



Northern
Territory
Government

DEPARTMENT OF
HEALTH AND FAMILIES

**SUBMISSION TO THE SENATE
COMMUNITY AFFAIRS REFERENCE
COMMITTEE
INQUIRY INTO SUICIDE**

NOVEMBER 2009

Department of Health and Families

NORTHERN TERRITORY GOVERNMENT

**SUBMISSION FROM THE NORTHERN TERRITORY GOVERNMENT
TO THE
SENATE COMMUNITY AFFAIRS COMMITTEE FOR INQUIRY INTO
SUICIDE IN AUSTRALIA**

INTRODUCTION

The Northern Territory (NT) Government welcomes the invitation to respond to the Australian Government's Senate Community Affairs Committee Inquiry into Suicide in Australia.

Suicide is a tragedy that has impacted on many individuals, families and communities in the NT. It is a complex issue that involves a range of factors and requires a range of strategies and approaches targeting the whole population, specific groups and individuals at risk. This requires a coordinated whole of Government and community approach.

The NT has the highest rate of suicide in Australia, more than double the national average. This submission will identify some of the unique factors in the NT which may influence this tragic statistic, details the strategies that the NT Government is currently undertaking to address these factors and suggests some issues for further consideration by the Senate as part of this inquiry process.

Population Dispersal

The NT covers approximately one sixth of the landmass of Australia (1.35 million square kilometers), but constitutes only one percent of the population. There are only five urban centers, all of which are remote from the rest of Australia. The estimated population in 2008 was 219,218 of which 65% reside in either the Alice Springs or Darwin/Palmerston urban areas. The remaining 35% of the population live in smaller, dispersed communities, only two of which have populations greater than 10,000 people (NTDHF).

The Top End, which covers an area of 520,000 square kilometres, has a population of approximately 171,000 people. The Top End region comprises Darwin Urban, Darwin Rural, Katherine and East Arnhem Regions (NTDHF).

The Central Australia Region comprises an area of over 830,000 square kilometres. It shares borders with South Australia, Queensland and Western Australia. The region has a population of about 48,000 people, of whom approximately 21,000 are Aboriginal. While approximately 31,000 people live in Alice Springs and Tennant Creek, the remainder of the population is scattered throughout the 45 remote communities and out-stations of the region (NTDHF).

A large proportion of the services to Central Australia are provided over significant distances where populations in remote pastoral concessions and Aboriginal communities may vary between 50 and 1000 people (NTDHF).

A unique feature of providing services in this region is the need for flexible cross border, or tri-partite service delivery agreements.

In addition to the NT resident population, approximately 1.8 million tourists visit the NT each year.

Indigenous Population

The primary characteristic of the NT is that 28.5% of the population is Indigenous, compared to 2.2% in Australia's total population. A very high proportion of Indigenous people, 70%, live in remote areas and English is often a second or third language (ABS 2006).

Significant long-term primary health and environmental problems pose challenges to the delivery of health services to this population. Issues such as poverty, alcohol and drug misuse, domestic violence, sexual and other forms of abuse, high morbidity rates as well as a pervasive sense of grief and loss amongst the Indigenous population, increase the incidence of suicidal and self harming behaviour whilst at the same time reducing individual and community capacity to respond. A natural consequence is a much higher need for services. However, the complexity of many Indigenous issues, the need for services to be culturally appropriate and the general dispersion of the Indigenous population in the Territory, mean that it is also much more difficult to provide these services.

Youth Population

The NT has the youngest population in Australia. Territorians under the age of 18 constitute 30% of the population, a greater percentage than anywhere else in the country. Of the 57,000 plus children in the Territory, more than 21,000, or 37%, are Aboriginal (ABS 2006). This creates both challenges for service delivery and opportunities for early intervention.

Climate

The tropical climate of the Top End means that access to many of the smaller communities is very limited during the wet season as unsealed (dirt) roads become impassable and heavy periods of rain and thunderstorm activity restrict air access to some communities. Central Australia's desert climate also frequently hampers travel to remote communities.

Infrastructure

In many rural and remote areas of the NT 4-wheel drive vehicles are required to gain access and the time spent travelling to and from communities and outstations is considerable and resource intensive.

Outside of the metropolitan areas there is no public transport system. For those living in many communities outside of Alice Springs or Darwin, access to even regional services is costly and unreliable.

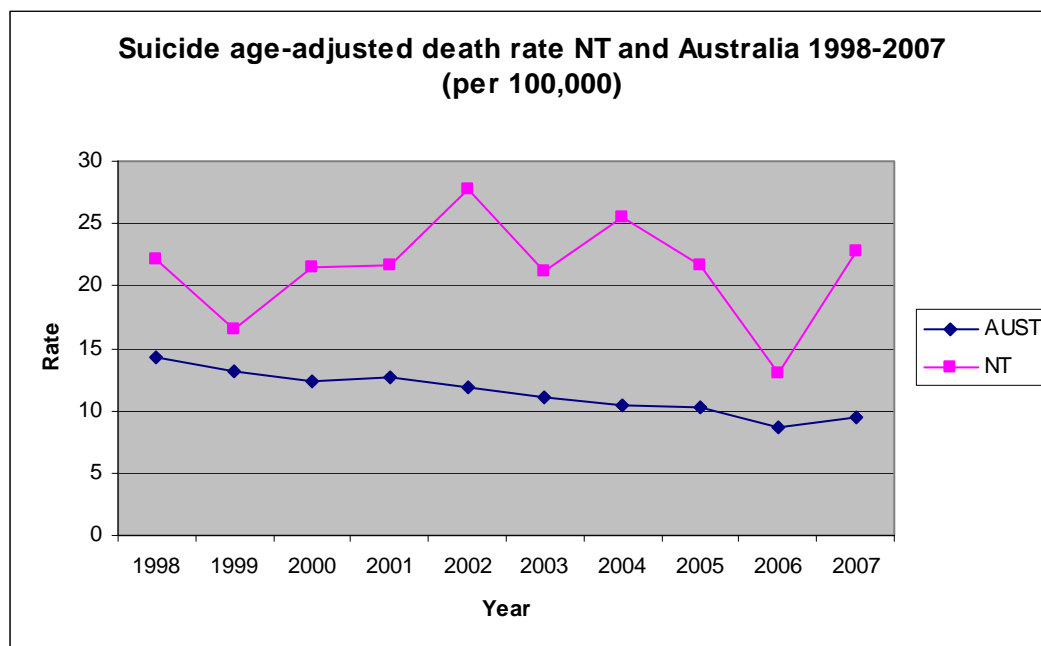
Many communities have limited access to telecommunications (telephones, video-conferencing, computers including e-mail and internet access), and the communities that do have access to new technologies experience slow network response times. In some remote areas, conditions (i.e. dust) interfere with the functioning of electronic equipment.

SUICIDE IN THE NT

Suicide is a significant issue for the NT. It occurs across all demographics and in a range of locations from urban Darwin to remote regions of Central Australia. The highest rates are noted in Indigenous males and older non-Indigenous males.

In the NT the annual number of deaths from suicide has increased substantially from the mid 1990s and reached a high in 2002. Since 2002 rates have continued to fluctuate with no significant decrease noted.

This trend has gone against currently reported national rates and although additional care in interpreting data does need to be taken in smaller jurisdictions where significant yearly fluctuations can be observed due to the relatively small number of suicide deaths, combined data for the period 2003-2007 suggests an NT suicide rate 22.8 per 100,000 compared to national rate of 9.8 per 100,000 for the same period. (ABS 2009).



Data source: ABS Death Registration Data

The differing rates of suicide in the NT compared to the rest of Australia have to be viewed in the context of the number of different issues that affect the NT population.

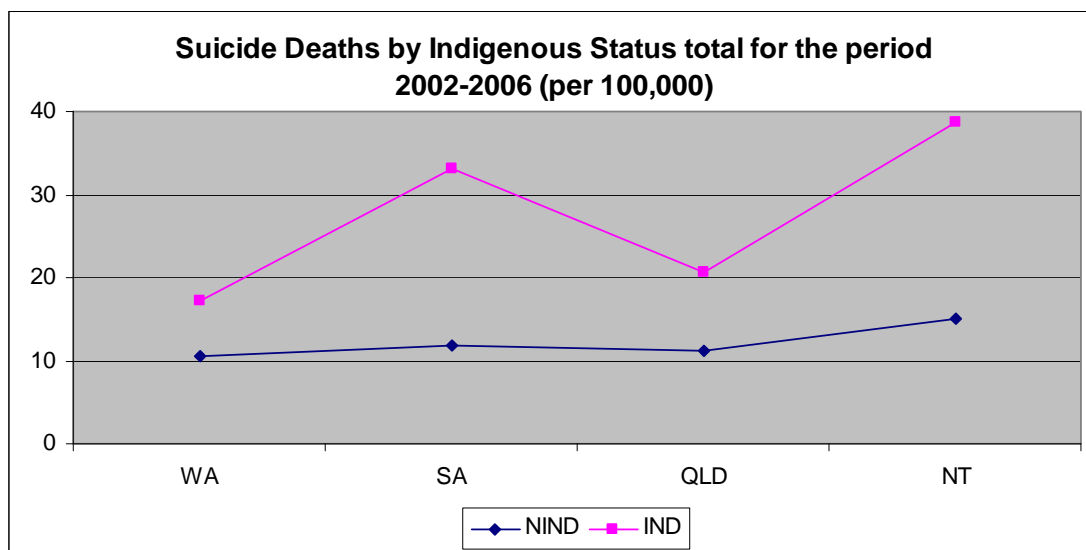
Indigenous Suicide

Suicides amongst Indigenous people in the NT occur in a range of contexts and can vary greatly between regions. In some areas there have been no reported deaths from suicide, in other areas deaths are rare and occur in isolation. There are also other regions such as Tiwi, East Arnhem, Barkly and some communities within the Central Australian Desert region which experience high rates of suicide and self-harming behaviours.

