesea, 2019) states that several service agencies in Whittlesea described an increasing prevalence of cases where migration status and visa-related vulnerability were used as a tool of abuse and as a significant barrier to seeking assistance. Threats to family in the country of origin, financial dependency and fear of deportation are then tools used to deter women from seeking help (City of Whittlesea, 2019).

Similar to visa-related vulnerability, several services reported an increase in the use of dowry (or other marriage-related financial transactions) as a means of exploitation and control (City of Whittlesea, 2019). In some cases the perpetrator uses dowry payments to strengthen a sense of ownership and can use abuse of the woman as leverage to demand further payments from family in the country of origin. Where a woman has come into a multi-generational household the abuse and control can be perpetrated by multiple people, for example, mother-in-law or brother-in-law (City of Whittlesea, 2019).

3.4 Addressing family violence in CALD communities in the City of Whittlesea

In scoping the presenting issue of a possible suicide cluster of women from South Asian background, at the time of writing, previous and current projects specifically addressing family violence in CALD communities, in the Whittlesea area, have been summarised.

The Whittlesea CALD Communities Family Violence Project (WCFVP) was led by Whittlesea Community Connections from 2012-2017. The aim of WCFVP was to "develop an integrated, place-based model that worked across the continuum of family violence – prevention, early intervention and response" (Whittlesea Community Connections, 2016, p. 6). The WCFVP had six key focus areas, one of which established the first South Asian Men's Behaviour Change Program in Australia, which now operates regularly as part of Kildonan UnitingCare programs (Whittlesea Community Connections, 2016).

The Brotherhood of St Laurence (BSL) was funded by the Department of Premier and Cabinet (DPC) until September 2020 (extension granted until December 2020) for the Safer and Stronger Community (SaSC) project to prevent family violence in migrant and refugee communities. The project has developed the rapport, trust and working structure within the Indian community in Whittlesea to design and deliver prevention initiatives. Although there has been significant gains made through this project, it is imperative to keep progressing and strengthening the trust and enthusiasm of the communities for their continuing, sustainable and meaningful engagement in the promotion of gender equality, preventing family violence, suicide and mental health issues.

IndianCare received funding from Multicultural and Social Cohesion Division of the DPC, for Preventing Family Violence in the Indian Communities (2018-2020). The project aims to ensure family violence and gender inequality are not tolerated in the Indian community and has undertaken a range of prevention, early intervention, awareness-raising and education activities, as well as capacity-building activities with Indian communities.

3.5 Mental health and perinatal health service gaps in the City of Whittlesea

Whittlesea Council's submission to the Royal Commission into Victoria's Mental Health System illustrated how the inequity of health service access in the northern growth corridor impacts local families. Enhanced Maternal Child Health Nurses (EMCHNs), who support mothers who may have a mental health issue or are struggling after having a baby, identified significant gaps in services for women in the transition to parenthood and barriers to access the range of specialist services. EMCHNs described a number of factors such as family violence, poverty, low English proficiency and social isolation that contribute to women's and infant's risk of poor health outcomes.

In response, Whittlesea Council has developed advocacy briefs to outline and advocate for the need for more adequate provision of [Mental Health Services](#) and the [Perinatal Mental Health](#) services. These documents can be found on City of Whittlesea website.

4. Coroners' Investigations

4.1 Application to the Coroners Court of Victoria

One of the foundational actions of Crossroads working group was to contact the Coroners Court of Victoria (CCOV) to convey concern about the perceived increased frequency of suicides of South Asian women in the City of Whittlesea. The intention was to request the Coroner determine; if these deaths were a cluster, if the women were of South Asian background, and the risk and precipitating factors. Further, it was hoped that the recommendations from the Coroner would provide some endorsement and gravitas to future work undertaken to prevent suicide for the community.

This contact was formalised through an application by Whittlesea Community Legal Service (WCLS), on behalf of the Whittlesea community, to receive the Coroners briefs and a public inquest into the deaths pursuant to S. 52 (5) Coroners Act 2008. Although the public inquest and full coronial briefs was denied by the Coroner, the application by WCLS acted, in part, as a mechanism to publish the redacted Coroners findings on the CCOV website as Ms WX, Ms TP, Ms YN and Ms MH (Coroners Court of Victoria, 2020). These four deaths have been linked by the Coroner and, as such, all contain the same recommendations.

Following from the application by WCLS, the Coroners Prevention Unit (CPU) was directed by the Coroner to identify previous suicides and monitor subsequent suspected suicides of South Asian women in the City of Whittlesea. The CPU is a specialist service created for Coroners to strengthen their prevention role and provide them with professional assistance on issues pertaining to public health and safety.

The CPU used the Victorian Suicide Register (VSR) to conduct a retrospective case series examination of suspected suicides

amongst South Asian women in the City of Whittlesea. The CPU identified four suspected suicides of South Asian women in the City of Whittlesea in 2018, compared to one relevant death for the period 2009 to 2015 (Coroners Court of Victoria, 2020).

