Aboriginal people and their problems are one of the most discussed problems ever. Port Augusta is a community which has fleeting residents and are culturally different with over 20 diverse languages. The youth aboriginal suicides are one of the most discussing problem now a days. The total population is 13,874 (ABS, 2006) proportion of indigenous people is significant in Port Augusta. (Australian Institute of Family Studies, 2010)

Port Augusta is considered as a meeting place for aborigines, and also a significant place for culture. Their individual achievements are very low because of poverty, racism, social isolation and limited opportunities. The federal and local governments have taken many initiatives for aboriginal problems. Many of these programs based on the community and the involvement of local population. (Australian Institute of Family Studies, 2010)

The indigenous community can be defined as “close- knit”, because many of the characteristics of the members are very similar, close to each other and well known. On the other hand people of the community have common characteristics of culture, spirituality, individuality, antiquity and social status. Moreover that in indigenous people, these types of characteristics have directly affected the understanding of attitudes headed for suicide and self-harm behaviour. (Farrelly, 2008)

Suicide is one of the important public issues in Australia mainly among indigenous population. The community services are mainly based on the causes of key social and economic difficulties. For example, association between joblessness, education, drug and alcohol. (McCormack, Mohammed & Obrien, 2001)

Moreover that, the Indigenous population is facing many problems like poverty, drug abuse, unemployment, mental illness, youth suicides, are also suffering from inadequate availability of basic services (Keleher & MacDougall, 2010)

The percentage of suicidal deaths is higher in the aboriginal community when compared to the non- indigenous population of Australia. Statistics from 2005- 2009 report a suicide percentage of 4% for indigenous population and 1.3% for non-indigenous population. (ABS, 2006)

The risk factors should be adjustable and effective understanding of the danger result in suicide is necessary. The risk factors of suicide are categorised into many, such as;

* The family and community risk factors: - Divorce of parents, old history of suicide in the family, poor relationship between parents and children.
* Individual and behaviour factors: - gender.
* Psychological factors: - mood affective diseases, substance abuse, antisocial and violent behaviour.
* Adverse life events: - Joblessness.
* Environmental factors: - Suicide clusters, effects of mass media. (Beautrais, 2000).

The community based interventions are achieved through “Suicide- specific Risk Factors”, which are;

* Availability of lethal methods: reduction of gun ownerships especially in youth.
* School based interferences to encourage flexibility: the enhancement of policies and programs which are based on school environments lead to school retention rates, events of school capability.
* Suicide education programs: awareness program in regions such as youth substance abuse.
* Depression: Early prevention and counselling.
* Suicidal behaviour: implementation of adequate interventions, which are more suitable for the situation.
* Media suicidal portrayal: many of the guide lines for the prevention can be implemented through media. (Patton & Burns, 2000)

Australia is a country with an increased number of youth suicides, mainly youth aboriginal suicide. The federal and State governments are working hardly to achieve good outcomes with National Suicide Prevention Strategy (NSPS). The government has provided fund under NSPS for the upliftment of vulnerable groups.

The preventive interventions have been divided into three levels; such as upstream, midstream and downstream interventions. The community participation of the vulnerable group is the responsibility of the Country Health South Australia; Department of Health. Many initiatives are based on local level, and they are mainly focused on areas such as;

* Actions for youth development and welfare for young indigenous men.
* Social awareness and training programs for local care providers and members of society. (e.g.; “No- One Walks Alone”).
* Assess the increased need of the population.

It also helps the indigenous youth to have more opportunities and also it acts as a local network of support. (Department of the Premier and Cabinet, 2009)

The State level interventions are also helpful in many ways. In 2005, the 7 country health regions (amalgamated into country South Australia in 2006) suggested a state level suicide prevention plan. The main strategies of the plan are;

* Emphasis on local aboriginal men.
* All the programs should be community based and driven.
* Enhance the participation of young people in the development and decision making process.
* Establishment of goals which should be properly focused on the benefits of indigenous population. (Department of the premier and Cabinet, 2009)

In the upstream interventions the Australian government is working with National Suicide Prevention Strategies (NSPS). Along with that, The Mental Health Early Intervention and Prevention Branch in the Commonwealth Department of Ageing offer a stand for Australia’s National Policy on Suicide Prevention. The main focusing areas are;

* A better understanding and co- operative approach on the prevention of suicide.
* Establishment of strong society, individual help and development of individual personality.
* The quality implementation of planned programs and a standard evaluation of outcomes.
* Effective use of government funds for a successful outcome. (National Suicide Prevention Strategy, 2011)

For the quality implementation of many of the government programs the involvement of health professionals and community is needed. The ‘Community Health Nurses‘ provide a specialist nursing care through the health services. Mainly of these facilities are delivered at home, society, and sometimes with in the hospitals. (SA Health, 2011)

Recently nurses have been interested in critical evaluation of the effects of basic changes in care delivery on adolescent suicide. A different model of health care should be approached, such as primary health care. It is mainly concentrate on health advancement, prevention, and rehabilitation services. An “upstream approach” is needed to attack the problems of youth suicide. (Mann, 1997)

Nurses should be more conscious about the primary prevention than secondary and tertiary prevention. At the same time a good knowledge of policies are essential for the quality work.