Significantly more research is required to determine why this occurs and whether there are differences in risk factors and protective factors between communities with high rates of self-harm and those where suicidal behaviour is rare or occurs in isolation.

The highest rates of suicide generally occur amongst younger males, are often impulsive with strong links to alcohol and other drug abuse and occur in the context of relationship breakdown. (Measey, Li SQ & Parker)

Anecdotal reports also suggest that rates of attempted suicide and suicidal threats, particularly in some remote Indigenous communities, are exceptionally high, although there is currently limited data to support this.



Data source: ABS Death Registration Data

Non-Indigenous Suicide

The difference between the proportion of deaths due to suicide amongst Indigenous and non-Indigenous people varies by State and Territory. In 2006, the biggest difference was observed for South Australia, where 7.3% of deaths of Indigenous people were due to suicide compared with 1.3% of non-Indigenous deaths. In contrast, in the NT 3.3% of deaths of Indigenous people

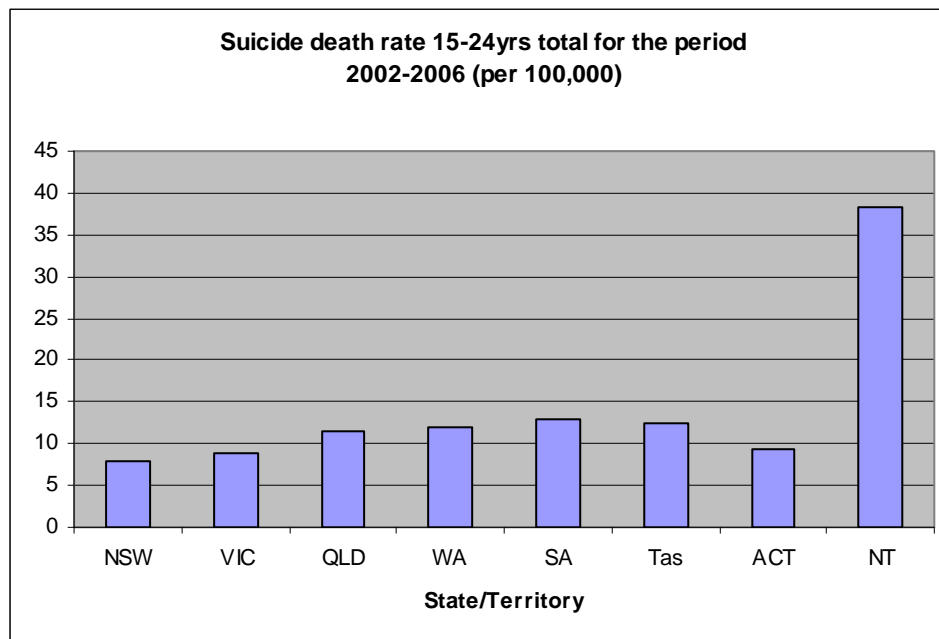
were due to suicide, compared to 4.4% of deaths of non-Indigenous people (ABS 2008).

In 2006 the rates of suicide for the non-Indigenous population in the NT was higher than both the national average and rates in other States and Territories (ABS 2008). Although significantly more research is required to understand why this is the case and to identify contributing factors, these rates should be viewed in the context of a higher male to female ratio, regional isolation and high rates of alcohol abuse.

Current information suggests that the majority of non-Indigenous deaths occur in males aged between 30-55 years old, residing in urban areas in the Top End region of the NT, in the context of alcohol abuse and relationship breakdown.

Youth

The NT experiences higher rates of suicide in younger people than those experienced in many other parts of Australia. This is generally attributable to rates in Indigenous populations as Indigenous males aged between 25 and 44 years have the highest risk of suicide followed by the 10-24 year age group. In contrast, among non-Indigenous males in the NT, the risk of suicide appears to increase with age (Measey, Li SQ, Parker 2005).



Data Source: ABS Death Registration Data

Anecdotal reports also suggest high rates of self injury and other self harming behaviours in younger age groups. This issue also requires further investigation and research.

High Rates of Known Risk factors

The NT has higher rates of known risk factors for suicide than many other jurisdictions in Australia. These include high rates of alcohol and drug abuse, crime, domestic violence, sexual abuse, lower education attainment and low socio-economic status.

NT Suicide Prevention Policy Context

Historically the NT approach to suicide prevention has been closely aligned to developments at a national level. In 1999 an Interdepartmental Executive Committee for Youth Suicide Prevention (IDECYSP) was established to oversee the development, implementation and evaluation of a NT Youth Suicide Prevention Strategy. In 2001 this was broadened to reflect the changing focus on suicide prevention across the entire lifespan. The Committee became known as the Suicide Prevention Interdepartmental Committee (SPIDC) and went on to develop the NT Strategic Framework for Suicide Prevention.

This framework, launched in October 2003 was based on the national LIFE Framework and identifies six key areas for action:

- Promoting wellbeing, resilience and community capacity across the NT
- Enhancing protective factors and reducing risk factors for suicide and self-harm across the NT
- Services and support within the community for groups at increased risk
- Services for individuals at high risk
- Partnerships with Indigenous people
- Progressing the evidence base for suicide prevention and good practice.

Although in its initial phase the Framework did not indicate specific activities or include a methodology for ongoing coordination and evaluation, it did ensure that suicide prevention activities were ongoing across a number of Government and non-Government agencies and organisations.

Life Promotion Programs (LPP) were initially established in the Top End and Central Australia in 1999 to provide an integrated approach to promotion, suicide prevention and response through the establishment of collaborative partnerships, the provision of community education and training in prevention and intervention and the provision of a response following a completed suicide. Initially both programs were located within Mental Health Services. However, in 2004 funding for the Central Australian LPP was transferred to the Mental Health Association of Central Australia. (MHACA). In 2005 additional funding was provided to the Central Australian LPP to establish an additional position in the Barkly region.

In 2005 the NT Government announced increased recurrent funding of \$200 000 for suicide prevention to include the appointment of a Suicide Prevention Coordinator and the re-establishment of a cross Government

committee to progress the NT Framework and monitor and evaluate its achievements.

The Suicide Prevention Co-ordinator was appointed to the position in June 2006. A review of current service delivery in response to suicide in the NT was initially undertaken to inform future activity. As a result of this review, changes were made to service provision in the Top End which resulted in the redistribution of a number of components of the Top End Life Promotion Program through a range of other agencies. As a result, this program was discontinued.

In March 2007 the NT Suicide Prevention Coordinating Committee (NTSPCC) was established. This Committee chaired by the Director, Mental Health includes representatives from the Departments of Health and Families (Mental Health, Alcohol and Other Drugs, NT Families and Children, Remote Health, Acute Care, Youth Affairs), Police, Justice, Chief Ministers (Office of Indigenous Policy), Education and Training, Sport and Recreation, Charles Darwin University and the Commonwealth Departments of Health and Ageing and Families, Housing, Community Services and Indigenous Affairs. .

Throughout 2007, the NTSPCC undertook consultations with a wide range of stakeholders from across the NT to identify issues and areas for action to inform the development of ongoing suicide prevention activity. These consultations acknowledged the continued relevance of the NT Strategic Framework for Suicide Prevention but established the need for an action plan to take the framework forward.

The NT Suicide Prevention Action Plan 2009 -2011 (Appendix A) was launched in March 2009 and provides a whole of Government response to guide directions in suicide prevention over the next three years. It converts the NT Strategic Framework for Suicide Prevention into assessable actions and initiatives to reduce self harming behaviour and enhance the resilience and capacity of the NT Community.

This Action Plan outlines the suicide prevention priorities of the NT Departments/Agencies that are members of the committee and includes a range of activities and initiatives. Some of these involve the formation of partnerships outside of the NT Government, including with the Australian Government and both local and national non-Government agencies.

In addition, \$330 000 in new funding has been allocated by the Department of Health and Families from January 2009 to June 2010 to progress a range of new initiatives. These include increased training programs in suicide prevention and self injury and the development of suicide and bereavement support resources. Initiatives will be reviewed towards the end of 2009/2010 to determine ongoing funding priorities for the remaining two years of the plan.

The establishment of the NTSPCC recognises that effective suicide prevention requires a shared ownership of suicide prevention across Government Departments. The Committee has an ongoing role to progress implementation of the Action Plan, provide specialist advice to Government

and ensure a whole of Government and community approach to the issues of suicide and self harm. Reports on the progress of action areas under the Plan will be provided on an annual basis and a full review will be undertaken at the end of the three year period. Future action planning will be developed based on the continuing evaluation of these achievements. In addition, an evaluation of the cross government processes involved in the NTSPCC is also being undertaken by a researcher from Menzies School of Health in Darwin.

SUICIDE PREVENTION INITIATIVES FUNDED BY THE NT GOVERNMENT

Regional Coordination

Mental Health Association of Central Australian Life Promotion Program

In Central Australia the Life Promotion Program (LPP) provides suicide prevention, education and training and a coordinated response to suicide in the region. The program is based in both Alice Springs and Tennant Creek.

Top End

In the Top End, suicide prevention and response services are provided through a range of Government and Non-Government agencies including Top End Mental Health Services, Anglicare, and the Divisions of General Practice. However, unlike Central Australia, there is no one agency that provides regional coordination in the Darwin, East Arnhem and Katherine areas.