Additionally, in monitoring subsequent suspected suicides of South Asian women in the City of Whittlesea, the CPU identified a further two possibly relevant deaths that occurred in 2019 (Coroners Court of Victoria, 2020). This brings the total number of suspected suicides of South Asian women in the City of Whittlesea for the period 2018 to 2019 to six (Coroners Court of Victoria, 2020). The Coroner determined this met the Centres for Disease Control and Prevention's definition of a suicide cluster (Coroners Court of Victoria, 2020). The Coroners' findings state that a cluster has been defined by the Centres for Disease Control (1994) as "a group of suicides or acts of deliberate self-harm that occur closer together in space and time than would normally be expected on the basis of statistical prediction and/or community expectation."

The Coroner directed the CPU to seek input from relevant agencies and community leaders by convening a round-table meeting which included representatives from Whittlesea Community Connections, Victoria Police, Eastern Melbourne Primary Health Network, Berry Street, Whittlesea Council Health Planning and Community Safety Planning teams, the Department of Health and Human Services and the Coroners Prevention Unit, as well as expert psychiatrist, community leader and South Asian Communities Ministerial Advisory Council member Dr Manjula O'Connor.

In determining the precipitating factors that lead each of the women to take their own life the Coroner was "unable to find the precise factors" that led to the deaths (Coroners Court of Victoria, 2020).

However, through the investigation of the deaths, there are common themes of unmet needs in relation to mental health and suicidality, financial vulnerability, social isolation and family violence (Coroners Court of Victoria, 2020).

4.2 Coroners' Comments

The following comments are extracts from the Coroners findings into the deaths of Ms WX, Ms TP, Ms YN and Ms MH (Coroners Court of Victoria, 2020) which pertain to the common elements of the cluster.

- i. Round-table meeting attendees submitted that many South Asian women living in Australia may be affected by a number of particular stressors, including, inter alia: social isolation, family violence and financial dependence. I do not discount that these stressors can affect other women. Further, the available evidence cannot be held to state that these issues affect all South Asian women living in Australia. However, research undertaken at my direction has identified an elevated frequency of suspected suicide amongst South Asian women in the City of Whittlesea in 2018. It is evident that more must be done to identify appropriate public health and safety measures to prevent like deaths.
- ii. I commend the actions of the Crossroads to Community Wellbeing Group in promptly responding to concerns in the community, and for working collaboratively to identify service gaps and subsequent prevention opportunities that would help to reduce isolation and increase access to services for South Asian women in the Whittlesea area. The Crossroads to Community Wellbeing Group is well placed to progress the necessary research and planning required to inform future work, including further inquiries into the broader issues faced by South Asian women in the City of Whittlesea that do not form part of the coronial jurisdiction.
- iii. It is apparent to me that further investigation into the deaths of South Asian women in the Whittlesea area is warranted. Principally, the Victorian Department of Health and Human Services ought to liaise with Whittlesea community groups and appropriate stakeholders to further the knowledge gleaned in my investigation concerning the three core questions considered in the 2019 CCOV and Whittlesea Community Stakeholders roundtable meeting and corresponding written submissions:
 - a. What are the concerns that exist regarding South Asian women in the Whittlesea area that make them vulnerable and possibly at risk of self-harm?
 - b. What supports or services are available to vulnerable South Asian women in the Whittlesea area?
 - c. What gaps exist regarding supports or services available to vulnerable South Asian women in the Whittlesea area?
- iv. This type of approach seems consistent with the solutions advocated in the submissions. However, further research into the most appropriate solutions are clearly warranted. Supporting vulnerable South Asian women in the City of Whittlesea may require initiatives from a number of government departments. At this juncture, it is clear that the Department of Health and Human Services ought to identify opportunities to improve South Asian women's access to and engagement with support services. A pertinent recommendation will follow.
- v. Round-table meeting submissions have highlighted family violence as a broader public health and safety issue for South Asian women in Australia. Therefore, I have included a general comment and recommendation in relation to family violence and the intentional deaths of South Asian women in the City of Whittlesea.

vi. During my investigation, it was brought to my attention that Victoria Police Family Violence Investigation Units (FVIU) 'are now staffed by detectives and have primacy of investigation for incidents involving people from priority communities with increased likelihood of future family violence'. Consequently, the FVIUs are uniquely placed to investigate the deaths of women from culturally and linguistically diverse backgrounds in the Whittlesea area: to consider the relevance of any family violence issues and potential common themes in these deaths, including inter alia social isolation and family violence, which may, in turn, assist in suicide prevention. Pertinent recommendations will follow.