The community based prevention strategies are divided into three levels:

1. Primary Prevention: formation of school and community education programs, availability of consultation services, work co-operatively with community agencies.
2. Secondary Prevention: problem centred participation, encourage mental health programs, discussion with other community organisations.
3. Tertiary Prevention: the outpatient assistance for youth, support for family and friends. (Mann, 1997)

Family too can play a pivot role in the prevention of youth suicides. There are three new family theories for the prevention of suicide. They are family cohesion, family adhesion and the building up of new family. (Prabhu, Molinary, Bowers & Lomax, 2010)

The public health workforce is consisted a number of health professionals, because, experienced people can help to deliver a quality care (Keleher & MacDougall, 2010).

The community nurse will not work independently, but they are a part of the health team. It delivered care according to needs of the community. For example, The Mental Health Team provides specialised on individual counselling, team work, and health improvement actions. They are mainly focused on the uplifting of psychological, emotional, physical and social health and wellbeing of aborigines. (SA Health, 2011)

To improve the access of primary health services, SA Health reorient many of them. So the regional health services work with the key partners to achieve the goals, such as:

* Increase the accessibility of quality primary health services.
* Make sure the delivery of essential services with the National Aboriginal Community Controlled Health Organisation.
* Take the accountability to ensure adequate care is obtainable for indigenous people in the area form multi-disciplinary team consist of aboriginal health care worker, nurse, and medical practitioner.
* Placing visiting services for high risk groups. Establishment of clear path ways to obtain the maximum opportunities.
* Build capacity for more comprehensive, integrated and holistic services. Monitor progress and results adequately.
* Safeguard the cultural safety of each individual. Enhancement of health promotion strategies for families and societies. (SA Health, 2011)

The community health services of Port Augusta Hospital and Regional Health Services is consisting of multi-disciplinary groups, which offersa variety of health services. Community health workers such as nurses deliver services like;

* Health education of community
* Health advancement
* Personal valuation
* Individual therapy
* Team activities
* Progress and development of community (SA Health, 2011)

The nurses should develop a good therapeutic relationship with the client, and it is an important strategy in suicide prevention. The “therapeutic relationship” with the person and nurse is influenced by the negative thoughts of the client towards the care of the nurse. As well as the interpersonal relationship, the environmental factors like the knowledge, skills and the support are also impact on the services provided by the nurses. (Sun, Long, Boore & Tsao, 2006)

Community development is essential in the process of community based services. The identification of the need of support and the type information only can be done by the community development. It can be achieved by

* Good planning
* Involvement with the local people
* Make groups
* Establishment of objectives and primacies
* Handling of friends and enemies (SA Health, 2011)

The state government is devoted to work effectively with the co-operation of Aboriginal Health council of South Australia for the development of indigenous communities (SA Health, 2011).

The National Suicide Prevention Strategy (NSPS) encourage suicide prevention programs across the country. Many of them are established in Port Augusta, such as;

1. Sustainable Personal Development for Aboriginal Men:-

It’s a program of Catholic Family Services and the main objectives are personal development of youth, counselling etc.

2. Pathways to care- Suicide Questions, Answers and Resources (SQUARE):-

The main aim is establishment of primary health care suicide prevention model. (Australian Government Department of Health and Ageing, 2011)

3. Aboriginal Dads Program:-

Mainly focused on the creation of young healthy families and child friendly hospitals. (Australian Institute of Family Studies, 2010)

1. The Regional Aboriginal Integrated Social and Emotional (RAISE) Wellbeing Project:-

It is well established and successful in bringing together the mental health services in community Port Augusta.

1. Aboriginal Male Suicide Prevention Strategy:-

It is a part of NSPS, and it will help people and society to more efficiently accomplish with their life situations. (SA Health, 2011)

Some of the projects are funded and running under NSPS, which are;

* Hope Shared Responsibility Agreement
* Map of loss
* Something Better Project
* Yiriman Project (Australian Government Department of Health and Ageing, 2011).