Training & Resources

ASIST and SafeTALK

Both national and international evidence suggests that suicide prevention training programs have a significant impact on reducing rates of suicide within a community. The **Applied Suicide Intervention Skills Training (ASIST)** is the most well regarded suicide-prevention training program across Australia and there are continual requests from organisations such as Justice, Police, Health, Education, and NGO's within the NT to train front line workers in this program as well as general community members.

SafeTALK, a half day training program, which can run either as a stand-alone or a precursor to ASIST Training, is also becoming increasingly popular. Its focus on teaching participants to recognize and engage people who might be having thoughts of suicide, and then to connect them with community or other professional resources trained in suicide intervention, is a more appropriate training program for some groups such as prison officers. It is also able to be used with young people over the age of 15.

In the Top End, Anglicare NT are funded to deliver and co-ordinate these programs across both urban and remote areas. Additional funding has been

allocated to support an Indigenous trainer in the East Arnhem region to deliver this program in language within communities that have been experiencing high rates of self harming behaviour.

In Central Australia, Lifeline deliver and coordinate these training programs across both regional and remote areas. Lifeline is also trialling delivery of SafeTALK to local school communities in Alice Springs and Tennant Creek including staff, parents and students over the age of 15.

SUICIDE STORY

Although nationally recognised and evaluated, it is acknowledged that programs such as ASIST and SafeTALK require significant adaptation for Indigenous people in remote regions and town camps. To overcome this gap in suicide prevention training options for Indigenous people, the Central Australian Life Promotion Program has been developing a localised training program called “Suicide Story”.

“Suicide Story” has adapted the concepts from other suicide awareness programs and draws on learnings from Aboriginal people across the NT and Queensland to provide a program based on narrative therapy. It offers an improved understanding of the issue of suicide in a local context, improved skills to work with people at risk and a sense of hope for those communities who undertake and participate in the process.

Although this program is currently being trialled in Central Australia it may, with adaptation and local consultation, be suitable to be used in other parts of the NT. However, achieving this adaptation may take considerable time and investment as complex concepts cannot always be easily transferred between different families, communities and language groups without the ability to first develop a shared understanding.

Suicide Story is due to be completed and launched early next year.

The Development of Suicide and Bereavement Support Resources

Appropriate resources detailing basic information around suicide prevention and bereavement support are constantly requested by service providers and would be particularly beneficial for services such as Coroners Constables, emergency services, police, hospital, community health and mental health staff. Although some resources exist at a national level, they may not be appropriate for use at a regional level. A project is currently in progress to develop a range of resources including cards, information brochures and posters.

There is recognition within this project that these resources will generally not be appropriate for use with many Indigenous Australians in regional and remote settings. As part of the consultation process relating to this project, ideas and information for future resource development to address Indigenous

populations are being gathered with the recognition that written resources are often not useful and that a range of other mediums need to be explored.

Self-Harming Behaviour in Young People

Anecdotal reports suggest that there are increasing levels of non-fatal self-harming behaviour occurring amongst young people in the NT. Consultations with various service providers across the Territory have identified the need for specific training for workers in this area. A series of five 2 day workshops are currently being delivered across the Territory in all regional centres.

Participants range from police, youth workers, educational staff, correctional service staff, nurses, medical practitioners, alcohol and other drug workers, Aboriginal Health Workers and remote area workers. Workshops have been over subscribed and feedback has been very positive with requests for more training and resources in this area.

Bereavement Support Groups

In 2007/08 open suicide bereavement support groups were trialed in the Darwin region. Although initially well attended, numbers reduced significantly and feedback suggested that these groups were not always appropriate for the range of stakeholders impacted by this issue in the NT. It has been suggested that short term groups targeting specific populations such as Indigenous, young people, women and men, may be more appropriate. Further work is ongoing to develop appropriate partnership and group structures to progress this concept.

Annual Suicide Prevention/Mental Health Forums

As part of the development of the NT Suicide Prevention Action Plan, the Mental Health Program committed to facilitate annual forums focusing on suicide prevention and mental health to ensure the sharing and development of knowledge and skills in a range of areas across the NT.

In 2008, a Youth Mental Health Forum was held for both professionals and young people and consisted of a range of training workshops, presentations and activities. The forum was supported by a range of projects such as the Inspire Foundation, Orygen, Mindframe, and *Headspace*. Local projects were also showcased and participants were able to undertake free workshops in youth friendly practice, Mental Health First Aid and SafeTALK. Young people were also able to identify the issues relating to mental health in the NT and present their feedback to Government.

In October 2009, a Mental Health in the Workplace forum was held which was attended by Managers and HR personnel from a range of industries including construction, hospitality, mining, primary industries, emergency services and a number of other Government and non- Government industries. This event was supported by organisations such as beyondblue, Lifeline, OzHelp and

once again combined a range of activities, projects and workshops including SafeTALK and mental health awareness in the workplace.

Planning is underway for a forum focusing on Indigenous mental health and suicide prevention in 2010.

Interface with the Australian Government

The NT Government has historically worked closely and collaboratively at both a local and national level with the Australian Government in relation to suicide prevention

The NT Action Plan recognises the Australian Government as a key partner and reflects the links between the major directions of both the NT and Australian Suicide Prevention Frameworks. Each action area of the NT Plan is linked to the corresponding key strategic direction of Australian Government's Living is for Everyone (LIFE) Framework.

The Department of Health and Ageing (DoHA) and the Department of Families Housing Community Services and Indigenous Affairs are members of the NTSPCC and work with the NT Government to support suicide prevention initiatives.

In acknowledgement of the high rates of suicide amongst non-Indigenous males in the Top End Region, DoHa has recently committed funding to the OzHelp Foundation to establish the initiative in the NT. The OzHelp Foundation is a workplace based early intervention suicide prevention and social capacity building program which commenced in the ACT in 2002. Ozhelp's initial aim was to enhance the resilience of apprentices and workers in the construction and building industry while at the same time strengthening the leadership and support roles of industry leaders. This initiative will have a broader focus in the NT and will work with a range of industries.

ISSUES FOR FURTHER CONSIDERATION

National Projects/Resources

The NT welcomes the demonstrated commitment by the Australian Government to work collaboratively with the NT Government to ensure a more strategic approach to the allocation of resources targeting appropriate population groups.

Smaller jurisdictions are often greatly assisted by projects and resources developed at a national level. The NT has been a significant supporter of projects such as Mindmatters and the Mindframe Media Project developed under the National Suicide Prevention Strategy. However, some national projects are not applicable due to difficulties in adaptation to the particular demographics of the NT or lack of relevance to particular population groups. Development of national projects that consider at the outset the significant

differences in jurisdictional needs and allow for adaptation at a regional level could address this issue in the future.

Suicide Data

The NT Government recognises that accurate statistics on suicide in Australia are crucial to inform regional and national suicide prevention strategies and notes concerns by current leading researchers that there is significant under reporting and lack of standardised data across jurisdictions. The NT Government supports the work of the National Committee for Standardised Reporting on Suicide in its agenda to standardise and improve reporting across Australia.

Indigenous Suicide

Whilst there has been significant investment in this area and increased understanding of the complexity of this issue, there is still much work to be done. Recognition of both the similarities and differences between Indigenous and non Indigenous suicide would enhance future work in this area and would create an increased understanding that the issue of suicide does not exist in isolation. Risk factors such as drug and alcohol abuse, low socio economic status and educational attainment, crime and family violence that affect both Indigenous and non Indigenous populations need to be addressed in partnership with an appreciation of the many differences that exist. These include differences in cultural understanding and interpretation of suicide within families and communities and issues associated with blame, obligation and law that may impact on how both Indigenous and non Indigenous workers are able to address this issue at a local level.

The NT Government is committed to working in partnership with communities both in the Territory and throughout other jurisdictions in Australia to provide effective and appropriate suicide interventions and prevention to Indigenous people by increasing opportunities to share learning and understandings.

National Research Agenda

There are significant gaps in knowledge relating to a range of issues surrounding suicidal behaviour in Australia. At the same time in many jurisdictions there is often a wealth of valuable work being undertaken or significant issues arising that are unable to be researched or evaluated due to issues including time, access, knowledge and skill sets available on the ground. There are also cases where researchers are unable to access appropriate information and relevant subject matter due to their lack of local knowledge, contacts and relationships.

A national agenda developed in consultation with stakeholders from all States and Territories in Australia would assist to clarify and define the priorities for ongoing research at both the national and local level and assist would with the development of relationships between organisations and research bodies to progress them.

Suicide Prevention Education for Young People

With the growth of multi media young people are increasingly exposed to issues of suicide and self harm. It is often difficult for teachers, other professionals, parents and caregivers to filter harmful or incorrect messaging around these subjects without adequate education and resources to support them. In addition, some young people and children in Indigenous communities are regularly witnessing suicide attempts and threats from family and other community members. There is currently a limited research base from which to approach the issue of education on suicide and self harm behaviour for young people under the age of 15. Stakeholders in the NT have consistently raised this issue over the past few years and the NT Government would welcome national direction in relation to this issue.

Collaborative approach across Governments, Jurisdictions and with Primary Health Care and Alcohol and other Drug Strategies

Responsibility and ownership of suicide prevention initiatives rests with all sectors where risk factors are present. Ongoing collaboration in the development of programs, shared care and educational opportunities are encouraged in the NT through the NTSPCC and the NT Action Plan. The NT Government is supportive of an increased focus at a national level of the important role of Acute Care, GPs and other Primary Care Services and the need for strong complementing alcohol and other drug strategies as essential components of effective suicide prevention and intervention strategy.

Further Information

Further information relating to suicide prevention issues in the NT can be addressed to:

Ms Bronwyn Hendry, Chair, NT Suicide Prevention Coordinating Committee
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Ms Sarah O'Regan, NT Suicide Prevention Coordinator, Mental Health Program
sarah.oregan@nt.gov.au or 08 89992789.