4.3 Coroners' Recommendations

Pursuant to section 72(2) of the Coroners Act 2008 (Vic), Coroner Audrey Jamieson made the following recommendations in each of the four deaths Ms WX, Ms TP, Ms YN and Ms MH (Coroners Court of Victoria, 2020):

i. With the aim of promoting public health and safety and preventing like deaths, I recommend that the Secretary of the Department of Health and Human Services review current services that support the health and wellbeing of South Asian women in the City of Whittlesea, and consult with relevant service providers and other stakeholders, to identify opportunities to improve South Asian women's access to and engagement with such services.

ii. With the aim of promoting public health and safety and preventing like deaths, I recommend that Victoria Police allocate Family Violence Investigation Units to conduct investigations into suspected intentional deaths of women in the City of Whittlesea who are from culturally and linguistically diverse communities, in circumstances where there is any indication that *previous family violence* [emphasis added] incidents may have contributed to the death.

iii. With the aim of promoting public health and safety and preventing like deaths, I recommend that Victoria Police allocate Family Violence Investigation Units to investigations into suspected intentional deaths of women in the City of Whittlesea who are from culturally and linguistically diverse communities, in circumstances where there is any indication that *social isolation* [emphasis added] may have contributed to the death.

The Coroners findings have provided the Crossroads working group with evidence, recommendations and an endorsement to continue to prevent suicide in the South Asian community in the City of Whittlesea by working with the community and service system stakeholders including government departments.

5. Suicide Prevention

5.1 LifeSpan by BlackDog Institute

"LifeSpan aims to build a safety net for the community by connecting and coordinating new and existing interventions and programs, and building the capacity of the community to better support people facing a suicide crisis" (BlackDog, 2017).

The LifeSpan framework (Figure 1) is an evidence based approach to integrated suicide prevention. The framework consists of nine strategies as illustrated by the coloured wedges in Figure 1 and is underpinned by six key principles as illustrated by the outer ring wedges in Figure 1.

BlackDog (2017) states that the strategies need to be "implemented from whole-of-population level to the individual level, simultaneously within a localised region. For effective delivery, all strategies require a thorough consultation and review process to ensure their relevance and tailoring to the local context and community."

Each of the strategies has strong evidence for preventing suicide which, when combined into one community-led approach, is likely to generate bigger effects than just the sum of its parts. The framework incorporates health, education, frontline services, business and the community (BlackDog, 2017).

5.2 Place-based suicide prevention in City of Whittlesea

As described in section 2.2 the DHHS and EMPHN have implemented the place-based suicide prevention trial in City of Whittlesea.

The integral and active role of local government has been demonstrated by Whittlesea Council's Health Planning team bringing together stakeholders to form the Crossroads to Community Wellbeing working group. Council continues to collaborate and contribute via membership of Crossroads as part of the Health and Wellbeing Partnership Plan.

Furthermore, EMPHN have commissioned Neami National to deliver LifeConnect: suicide prevention and support after suicide in the Eastern Melbourne catchment which includes a place-based focus on Whittlesea.

There are local services and organisations who are well placed to work with community to address suicide prevention, however, this requires a co-ordinated and systemic approach. EMPHN can provide this via the place-based suicide prevention trials. The limitation is that the trial concludes June 2022, therefore, it will be imperative to establish how this coordinating function can be built into a sustainable community led endeavour.