Many of the programs are succeed and the reasons are actual implementation, building of therapeutic relationships with members of the vulnerable group, encouragements such as food, transportation facilities, flexible hours and the effective involvement of families. (Commonwealth of Australia, 2011)

Building Health Literacy: - The indigenous Australians are required to understand how to be healthy, availability of health services, and the active participation of the implementation. The authorities are accountable for providing proper assistance. (SA Health, 2011)

A large number of programs are succeeded in aboriginal youth suicide. But a very few of them are failed to achieve good outcomes. The main reasons are inadequate service providers, unorganised community programs and the most important is poor funding. Organisations are also facing problems like recruitment of staff and their retention. (Commonwealth of Australia, 2009)

Some of the major issues may obstruct the capacity of families to access the early childhood interventions and prevention works, for example; substance abuse, poverty, violence, mental illness and poor socio economic status. The short term initiatives are inappropriate, at the same time they lead to distress in people. (Commonwealth of Australia, 2009)

The success of programs requires fulfilling some strategies.

* Extended government involvements and adequate funding.
* Employed staff should have a relationship with the local community.
* Establish two way approach to plan, implement and control of health services.
* Can be easily accessible, available and appropriate.
* Involvement of local community is necessary.

The increased the importance of community organisations and primary health workers are unavoidable. The community nurses possess an important role in primary health care. The community health care workers can work with local people, so they could have a better understanding about the problems. Local involvement is necessary in the prevention of suicide and other problems facing by indigenous people. For that the nurses should have to maintain a good therapeutic relationship with them. With the government policies, every ones effort is important.

Reference

Australian Government Department of Health and Ageing. (2011). *Living is for everyone.* Retrieved September,2 2011, from http:://www.livingforeveryone.com.au-/projectdetails.asPX?Pfilter=cat

Australian Bureau of Statistics. (2006). 3303- *Causes of Death* *Australia: 2009*, Canberra; ABS.

Australian Institute of Family Studies. (2010). *Aboriginal Dads* *Program*. Retrieved September 3, 2011, from http:://www.aifs.gov.au/cafca/ppp/profiles/cfc- aboriginaldads.html

Beautrais, A. L. (2000). Risk Factors for Suicide and Attempted Suicide among Young People. *Australian and New* *Zealand Journal of Psychiatry*, 34, 420-436.

Commonwealth of Australia. (2009). *Communities for Children Services Outcomes; National Evaluation of the Stronger Families and Communities Strategy- (2004-* *2009).* Retrieved September 3, 2011, from http:://www.fahcsia.gov.au/about/publicationsarticles/r research/occasional/Documents/op24/sec4.html

Department of the premier and cabinet. (2009). *About Suicide Prevention Country South Australia.* Retrieved August 30, 2011, from http:://[www.socialinclusion.sa.gov.au/page.php?id=61](http://www.socialinclusion.sa.gov.au/page.php?id=61)

Farelly, T. (2008). The Aboriginal Suicide and Self- Harm, Self- Seeking Quandency. *Aboriginal and Islander Health* *Worker Journal*, 32(1), 11-15.

Kelher, H. & MacDougall, C. (2010). *Understanding Health; A* *Determinant Approach*. Australia: Oxford, p.37.

National Suicide Prevention Strategy. (2011*). Mental Health* *and Wellbeing*. Retrieved August 30, 2011, from http:://www.health.gov.au>programsandinitiatives>suic ideprevention

Mann, L. (1997). Youth Suicide; Can Primary Health Care Help. *Australian Nursing Journal*, 20(4), 7.

McCormack, P., Mohammed, F. & Obrien, A. (2001). Leading to Work with Community; The Development of the Wujal Guidelines for Supporting People Who are Risk. *Aboriginal and Islander Health Worker Journal*, 25(2).

Patton, G. C. & Burns, J. M. (2000). Preventive Interventions for Youth Suicide; A Risk Factor Based Approach. *Australian and New Zealand Journal of Psychiatry*, 34, 388-407.

Prabhu, S. L., Molinari, V., Bowers, T. & Lomax, J. (2010). Roles of Family in Suicide Prevention; an Attachment and Family System Perspective. *Bulletin of the* *Menningu Clinic*, 74(4), 301-327.

SA Health. (2011). *Services at Port Augusta Community Health Services.* Retrieved September 1, 2011, from http:://www.sahealth.sa.gov.au/

Sun, F., Long, A., Boore, J. & Tsao, L. (2006). Patient and Nurses Perceptions of Ward Environmental Factors and Support System in the Care of Suicidal Patients*. Journal* *of Clinical Nursing*, 15(1), 83-92.