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Northern Territory Suicide Prevention Action Plan 2009-2011

March 2009

DEPARTMENT OF HEALTH AND FAMILIES

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Suicide is a tragedy that has touched many families in the Northern Territory (NT). It occurs across all demographics and in a range of locations. It is an issue that affects us all both personally and as a society.

The reasons behind suicide are often very complex and there are no simple solutions. Current research tells us that the most effective approach to suicide prevention requires a commitment at all levels of Government and across the community to work together to address this tragedy.

The Northern Territory Suicide Prevention Action Plan 2009-2011 acknowledges and builds on existing initiatives responding to suicide and self-harm and follows the key directions of the *NT Strategic Framework for Suicide Prevention* (2003).

The Action Plan recognises the Australian Government as a key partner and reflects the links between the key directions of both the NT and Australian Suicide Prevention Frameworks. As such each action area of the NT Plan is linked to the corresponding key strategic direction of the revised Australian Government *Living is for Everyone (LIFE) Framework*.

A number of other overarching NT Government and Australian Government initiatives contribute to suicide prevention and these are also reflected within the Action Plan and are included within Appendix A.

I would like to acknowledge the contribution of all those who have assisted with this process. In particular I would like to thank current and past members of the NT Suicide Prevention Coordinating Committee and all members of staff and the community who have contributed their considerable time, knowledge, experience and personal commitment to the development of this plan.

Malarndirri McCarthy

Minister for Children and Families

March 2009

Introduction

Suicide affects many families and communities every year. It results from a complex interplay of factors that may include issues such as mental health problems, drug and alcohol misuse, inadequate education, lack of meaningful or any employment, cultural or sexual identity issues, poverty, sexual, physical or emotional abuse, problems with family and the law. Factors such as the grief, loss and trauma experienced by many Aboriginal people and communities can also have a significant impact on an individual's vulnerability.

The decision to end one's life can be determined by a few or a number of these factors occurring in a specific and individual context. There is therefore no guaranteed method of predicting suicides and no one way of preventing them. There are no simple explanations or solutions. It is recognised instead that effective suicide prevention needs to combine a range of strategies and approaches targeting the whole population, specific groups and individuals at risk. This requires a whole of Government and community partnership approach.

In October 2003, the NT Strategic Framework for Suicide Prevention was launched to guide the planning and development of initiatives with a focus on life promotion and the prevention of suicide and self-harm in the NT. The framework was based on the Australian Government's LIFE Framework and identifies six key areas for action:

- Promoting wellbeing, resilience and community capacity across the NT;
- Enhancing protective factors and reducing risk factors for suicide and self-harm across the NT;
- Services and support within the community for groups at increased risk;
- Services for individuals at high risk;
- Partnerships with Indigenous people; and
- Progressing the evidence base for suicide prevention and good practice.

The NT Framework reflects a whole of Government and community approach to the issue of suicide prevention and provides an overarching structure for action. Although in its initial phase it did not indicate specific activities or include a methodology for ongoing co-ordination and evaluation, it did ensure that suicide prevention activities were ongoing across a number of Government and non-Government agencies and organisations.

In 2006 following an increased funding commitment by the Minister for Family and Community Services, a Suicide Prevention Coordinator was appointed to re-establish a whole of Government approach to suicide prevention.

In 2007 a cross-Government Coordinating Committee for Suicide Prevention was established to monitor and evaluate the progress of the framework and to develop an Action Plan for Suicide Prevention to provide future direction for the NT.

This Committee chaired by the Director, Mental Health, includes representatives from the Department of Health and Families, Police, Fire and Emergency Services, Department of Justice, Department of National Resources, Environment, The Arts and Sport, Department of Education and Training, Department of Chief Minister, the Australian Government Departments' of Health and Ageing and Families, Housing, Community Services and Indigenous Affairs and Charles Darwin University (A list of full membership is included at Appendix B).

Throughout 2007 consultations occurred with a wide range of stakeholders from across the NT to identify issues and areas for ongoing action to inform the development of the Plan.

The NT Suicide Prevention Action Plan 2009-2011 is a whole-of-Government response to guide future direction in suicide prevention over the next three years. It effectively converts the NT Strategic Framework for Suicide Prevention into assessable actions and initiatives to reduce self-harming behaviour and enhance the resilience and capacity of the NT community.

The main aims of this plan are to:

- Strengthen wellbeing, optimism, connectedness, resilience, health and capacity across the NT community, with a particular focus on young people and their families;
- Support initiatives that reduce risk factors and promote positive protective factors for suicide and self-harm;
- Improve the ability of a wide range of services, systems and support networks to meet the needs of groups at increased risk of suicide and self-harm through prevention, recognition and response;
- Strengthen effective responses to individuals at particular risk to reduce and respond to suicidal and self-harming behaviour;
- Provide culturally appropriate programs that support community response to high rates of suicide and self-harm in Indigenous communities; and
- Build the evidence base, share good practice and provide education and training.

The Action Plan reflects the suicide prevention priorities of those NT Departments that are members of the NT Suicide Prevention Coordinating Committee. In acknowledgment of the fact that effective suicide prevention requires a range of responses across many different areas, some activities nominated as contributing to the Action Plan may be part of core services or projects funded by relevant Departments. There are others that are new initiatives or may involve the formation of partnerships outside of NT Government. These partners may include the Australian Government and local and national non-Government agencies.

Implementation, Monitoring and Review

Responsibility for the ongoing monitoring, reporting and evaluation of the Suicide Prevention Action Plan will remain with the NT Suicide Prevention Coordinating Committee.

Members will report annually to Government and the wider community on the progress of the implementation of key actions identified in the Plan. In addition ongoing feedback and input will be sought from a number of established regional advisory groups and participants at yearly forums.

A formal review of the plan will take place at the end of 2011 and will involve consultation with a wide range of stakeholders.

Suicide Rates

Suicide, although a relatively uncommon event, is a major public health issue with significant human and economic costs attached to it. Every year approximately one million people worldwide die by suicide and suicide is one of the three leading causes of death for those aged 14-34 (*Bertolote, Fleischmann, De Leo & Wasserman, 2003*).

Australia

In March 2008 the Australian Bureau of Statistics (ABS) released data on suicide deaths in Australia for 2006. This is the most recent validated data currently available and reports 1,799 registered deaths from suicide in 2006. Males were almost 4 times more likely than females to die by suicide and high rates of suicide deaths for males were observed in the 45-49 age group followed by those aged 35-39 years. Highest rates of suicide deaths for females were noted in the 35 to 44 age group (*ABS 2008*).

Comparing the number of suicide deaths over time must be done cautiously as the quality of suicide statistics are affected by a number of factors including under-reporting, differences in reporting methods across States and Territories, and the length of time it takes for Coroners to process deaths that are reported as potential suicides. The 2006 figure of 1,799 registered suicide deaths however does suggest a continued decline since the peak of 2,720 deaths in 1997. This decline over the past decade is noted for both males and females, particularly within the younger age groups (*ABS, 2008*).

Indigenous Suicide Rates

It is estimated nationally that suicide rates amongst Indigenous people are at least 40% higher than the national average (*Elliott-Farrelly, 2004*). However it is difficult to know the true extent due to the limitations of official methods of data collection. In 2006, ABS Cause of Death data reported that suicide accounted for 4.3% of all Indigenous deaths compared with 1.3% of deaths for other Australians (*ABS, 2008*).

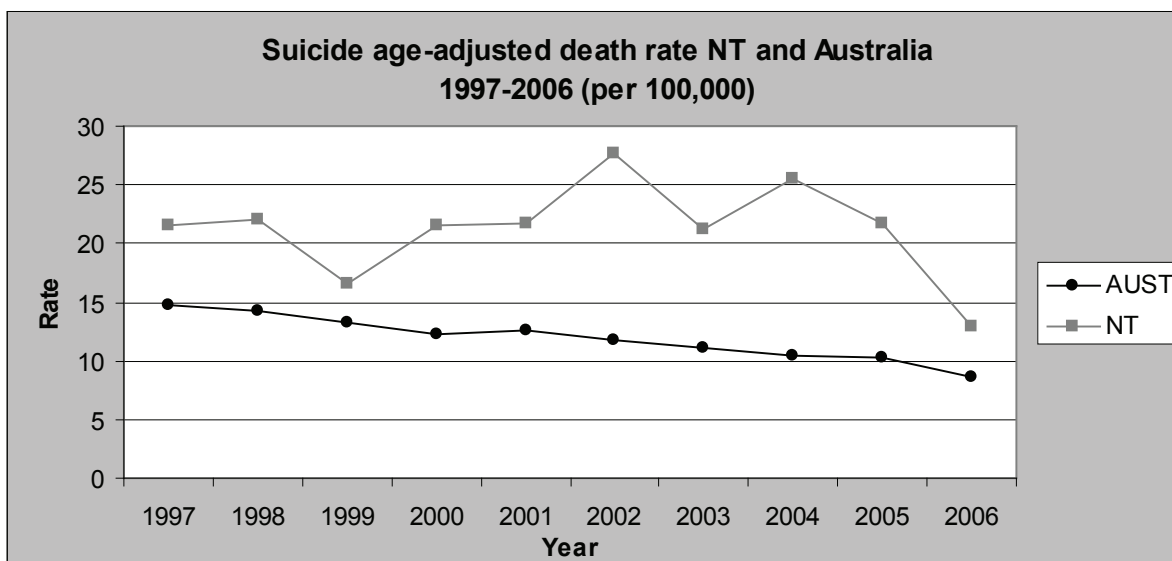
Research suggests that suicide in Indigenous populations was virtually unheard of prior to the 1960's. Nationally increased rates began to be reported in the 1970's and have continued to increase since the 1980's although this has been distributed unevenly across both time and place. Suicide is more concentrated in the earlier adult years for Aboriginal and Torres Strait Islander people than for other Australians, with the highest rates occurring in early to mid adulthood (*Elliott-Farrelly, 2004*).