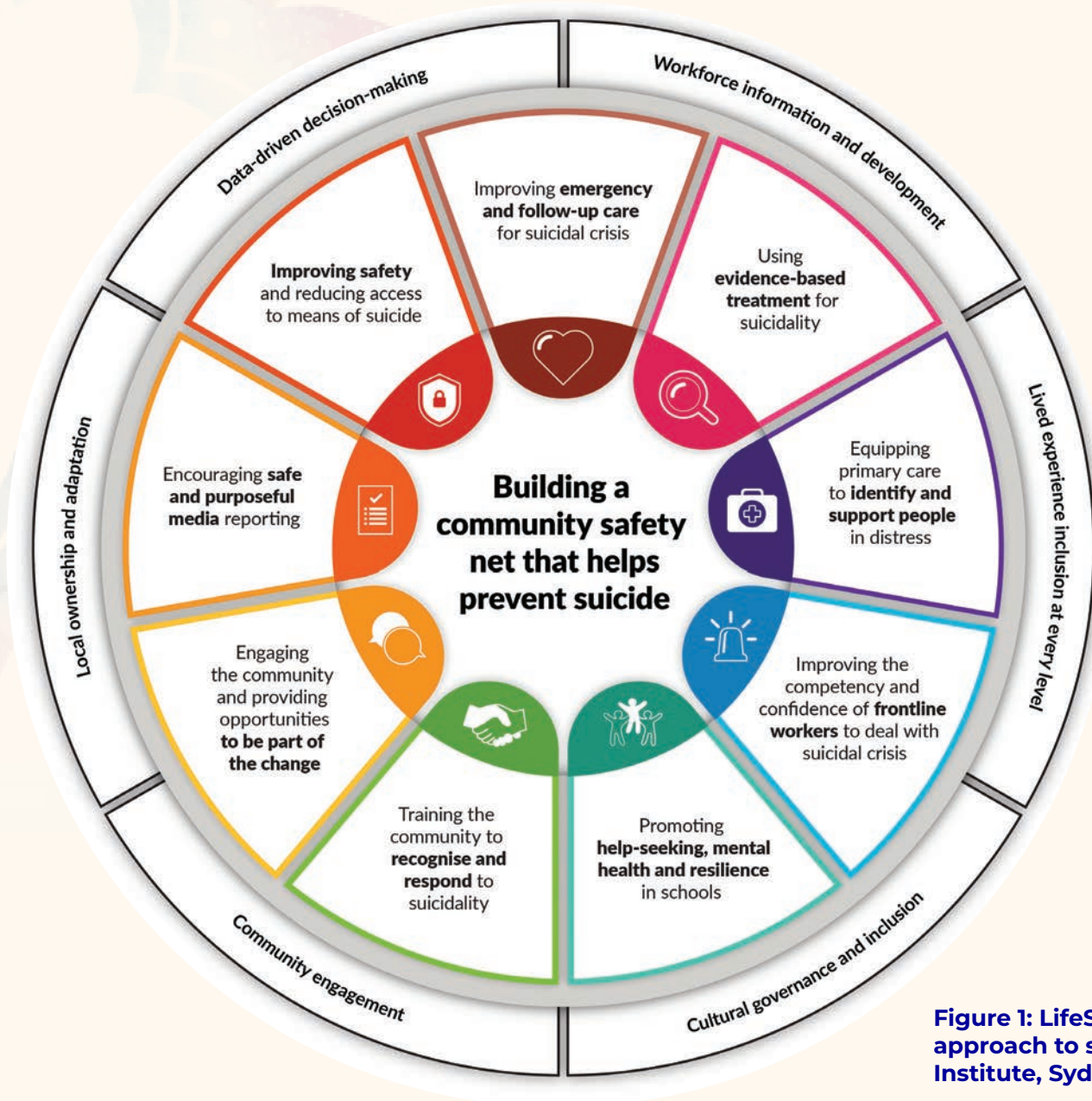


Figure 1: LifeSpan: an evidence-based, integrated approach to suicide prevention (2017). Black Dog Institute, Sydney

6. The Action Plan

The formulation of the Action Plan began through discussions and consultations with stakeholders in the City of Whittlesea and those associated with the Crossroads working group. The information gathered was then structured into ten action areas based on the LifeSpan framework (see section 5.1) comprising of both strategies and principles. Therefore, the action areas are a mix of LifeSpan strategies and principles as appropriate to the information collected. The coordination function is essential to implementation and is not illustrated as a strategy or principle in the LifeSpan diagram but rather as the inner circle of the diagram. As this work is iterative and requires further consultations and decision making, not every strategy or principle in LifeSpan is outlined at the time of writing.

In each of the Actions, where possible, responsibility has been assigned to local organisations and services including the coordinating function of the Crossroads working group. The current plan recognises this is an iterative process and is reflective of what is known to be available in the catchment and Local Government Area (LGA) at the time of writing. It is not intended to be a thorough service mapping document.

Furthermore, in order to capture the information gathered from these consultations, some actions have been included without specifying time frames or funding. Additional funding will need to be sourced to provide resources for implementation of the action plan and the community development project work necessary to support community engagement and governance.

Following the action area, the Key Stakeholder Insights summarises each community and stakeholder insights and feedback gathered which need to be taken into account when devising more detailed implementation plans.

It is recognised that there are limitations of using only a suicide prevention framework to address this complex issue. Future work may need to examine and integrate family violence models and frameworks with a cultural lens.

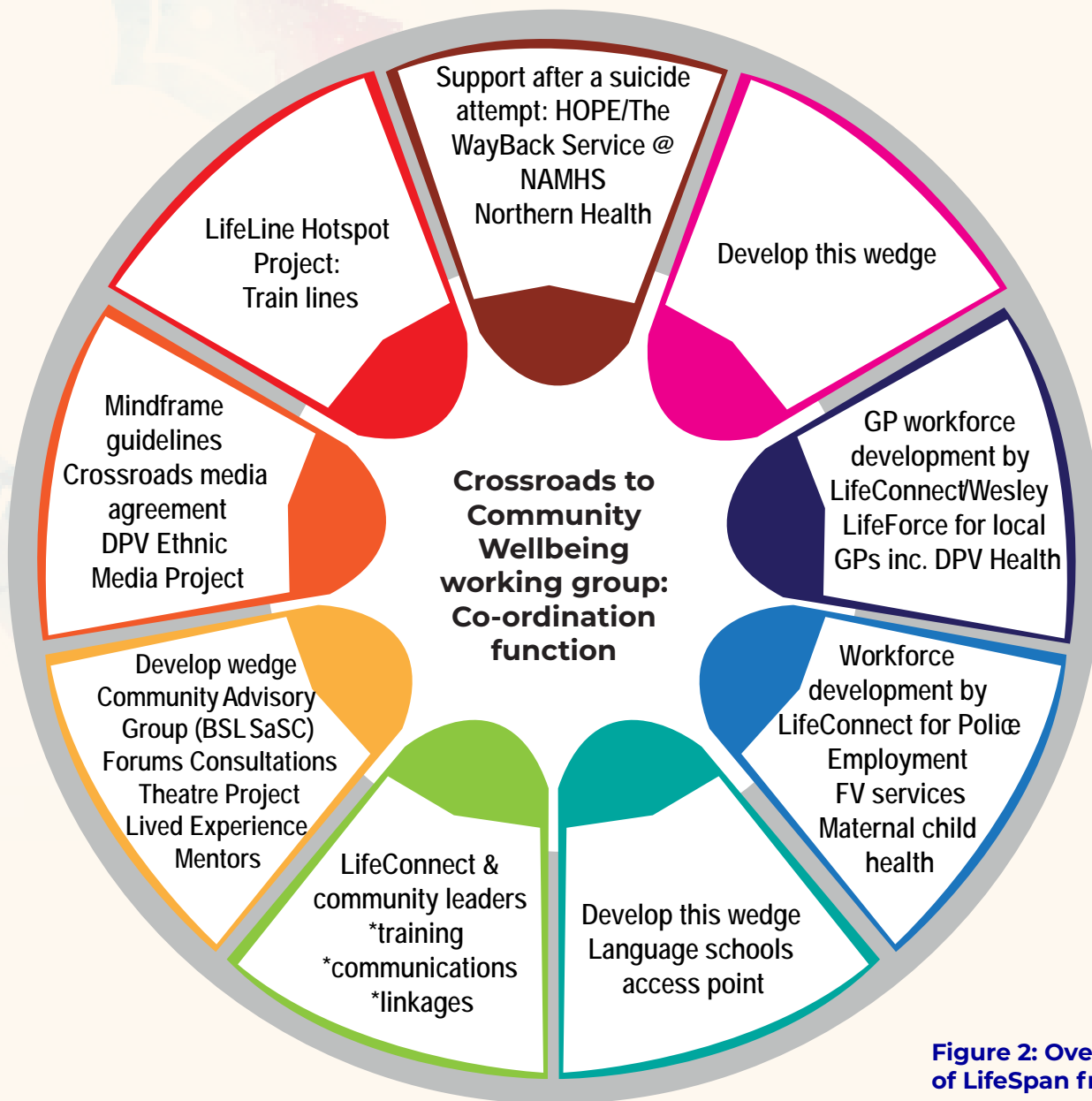


Figure 2: Overview of Crossroads adaptation of LifeSpan framework

Action Area 1. Coordination



The aim of the Coordination component is to provide a coordinated response with local knowledge and suicide prevention expertise to ensure there is a dedicated resource to guide, implement and ensure the actions are integrated with the local community and service providers.

What	Action	Who	When
1.1 Action Plan	Develop Action Plan. Synthesise research, evidence-based models, demographic information and stakeholder consultations to draft action plan. Working group members to ratify.	EMPHN	30 November 2020
1.2 Crossroads to Wellbeing Working Group	Ongoing co-ordination to implement the action plan.	EMPHN to provide secretariat and co-ordination support	Ongoing monthly meetings
1.3 Coroners inquest	<ul style="list-style-type: none"> i. Submission of request to the Coroners Court of Victoria to receive the Coronial briefs into the four suicide deaths, the coroner's findings and a public inquest into the deaths. ii. Round Table convened by the Coroner with Crossroads Working Group. 	Whittlesea Community Legal Service (WCLS) applicant to Coroners Court	<p>Completed</p> <p>Completed. Findings and recommendations handed down 8 September 2020</p>
1.4 Advocacy plan	Council to develop advocacy brief and letter in collaboration with Crossroads Working Group. Purpose: Request funding for prevention projects addressing the presenting issues.	Whittlesea Council with Working group contributing information	1 September 2020
Identified needs and avenues for exploration			
1.5 Networks and Linkages	Education and networking for Providers and Community covering the intersection of cultural competence + mental health + family violence.	To be identified	To be discussed further

Action Area 2. Local Ownership and Adaption

Local ownership and adaptation

What	Action	Who	When
2.1 Systemic visa issues	Advocate for migration 'Letter to partner visa applicant' to be sent to visa applicant to ensure aware of rights and Australian law. Explore translation as currently only in English.	To be identified	To be explored
2.2 Increase women's awareness of immigration and visa rights	<ul style="list-style-type: none"> i. Invite Northern Community Legal Centre's (NCLC) project titled 'Abused and Abandoned: Family Violence in the Australian Indian Community'. ii. Explore project outcomes to inform potential models 	EMPHN	<ul style="list-style-type: none"> i. Completed September 2020 ii. 31 December 2020
2.3 CALD appropriate suicide prevention	Capacity-build suicide prevention provider to understand culturally specific issues relating to the South Asian community in relation to suicide prevention. Ensuring CALD lens to suicide prevention by engaging with community leaders.	EMPHN, Crossroads, LifeConnect	31 October 2020

Action 2 - Stakeholder Insights from consultations

Pre-arrival is one of the focuses for the Orygen online platform. The pre-arrival orientation materials for international students can include foundational mental health literacy. Many students were dealing with their mental health issues before they arrived here and only in Australia did they begin to understand how to address it. More visibility in the space is important and this can be achieved through peer examples – showing other international students who have accessed services and are achieving well as a result.