Northern Territory

In the NT the annual number of deaths from suicide has increased substantially since the mid 1990s and reached a peak in 2002. This increase has gone against national trends and although additional care in interpreting data does need to be taken in smaller jurisdictions where significant yearly fluctuations can be observed due to the relatively small number of suicide deaths, combined data for the period 2002-2006 suggests a NT suicide rate (22.4 per 100,000) that is more than double the national average (10.4 per 100,000) (*ABS, 2008*).

Since 2002, rates of suicide in the NT have declined slightly but this does not as yet appear to represent any significant long-term trend. Suicide continues to affect every demographic across the NT however some groups appear to be at higher risk than others (eg. remote Indigenous males, young urban Indigenous males and non-Indigenous males in the 25-45 year age range residing in an urban setting).

The differing rates of suicide in the NT compared to the rest of Australia do have to be viewed in the context of a number of factors affecting the NT population. This includes a higher proportion of Indigenous people, higher male to female ratio, a younger population than the rest of Australia and high rates of known risk factors such as alcohol and drug abuse, crime and domestic violence.



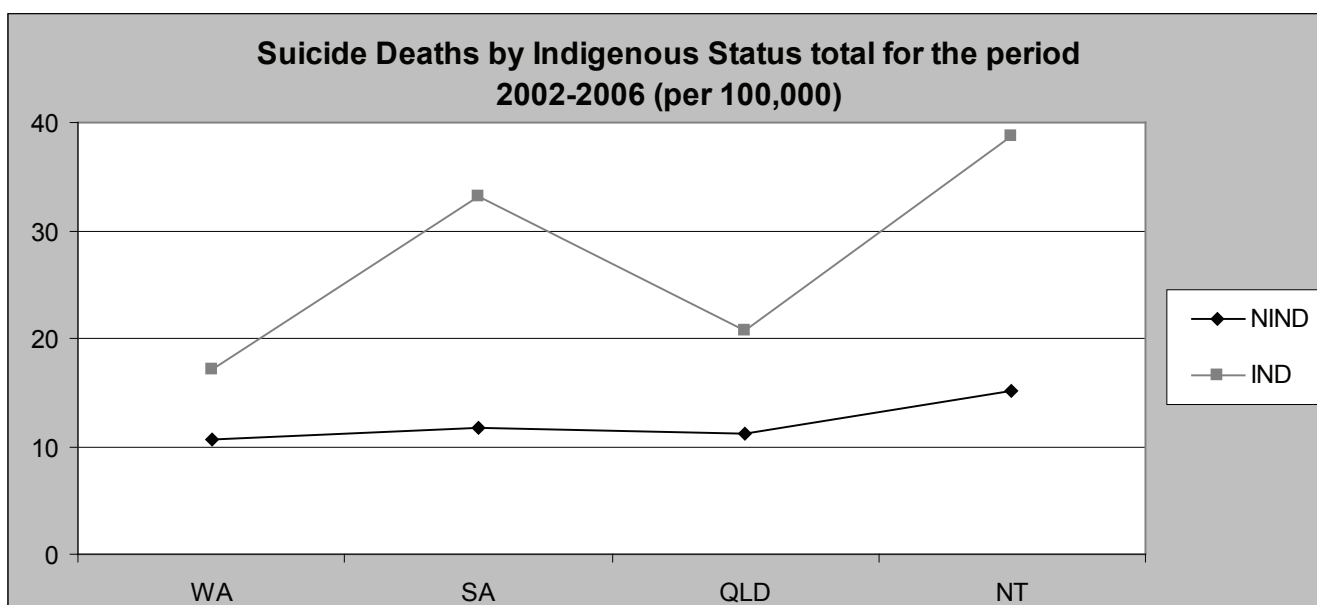
Data Source: ABS Death Registration Data

Indigenous Suicide

Suicides amongst Indigenous people in the NT occur in a range of contexts and can vary greatly between regions. In some areas there have been no reported deaths from suicide, in other areas deaths are rare and occur in isolation. There are also other regions which experience high rates of suicide and self-harming behaviours. Significantly more research is required to determine why this occurs and whether there are differences in risk factors and protective factors between communities with high rates of self-harm and those where suicidal behaviour is rare or occurs in isolation.

There are strong links between Indigenous suicide and alcohol and other drug abuse. Recent evidence suggests in some communities there are increasing rates of cannabis use amongst a background of pre-existing poly-substance use. This is of particular concern because of the significant association between suicide, psychiatric issues and substance abuse (Measey, Li SQ, Parker & Wang, 2006).

Anecdotal reports also suggest that rates of attempted suicide, particularly in some remote Indigenous communities are exceptionally high, although there is currently limited data to support this.



(N.B. Data unavailable for other jurisdictions)

Data Source: ABS Death Registration Data

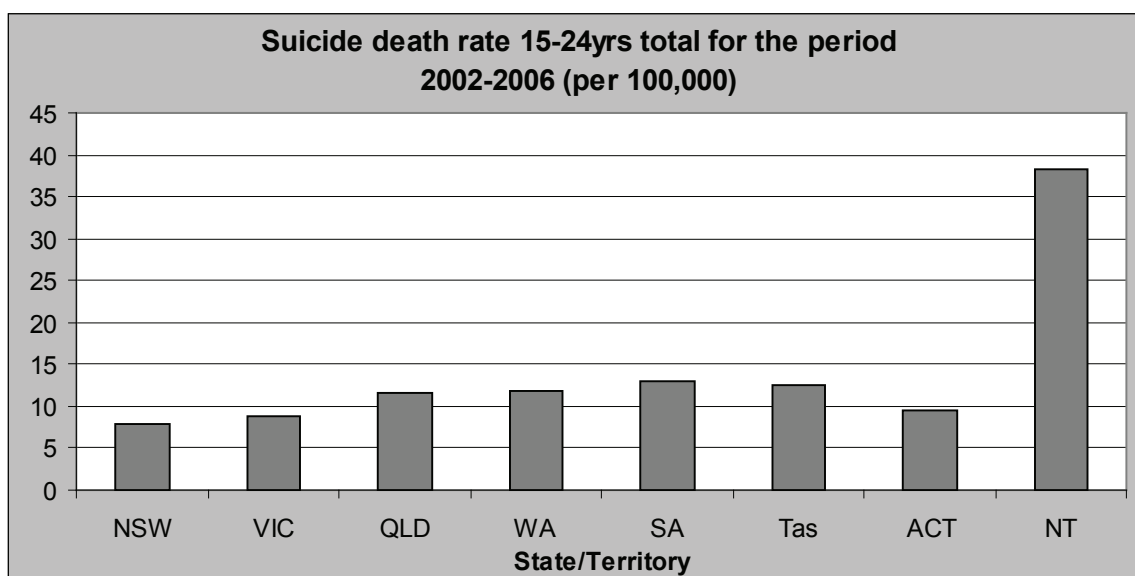
Non-Indigenous Suicide

The difference between the proportion of deaths due to suicide amongst Indigenous and non-Indigenous people varies by State and Territory. In 2006, the biggest difference was observed for South Australia, where 7.3% of deaths of Aboriginal people were due to suicide compared with 1.3% of non-Indigenous deaths. In contrast, in the Northern Territory 3.3% of deaths of Indigenous people were due to suicide, compared to 3% of deaths of non-Indigenous people (ABS, 2008).

The rate of suicide in the NT for the non-Indigenous population is higher than both the national average of 1.3% of deaths and the rates in other States and Territories. More research is required to understand why this is the case and to identify contributing factors.

Youth

The Northern Territory experiences higher rates of suicide in younger people than those experienced in many other parts of Australia. This is generally attributable to rates in Indigenous populations as Indigenous males aged between 25 and 44 years have the highest risk of suicide followed by the 10-24 year age group. In contrast, among non-Indigenous males, the risk of suicide appears to increase with age (Measey, Li SQ, Parker, 2005).



Data Source: ABS Death Registration Data

Attempted suicide and self-harm

Attempted suicide refers to self-inflicted harm where death does not occur but the intention of the person was to cause a fatal outcome. Some people deliberately harm themselves physically, without intending to end their own life. Such behaviour is known as 'self-harm'.

Data regarding intentional self-harm and attempted suicide is collected in NT public hospital records but needs to be treated with caution as:

- Not all people who attempt suicide present at hospital or places where this data could be registered;
- Not all attempts are recognisable and may lead to misclassification e.g. single motor vehicle accidents; and
- Self reporting measures for suicide attempts may not be reliable.

It can be very difficult to determine whether individual acts of self-injury were intended to result in death. Many incidents of intentional self-harm may not indicate deliberate intent to commit suicide. Self-inflicted injury may also occur in the context of cultural practices or risk taking behaviours where there is no suicidal intent. Nevertheless, available data indicates the incidence of these behaviours presents a serious problem in the NT (NT Strategic Framework for Suicide Prevention, 2003).

The *NT Strategic Framework for Suicide Prevention* (2003) is based on the Australian Government *Living Is For Everyone (LIFE) Framework* (2000) and identifies six key areas for action:

ACTION AREA 1: Promoting wellbeing, resilience and community capacity across the NT

Enhance protection against suicide by strengthening wellbeing, optimism, connectedness, resilience, health and capacity across the entire community, with a particular focus on young people and their families.

ACTION AREA 2: Enhancing protective factors and reducing risk factors for suicide and self-harm across the NT

Support initiatives that reduce risk factors and promote positive protective factors for suicide and self-harm, giving increasing attention to critical periods or transition points throughout the life course where interventions have the potential to be most effective.

ACTION AREA 3: Services and support within the community for groups at increased risk

Improve the ability of a wide range of services, systems and support networks to meet the needs of groups at increased risk of suicide and self-harm through prevention, recognition and response.

ACTION AREA 4: Services for individuals at high risk

Strengthen effective responses to individuals at particular risk to reduce and respond to suicidal behaviour.

ACTION AREA 5: Partnerships with Indigenous people

Provide culturally appropriate programs that support community response to high rates of suicide in Indigenous communities.

ACTION AREA 6: Progressing the evidence base for suicide prevention and good practice

Ensure that programs have the greatest chance of benefit and minimum risk of harm by building the evidence base, sharing good practice and providing education and training.

Living Is For Everyone (LIFE) Framework

In 2000, the Australian Government released *Living is For Everyone: A framework for prevention of suicide and self-harm in Australia (the LIFE Framework)* to provide a strategic plan for national action to address suicide prevention across the Australian population.

In early 2006, the Australian Government commissioned an independent review of the national Framework. A revised LIFE Framework was released in 2007. Key action areas have been amended to reflect the changing trends in suicide prevention over the past decade.

ACTION AREA 1: Improving the evidence base and understanding of suicide prevention

Improving the quality of the evidence for suicide and suicide prevention is fundamental to the development, implementation and review of effective suicide prevention policies and practices.

ACTION AREA 2: Building individual resilience and the capacity for self-help

Protecting against suicidal behaviour includes implementing preventative measures such as providing environments where appropriate support is accessible as well as implementing programs that promote and support wellbeing, optimism and social connectedness.

ACTION AREA 3: Improving community strength, resilience and capacity in suicide prevention

Improving individual, family and community awareness and understanding of suicide and suicide prevention will increase the capacity of communities to prevent and respond to suicide.

ACTION AREA 4: Taking a co-ordinated approach to suicide prevention

Effective suicide prevention relies on communities, organisations and all levels of Government working together using sound evidence, with a careful assessment of outcomes.

ACTION AREA 5: Providing targeted suicide prevention activities

To address the needs of individuals and prevent suicide, there are a number of key elements:

- Early identification and intervention;
- Building individual resilience and the capacity for self-help;
- Creating environments that encourage and support help-seeking;
- Creating environments where it is acceptable to express emotions and suicidal thoughts without fear of acrimony, personal weakness or stigmatization; and
- Ensuring access to the range of required support and care for people feeling suicidal.

ACTION AREA 6: Implementing standards and quality in suicide prevention

Suicide prevention programs need to reflect evidence of what works and does not work, and to communicate it effectively to the point of need.

Consultations within the NT acknowledged the continued relevance of the key action areas identified under the NT Strategic Framework for Suicide Prevention (2003). There was also agreement that the revised Australian Government LIFE Framework action areas were of equal relevance.

Concerns were expressed that the removal of a specific action area focusing on Indigenous Australians (Action Area 5: Partnerships with Indigenous People) from the national framework would result in a loss of focus on that population group. It was felt that this action area needed to remain due to the difference in demographics between the NT and the rest of Australia.

The NT Action Plan has therefore retained the original key action areas of the NT Strategic Framework for Suicide Prevention but has matched these areas where possible against the revised action areas of the LIFE Framework to allow for a consistent and coordinated approach to suicide prevention between the NT Government and the Australian Government.

Action Area 1:

Promoting wellbeing, resilience and community capacity across the NT

Enhance protection against suicide by strengthening wellbeing, optimism, connectedness, resilience, health and capacity across the entire community, with a particular focus on young people and their families.

Corresponding LIFE Framework

ACTION AREA 2: Building individual resilience and the capacity for self-help.

Protecting against suicidal behaviour includes implementing preventative measures such as providing environments where appropriate support is accessible as well as implementing programs that promote and support wellbeing, optimism and social connectedness.

Enhancing Existing Initiatives

Department of Education and Training:

- Will continue to support the implementation of the *MindMatters* and *KidsMatter* initiatives in NT Schools which endeavour to strengthen young people's life skills, promote resilience and enhance factors such as connectedness to school and positive self esteem. A whole school approach to the promotion of mental health and wellbeing also includes fostering a supportive school environment and encouraging meaningful partnerships between school, family and community.
- Will continue to work to increase levels of physical activity for all students within Government primary and middle schools through the introduction of a minimum of two hours of physical activity in the school curriculum per week.

Department of Health and Families:

- Will continue to support a focus on improving mental health education and service provision to young people in the NT through the *Youth Round Table* and through continued promotion and management of the *Youth Engagement Grants Program*. This program engages young Territorians through a variety of drug and alcohol free entertainment and youth development and leadership programs.
- Will continue to support such initiatives as *National Youth Week* and *National Mental Health Week* to promote the importance of good mental health across the NT and reduce the stigma associated with mental illness. While activities will continue to target whole of population, there will be an increased focus on some groups and settings such as men, young people and remote regions to ensure that issues relating to these groups are addressed more fully.
- Will continue to fund a wide range of relevant non-Government agencies to provide services for young people that promote safety and wellbeing and provide a range of safe activities that build young people's resilience, self esteem, coping skills and problem-solving skills, and promote community connectedness.
- Will continue to support the new *headspace* initiative in both the Top End and Central Australia as an active member of a consortium of organisations. The *headspace* initiative aims to improve young people's access to primary health, mental health and alcohol and other drugs services as well as counselling and education, training and employment services through the co-location of services and consolidation of strategic links to local Government, secondary schools, consumer and carer groups and other youth service providers.

New Initiatives

Department of Health and Families:

- In collaboration with other agencies and Departments, will utilise such events as *World Suicide Prevention Day* and *National Mental Health Week* to promote suicide prevention as a whole of community responsibility.
- Will establish partnerships with the **Australian Government** and other key stakeholders such as Defence and private industry to promote such national initiatives as *Men's Sheds*, *OzHelp*, *Mensline* and to work towards developing opportunities to expand these programs into the NT.

- Will work with other agencies to promote opportunities to disseminate information and training in mental health and suicide prevention in the workplace through approaches to such areas as Work Health and Workplace Unions.
- Will work with the national initiative *Mindframe* to develop a comprehensive strategy in the NT to encourage responsible, accurate and sensitive media reporting and portrayals of issues related to mental illness and suicide.

Action Area 2:

Enhancing protective factors and reducing risk factors for suicide and self-harm

Support initiatives that reduce risk factors and promote positive protective factors for suicide and self-harm giving increasing attention to critical periods or transition points throughout the life course where interventions have the potential to be most effective.

Corresponding LIFE Framework

ACTION AREA 3: Improving community strength, resilience and capacity in suicide prevention.

Improving individual, family and community awareness and understanding of suicide and suicide prevention will increase the capacity of communities to prevent and respond to suicide.

Enhancing Existing Initiatives

Department of Education and Training:

- Will continue to support the provision of wellbeing officers in Government primary schools to assist schools in developing a whole of school preventative and developmental approach to wellbeing and behaviour and build capacity to manage extreme behaviours. Schools will continue to be supported to provide programs that target wellbeing and resilience such as *Tribes*, *You Can Do It*, *Restorative Justice* and *Friendly School and Families*.
- Will continue to ensure middle and senior school students in the NT have access to qualified school counsellors. Counsellors provide individual, small group and whole school interventions and provide critical incident assistance to all schools.

Department of Health and Families:

- Will continue to fund and deliver training in suicide prevention and mental health awareness to individuals and communities. This will include continuing support for existing programs such as *Applied Suicide Intervention Skills Training (ASIST)* and *Mental Health First Aid* but also encourage the development of localised culturally appropriate training programs.
- Will continue their frontline training initiative to work with communities across the NT to develop strategies around the intersection of alcohol and other drug and mental health issues.
- Will continue to fund a wide variety of services for individuals who are homeless or otherwise 'at risk'. These will range from crisis and transitional accommodation, outreach services, drop-in services, activity sessions and support, and case management.
- Will continue to provide mandatory reporting training for professionals and community members. This training will highlight the potential indicators of child maltreatment including those that relate to suicide and self-harming behaviours, particularly amongst young people.
- Will continue to support social work positions in Alice Springs Hospital and Royal Darwin Hospital to address domestic violence issues. In addition it will continue to support a social work position in all three regional hospitals to provide a more holistic approach to individuals and families.
- Will continue to fund a variety of family focused support programs to assist families in crisis and those in need of more intensive support.

New Initiatives

Department of Education and Training:

- Is currently developing a *Reducing Bullying and Empowering Bystanders* package for all schools.

Department of Health and Families:

- In acknowledgment of the link between cannabis and suicidal and self-harming behaviour, will work with the National Cannabis Prevention and Information Centre (NCPIC) to provide cannabis education workshops to the Government and non-Government sector in Darwin, Katherine and Alice Springs.
- Will implement a new model of health delivery in remote communities through *Helping Hands* with a particular focus on mental health and substance misuse and which will enhance service delivery,

workforce development and training, leading to a more holistic health approach to the individual and their family.

- Will provide training and develop resources relating to non-fatal self-harming behaviour with a particular focus on young people.
- In partnership with **Department of Justice**, have developed a prison in-reach program which will involve alcohol and other drug interventions for prisoners on remand or sentenced to less than six months imprisonment, and will work closely with Corrections, NT Mental Health Services and the Darwin Prison Health Service.
- Will increase response to individuals with alcohol and other drug problems through additional withdrawal support services in regional hospitals.
- Will include suicide prevention as part of their overall violence prevention messages delivered by staff from NT Families and Children and within community education materials (ie addressing violence to self and violence to others).
- Is introducing a *Differential Response Framework (DRF)* in NT child protection services. The aim of the *DRF* is to enable a 'dual track' or 'multiple track' response to protective concerns and focus on creating better, more integrated, partnerships between child protection services and family support agencies.