Action Area 3. Training the community to recognise and respond to suicidality



What	Action	Who	When
<p>3.1 Suicide Prevention capacity building including awareness of LifeConnect's bereavement service with;</p> <ul style="list-style-type: none"> • Community leaders • Temple leaders • Teachers e.g. Music and Language schools. 	<p>i. Engage and build understanding with community leaders about mental health, suicide and wellbeing.</p> <p>ii. Training sessions, adapted with input from community leaders to;</p> <ul style="list-style-type: none"> • recognise and respond to suicidality • know what to say when a suicide has occurred and • know supports are available. 	<p>LifeConnect (Neami National) in collaboration with Crossroads Working group member organisations (e.g. BSL SaSC CAG).</p>	<p>i. Commenced May 2020</p> <p>ii. Commenced June 2020</p>
<p>3.2 Development of suicide prevention communication materials including;</p> <ul style="list-style-type: none"> • Tailored translated brochures and suicide prevention information • Promotion of Help Lines. 	<p>i. Communication plan including key messages addressing stigma and help seeking.</p> <p>ii. Development of South Asian specific/in language suicide prevention, wellbeing and mental health information.</p> <p>iii. Dissemination of brochures including promotion of help lines.</p>	<p>LifeConnect (Neami National) in collaboration with Crossroads Working group member organisations.</p>	<p>i. Communication Plan developed by August 2020</p> <p>ii. Translations completed by December 2020</p> <p>iii. Ongoing dissemination as per Communication plan</p>
<p>3.3 Community linkages with CALD sensitive GPs, psychiatrists and mental health services.</p>	<ul style="list-style-type: none"> • Support development of community to know where to seek help. • Identify Providers and support for community. 	<p>Crossroads, EMPHN, DPV Health including Counselling team and Men's Behavioural Change Program.</p>	<p>To be explored</p>

Action 3 - Stakeholder Insights from consultations

Stigma: There is still great stigma around mental health and stigma around help-seeking, including fear of children being removed. It's not just about knowing where to go; it's also having the courage to go there. 30 years ago stigma around cancer was significant.

Create awareness and understanding about the impact of mental health, emotional wellbeing and suicide on community. Community leaders may be unaware.

GPs - community often don't seek mental health plans especially international students. Often perceived as not having time to go through mental health plan.

Promoting as emotional wellbeing/self-care will engage people and doesn't shame them. Often community members won't relate with a mental health approach. Ideas of karma comes into it; "you or your family has done something shameful; that's why this happened".

Program design: weaving mental health with physical health. Cancer, blood pressure, sexual and reproductive health, then include topics on mental health and suicide prevention delivered with a cultural lens.

Deliver sessions and training in shopping centres venues, e.g. Whittlesea Community Connections, rather than stand-alone community health locations.

Women may be reluctant to seek help because can think "if I do seek help, I will be taken away" or the "children will be taken away from me".

Police refer bereaved to support after suicide, however, providers have anecdotally reported there is not a high take up by CALD communities.

It is not just about translation of words in literature, it's about actual cultural appropriateness of what is included in that literature. We need to understand there will be whole cohorts of students arriving in Victoria that have no capacity to engage with mental health services. Because of the lack of mental health literacy in many places, many students are starting from a position of zero in many instances.

Action Area 4. . Engaging the community and providing opportunities to be part of the change



What	Action	Who	When
4.1 Community Advisory Groups (CAG)	Continue the CAG from Safer and Stronger Community project at Brotherhood of St Laurence (BSL SaSC). Membership consists of local South Asian community members.	BSL and Oorja Foundation (Madhuri)	Funding until December 2020
4.2 Training community leaders	<ul style="list-style-type: none"> i. Safer and Healthier Community Connectors- general community leadership program ii. Legal information session at the BSL SaSC Community Advisory Group (CAG) iii. Mock Court sessions with LaTrobe University, Whittlesea Community Legal Service and BSL SaSC women's group. 	<ul style="list-style-type: none"> i. DPV Health ii. Whittlesea Community Legal Service to meet with CAG via BSL SaSC (Madhuri) iii. Community Community Legal Service to co-ordinate via BSL SaSC (Madhuri) 	<ul style="list-style-type: none"> i. Nov 2020-Jun 2021 ii. Completed June 2020 iii. First session completed July 2020
Identified needs and avenues for exploration by Partners and Stakeholders			
4.3 Stakeholder Forum	Convene forum of key stakeholders including Indian and South Asian, Family Violence, local and state Government, suicide prevention organisations to share, collaborate and plan way forward.	To be explored with DHHS and Victorian Multicultural Commission (VMC)	To be explored Funding required
4.4 Participatory Theatre	Seek funding for Community Theatre project: Exploring domestic violence and social distress in Australian-Indian migrants through community theatre.	Dr Manjula O'Connor Chris Howse	Funding application submitted (September 2020) Funding still required

What	Action	Who	When
4.5 Lived Experience mentors	Lived experience mentors for women new to the community <ul style="list-style-type: none"> • Peri-natal support • Immigration support • Parenting and relationships 	To be explored	To be explored Funding required
4.6 Women's Health and Wellbeing sessions	Training over four sessions begins with general health, reproductive health then leads to gender issues.	Women's Health in the North (WHIN) offer Sexual Reproductive Health sessions i.e. SexEd101	To be explored. Linkages to local community required
4.7 Increase female participation in activities	<ul style="list-style-type: none"> • School camps • Sports • Recreation 	To be explored	To be explored Funding required

Action 4 - Stakeholder Insights from consultations

Directly - develop actions around suicide prevention with community.