Department of Justice:

- In partnership with the National Association for Prevention of Child Abuse and Neglect (NAPCAN), will deliver workshops throughout the NT under the *Pornography Classification Education Program* which will focus on the classification system that exists in films and literature, sexual education, sexual abuse and empowering men.

Department of National Resources, Environment, The Arts and Sport:

- Will utilise regional sport co-ordinators to incorporate mental health promotion and suicide awareness into the agenda for future education programs with peak sports and recreation bodies and newsletters.
- Will assist the NT Institute of Sport (NTIS) to incorporate mental health promotion and suicide awareness into current education programmes for elite athletes through the NTIS Psychologist and invite the Department of Health and Families to deliver sessions on mental health, suicide prevention and alcohol and other drugs at relevant workshops and forums.

Action Area 3:

Services and support within the community for groups at increased risk

Improve the ability of a wide range of services, systems and support networks to meet the needs of groups at increased risk of suicide and self-harm through prevention, recognition and response.

Corresponding LIFE Framework

ACTION AREA 4: Taking a co-ordinated approach to suicide prevention.

Effective suicide prevention relies on communities, organisations and all levels of government working together using sound evidence, with a careful assessment of outcomes.

Enhancing Existing Initiatives

Department of Health and Families:

- Will continue to support education and training for mental health and primary health services, police and emergency services, and the non-Government sector in the early identification of suicidal and self-harming behaviour, and mental health problems.
- Will continue to facilitate opportunities for dual diagnosis training for staff from both Alcohol and Other Drug and Mental Health Program areas.
- Will continue to promote the value of the **Australian Governments PSYCHECK Program** and continue to support efforts at a local and national level for additional roll out to alcohol and other drug related service providers.
- Will continue the process of developing a Memorandum of Understanding (MOU) between the Alcohol and Other Drug Program and the Mental Health Program to facilitate effective referral and response to high-risk clients in the Top End and ensure an ongoing commitment to the coordination of complex care clients.

Department of Justice:

- Will ensure that training for prison staff and community corrections in suicide prevention and mental health first aid is incorporated into both entry level training and on-going staff training.

NT Police, Fire and Emergency Services:

- Will review training for members in suicide risk and mental health literacy and build partnerships with other services to promote a coordinated approach to the management of persons at risk with a particular focus on police working in remote regions.
- Will continue to provide a range of support services to staff in recognition that first responders (including Police, Fire and Rescue, and Emergency Services personnel) are at increased risk of developing Acute Stress Disorder, Post-Traumatic Stress Disorder, or other psychological reactions due to occupational exposure to traumatic events. These services will include periodic psychological assessment conducted with personnel working in identified 'high-risk' work units; information on symptoms of stress and stress-management techniques, individual assessment and support following involvement in an identified 'critical incident'; and the provision of psychological services for staff on a 24-hour/7 days on-call basis.

New Initiatives

Department of Education and Training:

- In conjunction with the **Department of Health and Families**, have developed a new *Child Protection and Mandatory Reporting Professional Learning Package* to be rolled out to all education staff.
- Is enhancing the *NT Curriculum Framework* to provide child protection education programs for all children and young people.

Department of Health and Families:

- Will include suicide prevention messages within both Government and non-Government staff training, which will include recognition of the link between a prior experience of self-harm and increased risk to self. In particular, provision of key suicide prevention material as part of the *Shared Lives Shared Stories Foster Carer* training.
- Will improve links between existing services and developing services and mental health and other service providers to ensure young people at risk are linked into services that can support them.
- Will develop training DVD's on brief interventions for suicide and self-harming behaviour and other risk behaviours for staff in remote regions.
- With other relevant Departments and agencies, will work at regional levels to support localised suicide prevention initiatives.
- Will develop and increase access to a wide range of suicide and self-harm prevention resources.

Action Area 4: Services for individuals at high risk

Strengthen effective responses to individuals at particular risk to reduce and respond to suicidal behaviour.

Corresponding LIFE Framework

ACTION AREA 5: Providing targeted suicide prevention activities.

To address the needs of individuals and prevent suicide, there are a number of key elements:

- *Early identification and intervention;*
- *Building individual resilience and the capacity for self-help;*
- *Creating environments that encourage and support help-seeking;*
- *Creating environments where it is acceptable to express emotions and suicidal thoughts without fear of acrimony, personal weakness or stigmatization; and*
- *Ensuring access to the range of required support and care for people feeling suicidal.*

Enhancing Existing Initiatives

Department of Health and Families:

- Will continue to work closely with the Division of General Practice and the **Australian Government** to provide more opportunity for training for General Practitioners in dealing with suicide and self-harming behaviours and alcohol related issues and improve referral and support systems.
- Will continue to work with Government and non-Government agencies to provide support to the bereaved following a suicide and to ensure coordinated support services are available in both urban and remote regions. As part of this process new resources will be developed.
- Will continue to improve assessment, intervention, and management and discharge planning following suicidal behaviour.
- Will continue to support 24 hour crisis telephone counselling services and support to individuals in a number of areas that includes suicide and self-harm, relationship problems, alcohol and drug problems, and situational crisis.
- Will continue its commitment to encourage close working relationships across relevant programs to ensure coordinated care is provided to complex care clients.

Department of Justice:

- Will regularly review operational policies and procedures for responding to self-harming behaviour within correctional settings to ensure they are reflective of current best practice.

NT Police, Fire and Emergency Services:

- And the **Department of Health and Families** will review their MOU following amendments to the *Mental Health and Related Services Act* and amendments to *Police Operating Procedures*. This review will ensure that standard operating protocols relating to mental health issues and suicide and self-harming behaviour in each region are in line with changes to the Act and will promote a coordinated system of care, delivery of effective and efficient services to assist in meeting the needs of people with mental illness and assist in the prevention or safe resolution of mental health crisis situations.

New Initiatives

Department of Education and Training:

- Has developed a new *Emergency Preparedness Policy* and *Emergency Management Kit* which will encourage all schools to develop their own critical incident procedures, teams and response plans.

Department of Health and Families:

- Is developing a *Core Baseline Risk Assessment Framework* and guidelines for use within those programs formerly co-located under the Community Services Division. This framework aligns the assessment of client risk of harm to themselves, to others or client risk of harm by others across programs. It is also the process whereby responses for those clients identified at high risk and who require multi-disciplinary intervention and cross program response are initiated. Individual programs will continue to work towards establishing program specific risk assessment policies and procedures of best practice quality, through updating risk management policies, evaluating and upgrading risk assessment tools where necessary and enhancement of service responses to continuously improve risk management practices.
- Will work with other key stakeholders to enhance the care of those who have attempted or are threatening self-harming behaviour within the acute care setting.
- Will develop capacity to provide short-term grief and loss groups for those who have experienced suicide or other sudden death. These will be tailored to work with different groups such as Indigenous families, young people, men and other family members of those who have experienced this loss.
- Will develop protocols and support staff in regional hospitals through training and case reviews in dealing with clients with complex needs and self-harming behaviours.

Department of Justice:

- Will ensure that suicide minimisation design principles are incorporated into the design of new correctional facilities.
- Is currently designing a prisoner *Peer Support Program* that will involve eligible prisoner peer support people to be trained in response to any inmate that may contemplate self-harm. This will include identifying any signs or symptoms of prisoners deemed to be at risk.

Action Area 5: Partnerships with Indigenous people

Provide culturally appropriate programs that support community response to high rates of suicide in Indigenous communities.

Corresponding LIFE Framework

ALL ACTION AREAS

Enhancing Existing Initiatives

NT Government:

- Has committed \$286.43 million over the next five years for child protection, remote area police, community justice and other safety measures including the establishment of Aboriginal child protection and family support services, alcohol and drug management, health, housing, education, employment, economic development and better cross cultural understanding and engagement in service delivery under *Closing the Gap*.

Department of the Chief Minister:

- Will continue to work towards improving the wellbeing of Indigenous Territorians by supporting and facilitating a whole of Government approach in addressing policy and service outcomes.
- Will continue to investigate and develop with the **Australian Government** future investment strategies targeting Indigenous disadvantage.

Department of Education and Training:

- Will continue to support the *MindMatters* resource and professional development module *Communities do Matter* to encourage secondary schools to establish partnerships with the community that will holistically address the social and emotional wellbeing needs of all students particularly in remote regions.
- In partnership with the **Australian Government** and other Government and non-Government agencies, will continue to support the development of the *Kidsmatter* project and explore the relevance and appropriateness of the initiative for remote Indigenous communities. As part of this process a *Kidsmatter* project officer has been appointed to the Tiwi Islands.

Department of Health and Families:

- Will continue to support the development of culturally appropriate suicide and self-harm training programs, resources and trainers particularly for remote regions through developing partnerships with the **Australian Government** and non-Government organisations. All Departments will support staff to actively engage in these programs.
- Will work in partnership with the **Australian Government** and other agencies to continue to support the development of programs that increase community capacity to deal with the issue of suicide and self-harming behaviour at a local level.
- Will continue to support the development of a strong Indigenous workforce to ensure that the provision of suicide prevention services at a local level are both appropriate and effective, particularly in remote regions.
- Will continue to review and update culturally appropriate resources for use in remote communities, in areas such as drug and alcohol, mental health, and suicide prevention.
- Will continue to fund a range of services to support victims of violence and is developing new services in some remote areas with funding provided jointly by the NT and Australian Governments. For example, a behaviour change program for family violence offenders and their families has been trialed in Ti Tree and Pmara Jutunta, with further pilots for men, women, children, and teenagers being scheduled for a number of other locations.