Indirectly - sowing the seeds by publicly acknowledging the issue through various mechanisms e.g. radio, film, theatre.

Consider the opportunity of social groups that are valued by the community and women enabled to attend, e.g. dancing and cooking.

(Family Violence) Community contacts being trained in Point Cook to understand what happens from the time a police call is made, to getting an intervention order. People call these community contacts instead of police so they need to be educated. They learn about extreme scenarios and what is the usual scenario (less extreme/trying to keep families together).

Temples will only deal with physical health, meditation, yoga, and breathing.

Religious leaders say it is okay to seek 'medical help'.

Temple may not have buy in re family violence. Concentrating on mental health and suicide prevention may be a way in. Some temples do have specific family violence roles.

South Melbourne PHN's suicide prevention work looking at religious texts/scripture in relation to suicide prevention.

Even if we improve help seeking behaviour it is a problem if the person can't immediately access a GP or mental health professional. Need the community to be informed of resources such as LifeLine and to build trust in services such as this.

Action Area 5. Encouraging safe and purposeful media reporting



What	Action	Who	When
5.1 Crossroads Media & Communications Agreement	Agreement finalised documenting the high level plan for media and communications by the Crossroads working group members to ensure safe and purposeful media reporting.	EMPHN to draft, Crossroads working group to contribute and agree in principle.	Completed August 2020
5.2 Community radio	Utilise Whittlesea Council's radio slot and BSL SaSC project for messaging responding to what is being done to address family violence and suicide prevention. Crossroads media agreement to guide talking points.	BSL SaSC project	Regular spots however funded position concludes December 2020
5.3 Ethnic Media Project by DPV Health	The Ethnic Media Project will look at developing community tailored resources that will inform and educate women on 4 different topics. Possible topics include: <ul style="list-style-type: none"> • What is Family Violence? • How to access services during the Coronavirus lockdown. • What can I do if I think someone is experiencing family violence? • How to get help from the police/ how can the legal system help me. 	DPV Health project lead RedHat films content	Reference group est. Dec 2020 Content finalised by Mar 2021 Resources finalised by May 2021
5.4 Develop tailored social media messages for help seeking and positive health promotion	Boosted social media posts to be distributed to mitigate risk to community when Coroner's findings released and potential media interest.	EMPHN to draft, Crossroads working group to contribute and agree in principle.	Completed 31 August 2020

Action 5 - Stakeholder Insights from consultations

Social media is an avenue to reach into homes and isolated people - community based videos e.g. what would happen if police came to the home (police in country of origin are the absolute last resort not seen as a deterrent to behaviour).

Need the community to be informed of resources such as LifeLine and to build trust in services such as this.

Temple may not have buy in re family violence. Concentrating on mental health and suicide prevention may be a way in. Some temples do have specific family violence roles.

It is important to remember the positives of the community, the strength of family and connection.

Utilise South Asian special days, for example, festivals for Independence Day.

Action Area 6. Improving safety and reducing access to means of suicide



What	Action	Who	When
6.1 LifeLine Hotspot project	<p>Specific actions for the Whittlesea hotspot area to be determined. The project identified a section of railway track between Preston and Thomastown as being a hotspot (part of which is in City of Whittlesea).</p> <p>The federal Department of Health has provided a grant to Lifeline Australia, aimed at increasing the capacity and reach of the 'Hotspot' Crisis Support Service, and to increase Lifeline's capacity to promote help-seeking messages at 'Hotspot' locations.</p>	Lifeline leading project with membership including EMPHN and LifeConnect.	July 2019-June 2021

Action Area 7. Improving emergency and follow up care for suicidal crisis



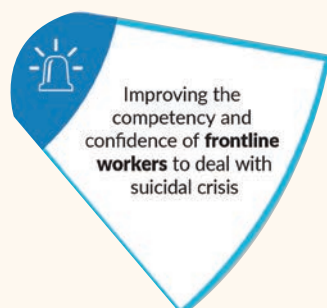
What	Action	Who	When
7.1 HOPE program at Northern Area Mental Health Service (NAMHS) - Epping	Establish WayBack/HOPE program at NAMHS.	Northern Area Mental Health Service - Epping, EMPHN and Mental Health Reform Victoria (MHRV)	Initial planning and co-design commenced July 2020.

Action Area 8. Equipping primary care to identify and support people in distress



What	Action	Who	When
8.1 Capacity building training to local GPs	Target local GPs and practices to recognise and respond to suicidality including CALD specific indicators of distress.	LifeConnect and Wesley LifeForce EMPHN, DPV Health	July 2020-June 2021

Action Area 9. Improving competency and confidence of frontline workers



What	Action	Who	When
9.1 Capacity building training for frontline workers <ul style="list-style-type: none"> • Police • Employment services • Family violence services • Maternal and Child Health Nurses 	Target local services and providers to recognise and respond to suicidality including CALD specific indicators of distress.	LifeConnect	July 2020-June 2021

Action Area 10. Data driven decision making



What	Action	Who	When
10.1 CALD data to be collected by Coroner.	<p>Advocate for collection and inclusion in suicide audit reports of information about cultural identity and/or country of origin.</p> <p>Outcome: the Coroners Prevention Unit (CPU) has undertaken an agreement with Births, Deaths and Marriages to link data for those who have died by suicide. Country of Birth is now being added to the information the Suicide Register contains on those who have died by suicide. The limitation is that this is only for first generation immigrants.</p>	Crossroads working group and EMPHN to advocate with CPU	Completed July 2020
10.2 Victoria Police (Northern Division) collecting CALD background information when documenting family violence and suicide.	Collecting CALD background information when documenting family violence and suicide. Additional information will be gathered regarding any concerns around suicide and social isolation and controlling behaviours.	Victoria Police	Completed July 2020 Completed Jul 2019 with inclusion in Coroners' findings for more systemic implementation.

Action 10 - Stakeholder Insights from consultations

Country of origin/cultural background information is not included in Coronial suicide audit reporting that the PHN receives, so it was not possible to see trends for CALD groups.

The Coroners Prevention Unit (CPU) considers that for a deceased person, cultural background/identity may be misrepresented when people are unable to speak to their own identity.

However, an acceptance of a moderate risk of inaccuracy due to this data being provided by family/friends/professionals may be appropriate in order to better understand trends so that emerging issues can be recognised and addressed early.

7. Conclusion

The Crossroads to Community Wellbeing Action Plan 2020 (The Plan) is a foundational document to guide future collective efforts to prevent suicide in the South Asian community living in the City of Whittlesea.

The Crossroads working group was formed by stakeholders in the City of Whittlesea to respond to a potential cluster of South Asian women in the City of Whittlesea who had taken their own life. The working group agreed to gather intelligence and research to determine; if this was a cluster of suicides, the women were South Asian, the precipitating factors, and what systemic issues may have been contributing.

Desktop research indicated that suicide rates of women currently living in South Asian countries are considerably higher than international and Australian averages. In relation to South Asian migrant women who have taken their own life, international research showed that family conflict and psychological factors appeared to be precipitating factors in many suicides.

The local intelligence gathered by the Crossroads working group suggested that South Asian migrant women in the City of Whittlesea experience unique forms of family violence, including social isolation, dowry, visa and financial abuse. Often women are not receiving treatment for mental health issues and suicidality. There are complex barriers for both women and the service providers to identifying and recognising these issues and seeking appropriate help. Compounding these barriers is a lack of adequate, integrated social and human services in the City of Whittlesea and specifically services that are culturally and linguistically appropriate and nuanced.

The Coroner's investigation into the suspected cluster concluded there were six suicides of South Asian women over the period of 2018 to 2019 compared to one relevant death in the period 2009 to 2015. The Coroner determined this was a cluster of suicides of South Asian women.

The Coroner was unable to conclusively determine the precise factors that led to suicide, however, through the investigation of the deaths, common themes of mental ill health and suicidality, financial vulnerability, social isolation and family violence were identified.

As recommended by the Coroner, further investigation into the deaths of South Asian women in the Whittlesea area is warranted; specifically that DHHS identify opportunities to improve South Asian women's access to and engagement with support services.

The Coroners recommendations to Victoria Police noted that already processes have changed to ensure that suicides of women from CALD communities, where there is an indication of family violence and social isolation, will be investigated by the Family Violence Investigation Units. Further, Victoria Police will now collect CALD identity when attending a suicide. This is a direct change to police processes when attending a suicide which was brought about in response to this cluster of suicides.

The Coroner has commended the work of Crossroads to date and states it is well placed to progress the necessary research and planning required to inform future work; this document is the output of this research and planning.

The Action plan section is organized according to a systems based approach to suicide prevention, specifically using LifeSpan; a best practice model of suicide prevention developed by BlackDog

Institute. It is recognised there are limitations of using only a suicide prevention framework to address this complex issue. Future work may need to overlay and integrate family violence policy and frameworks with a cultural lens.

The next steps require a focus on further engagement and relationship building with the South Asian community and lived experience to implement a tailored, community-led, suicide prevention effort in the City of Whittlesea. This will require a governance structure and dedicated funding to oversee the required co-creation to embed sustainable change to prevent future suicides.

The identification of this cluster and the subsequent research, consultations and action planning revealed the dearth of data, information and research to guide suicide prevention in CALD communities. The intersectionality of family violence, suicide, mental health and CALD communities warrants further attention by policy makers, government planners, funders and service providers in order to save lives now and into the future.



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