- Will continue to support the **Australian Government** Intervention expansion with an increased focus on early intervention and prevention in remote communities to ensure health and family well-being and that services are delivered in a respectful and culturally secure manner.

Department of National Resources, Environment, The Arts and Sport (NRETAS):

- Through the *Indigenous Sport Program (ISP)*, will continue to support and mentor Community Sport and Recreation Officers in remote Indigenous communities to develop sustainable sport and recreation programs that promote healthy lifestyle choices which have long term health and social benefits. NRETAS will support officers to undertake training in suicide prevention and mental health first aid to assist them in this role.

New Initiatives

Department of the Chief Minister:

- Will facilitate the *Indigenous Affairs Advisory Council* role to provide ongoing vision and direction to the NT Suicide Prevention Coordinating Committee to ensure that the Action Plan is representative of the views and identified needs of Indigenous people.

Department of Education and Training:

- Will appoint 10 new school counsellors over the next five years to support students in remote schools. These counsellors will work with Aboriginal Islander Education Workers, Home Liaison Officers and Indigenous Teachers Assistants to ensure appropriate and culturally respectful interactions between home and school.
- Will provide more cross-cultural training for teachers working in remote schools.

Department of Health and Families:

- Will increase the number of community based workers in remote regions with a focus on mental health and the development of strong connections at a local level between community members and service deliverers.
- In partnership with other relevant Government agencies and non-Government organisations, will develop a more coordinated approach to the provision of bereavement and crisis support in remote communities.
- Will work with Indigenous communities and other relevant stakeholders to address the issue of constant threats to self harm in some communities and the impacts of this behaviour on children and young people.
- Is funding new *Aboriginal Child Protection and Family Support Centres* for Indigenous families. These services will provide intensive family support and other services for Indigenous families seeking or requiring assistance.

Action Area 6:

Progressing the evidence base for suicide prevention and good practice

Ensure that programs have the greatest chance of benefit and minimum risk of harm by building the evidence base, sharing good practice and providing education and training.

Corresponding LIFE Framework

ACTION AREA 1: Improving the evidence base and understanding of suicide prevention.

Improving the quality of the evidence for suicide and suicide prevention is fundamental to the development, implementation and review of effective suicide prevention policies and practices.

ACTION AREA 6: Implementing standards and quality in suicide prevention.

Suicide prevention programs need to reflect evidence of what works and does not work, and to communicate it effectively to the point of need.

Enhancing Existing Initiatives

Department of Health and Families:

- Will continue to work closely with the **Australian Government** to ensure that suicide prevention initiatives in the NT are coordinated and effectively targeted to those groups and settings identified as at increased risk.
- Will work collaboratively with other States and Territories to develop a shared evidence base in suicide prevention activities.
- Will continue to work in partnership with the Government and non-Government sectors to develop and implement a framework addressing issues of quality and standards across the NT. This will be reflected in enhanced risk management practices, quality standards and service system reform.
- Will continue to work to increase professional expertise across the NT by the provision of training and workforce development with non-Government organisations around dual diagnosis issues, in collaboration with the remote area workforce, including the Emergency Response Clinical Director.

New Initiatives

NT Suicide Prevention Coordinating Committee:

- Will form a working group to improve data collection on suicide attempts and other self harming behaviour with the co-operation of all relevant Departments to identify areas of high need across the NT. In addition this group will also identify priorities for future research and develop a plan to form partnerships with local and interstate research bodies or organisations to progress this agenda.

Department of Health and Families:

- With the support of the **Department of Justice**, will apply for access to the *National Coroners Information System*. This will assist to build the NT evidence base, monitor any recent trends and ensure that interventions are relevant and timely.
- Will organise annual suicide prevention forums to increase the evidence base, showcase new initiatives and share good practice amongst both the Government and non-Government workforce. These forums will be themed to focus on particular groups within the community deemed to be at high risk i.e. youth, men, Indigenous populations.
- Will also develop an e-newsletter to share local, national and international information and current research on suicide prevention across the NT as it becomes available.

As of December 2008 there were 5 organisations funded under the Australian Government National Suicide Prevention Strategy in the NT.

Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corporation (NPY) 'Speaking Up About Mental Health'

The project aim was to disseminate information about mental health to Indigenous people living in remote communities in the target area of the Anangu Pitjantjatjara Yankunytjatjara (SA) lands, southern NT and the Ngaanyatjarra Shire (WA). A series of no less than 12 conversations on radio were to be produced and translated for release within the 12 month period with the aim of increasing understanding of mental health issues, causes, symptoms, treatment including medication and services available, as well as increasing understanding of aboriginal beliefs around mental health issues for people working in the clinics, and remote mental health workers. This project was to be completed by 31 December 2008 but the programs should be available for future use as well.

Mt Theo/Yuendumu 'Jaru Pirrijirdi Project' (Strong Voices)

The project aims to decrease the incidence of suicide attempts by building resilience, strengthening the Jaru Pirrijirdi structure as part of a systemic and culturally appropriate solution to underlying issues, developing a pool of strong trained, confident young mentors, and graduating members into employment and positions of strategic power in the community. The project is due for completion on 30 August 2009.

Waltja Tjutanku Palyapayi Aboriginal Association (Waltja) 'We Know our Strengths'

The project aims to support communities to identify and reinforce their resilience, capacity, knowledge and strengths to promote mental health, to develop culturally appropriate resources that provide communities with an improved understanding of suicide and mental health, and develop a resource for workers about the process of providing culturally safe suicide prevention. The project is due for completion on 30 May 2009.

General Practice Network Northern Territory Suicide Risk Assessment Tool

The project aims to identify services and information available to NT GP's that will support them in the delivery of care to patients at risk of suicide. To achieve this the project has developed a risk assessment tool that will enable GP's to perform a systematic identification of patients at risk of suicide via an evidence-based assessment. A desktop resource has been developed for NT GP's to provide them with a flowchart demonstrating the pathways for responding to the outcomes of the risk assessment and enabling them to identify available support mechanisms, locally or interstate to assist their patients. The project is near to completion with the resource being rolled out through General Practices across the NT.

General Practice Network Northern Territory in partnership with the Daly River Community, Strong Spirit Strong Body Nauiyu Youth Program

This project aims to support a group of four young people in Nauiyu (or Daly River) to build their capacity to become leaders in mental health promotion, and suicide and self-harm prevention. Employing four local young people in this project also helps address the problem of unemployment and sense of purposelessness felt amongst young people in the community. Mentoring and appropriate professional development for the young leaders and the broad group of youth in the community will be integral to this project. There are numbers of people in the community with issues around depression and anxiety, family problems, alcohol abuse and grief. This project is due for completion by 30 June 2009.

APPENDIX B

Northern Territory Suicide Prevention Coordinating Committee (NTSPCC) 2009

Current Membership

Ms Bronwyn Hendry	(Chair) Mental Health, Dept of Health and Families (DHF)
Ms Jo Townsend	Alcohol and Other Drugs, (DHF)
Ms Michelle Brown	NT Families and Children, (DHF)
Ms Noelene Swanson	Remote Health, (DHF)
Mr Michael Wright	Acute Health, (DHF)
Ms Debra Zupp	NT Families and Children, (DHF)
Ms Pippa Rudd	Dept of Justice (DOJ)
Dr Celia Kemp	Deputy Coroner, (DOJ)
Mr Marcus Schmidt	NT Police, Fire and Emergency Services (NTPFES)
Comm. Rob Kendrick	NTPFES
Ms Shelley Parkin	Dept of Education and Training (DET)
Mr Steve Rossingh	Dept of National Resources, Environment, The Arts and Sport (NRETAS)
Ms Barbara Henry	Office of Indigenous Policy, Department of the Chief Minister (DCM)
Ms Jenny Norris	Dept of Health and Ageing (DoHa)
Ms Rebecca Burgess	Dept of Families, Housing, Community Services and Indigenous Affairs
Dr Robert Parker	Mental Health, (DHF)
Dr Jill Pettigrew	Mental Health, (DHF)
Mr Don Zoellner	Charles Darwin University (CDU)
Ms Sarah O'Regan	Mental Health, (DHF)

Past Members

Ms Janet Muirhead	DET
Ms Meri Fletcher	Acute Care, (DHF)
Dr Adam Tominson	NT Families and Children, (DHF)
Ms Samantha Fox	Office of Indigenous Policy, (DCM)
Mr Ali Mclay	Alcohol and Other Drugs, (DHF)
Ms Jenny Scott	NT Families and Children, (DHF)
Mr John Montz	Alcohol and Other Drugs, (DHF)
Ms Kate Davies	DOJ
Ms Elizabeth Morris	DOJ

Officers Assisting

Ms Nicola Jackson	NRETAS
Mr Kenneth Vowles	DOJ
Ms Hilary Berry	NT Families and Children, (DHF)
Ms Joan Cruse	DoHa
Ms Lori Ford	DoHa
Ms Jay Jaggard	Alcohol and Other Drugs, (DHF)
Ms Wendy McKay	Remote Health, (DHF)
Ms Vicki Schultz	NT Families and Children, (DHF)
Dr Reina Michaelson	NT Families and Children, (DHF)

NT Government

Closing the Gap of Indigenous Disadvantage

Building Healthier Communities

Building Safer Communities

Department of Health and Families Aboriginal Cultural Security Policy

Building a Better Future for Young Territorians

Aboriginal Health & Families 5 Year Framework for Action

Northern Territory Alcohol Framework

Australian Government

Living is for Everyone (LIFE) Framework

National Mental Health Strategy

National Drug Strategy

National Alcohol Strategy

National Policy Framework for Indigenous People

APPENDIX D

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