



Northern Territory Council of Social
Service Inc.

'Growing the NT fairly'

NTCOSS Submission to the National Children's Commissioner, Australian Human Rights Commission

Intentional self-harm and suicidal behaviour in children

June 2014

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Acknowledgements

NTCOSS utilised aspects of the previous submission on youth suicide to the Youth Standing committee on youth suicides in the NT 2012. The following organisations contributed to the previous submission and NTCOSS would like to acknowledge Relationship Australia NT, the Mental Health Association of Central Australia, Melaleuca Refugee Centre, Multicultural Youth NT and headspace Top End for their input.

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1. Introduction

The Northern Territory Council of Social Service Inc. (NTCOSS) welcomes the opportunity to contribute to the National Children Commissioner's examination of intentional self-harm and suicidal behaviour in children. We welcome the opportunity to comment on this distressing subject, and are heartened that the National Children Commissioner considers this as a matter of great importance.

NTCOSS is a peak body of the Not for Profit sector in the NT and an advocate for those who are most vulnerable in the NT. Our membership consists primarily of non government organisations from across the NT including small, medium and large organisations. Member organisations work across areas such as youth, alcohol, housing, justice, mental health, disability, refugees, indigenous, children and families. For a number of years, NTCOSS has been involved in significant advocacy and policy development work related to children, young people and families.

Child and youth suicide in the Northern Territory has been of increasing concern to families, communities and service providers over the last decade as numbers have risen and based on available data appears to be the highest in the country. The Northern Territory Select committee on Youth suicide in the NT 2012 identified that between 2001 and 2006, the suicide rate for 15-24 year old young people living in the Territory was 3.5 times that of the rest of the country.¹ The report furthermore identified that the rate of suicide among girls, particularly indigenous girls, had increased, with girls comprising up to 40 per cent of suicides of children under 17 at the time of the report.² NTCOSS provided a submission to the Standing Committee on youth suicide in the NT in October 2011. Sections of the NT submission, which was a collaborative effort of a number of organisations, are included in this submission as they are still seen as very pertinent. NTCOSS believes that a strengths-based approach to community well-being that values the views and contributions of young people is essential to improving the physical and mental health of young people. Youth specific mental health services, which are accessible, well-coordinated and focus on targeted prevention as well as community prevention programs, are considered to be critical services. As NTCOSS is a peak body for the Northern Territory, information and recommendations provided will mainly relate to the Northern Territory.

¹Legislative Assembly of the NT, 11th Assembly, Select Committee on Youth Suicide in the NT "Gone Too Soon: A report into Youth Suicide in the Northern Territory, March 2012

² Ibid

2. TERMS OF REFERENCE

2.1 Why children and young people engage in intentional self-harm and suicidal behaviour

Sadly suicide is the leading cause of death of young people aged 15 to 24 years.³ Approximately 10 people under the age of 15 years die by suicide in Australia each year. Many go unreported, as those under 15 are not listed as suicides. Young people are the least likely demographic to seek professional help for a mental health problem. The reasons for this are manifold, lack of knowledge, self-reliance, the inappropriateness of the services, stigma, financial and geographic constraints.

Suicide in the NT is not a problem that can be attributed to one group, as it affects all groups of people, from every background, age and location. All young people can be considered “high-risk” due to the developmental life changes that occur throughout these years.

NTCOSS believes that valuing the contributions young people make to society and ensuring that there are legitimate pathways for young people’s views to be actively heard will make a marked difference to the overall mental health and incidence of suicide currently experienced in the NT.

A discussion around those groups of disadvantaged young people who are particularly high – risk is necessary to inform a response to the current mental health crisis.

Young Aboriginal people

It can not be denied that the rates of suicide amongst young Aboriginal people are disturbing. Thus, these rates must be seen in the context of poverty and disadvantage that many Aboriginal people experience, and particularly for those living in remote communities, where systematic community control, inappropriate services, difficulty accessing services, language and other barriers exist.

Discussions in other sections of this paper around remote youth development programs, resourcing of mental health services and the intersections with other spheres of community life outline some approaches to minimise suicidal behaviour amongst Aboriginal people. There is a multiplicity of complex issues around payback, boredom, cultural understanding of suicide, language barriers and alcohol and other drugs.

³ ABS Catalogue 3303.0 Causes of Death Australia, 2009

Menzies report into suicide of children and youth in the NT outlined the international evidence of “familial transmission of suicide risk”.⁴ The literature review provided evidence that parental and sibling suicide is linked to suicide attempts in young people as is early experiences of trauma. The Northern Territory in particular has witnessed an escalating number of youth suicides in their communities over the last two decades. The Menzies research conducted in the NT involved 18 young people and identified that the “increasing rate of suicide in Aboriginal communities is likely to be linked to family transmission of suicide combined with other modes of social transmission through peer networks and with patterns of drinking and substance misuse in communities”.⁵

The “Gone too Soon” report identified a number of additional risk factors which are seen as contributing to suicidal ideation or completed suicides. These factors vary from mental illness, domestic and family violence, abuse and neglect, demographic factors (access to services and transport), Aboriginal and Torres Strait Islander descent, cyber –bullying and inappropriate or lack of housing.⁶ Therefore it can be argued that the issue of suicidal behaviour does not sit in the domain of any single agency. A coordinated cross – sectoral response is required to address the underlying issues that impact on suicidal behaviour amongst young people. Below are some more detailed comments in relation to associated risk factors.

Accommodation

Special mention must be made of the impact poor housing and inappropriate accommodation options have on mental health and suicide amongst young people. The NT community youth sector continues to call for action to be taken on the current accommodation crisis, particularly in how it relates to young people. Crisis accommodation, mid – and long – term housing options, including accommodation in regional centres for young people from remote areas attending training, are all of a high priority.

Justice

Aboriginal youth have a higher risk of suicidal behaviour and this can be compounded by incarceration. In Alice Springs, suicide has occurred over the last five years following immediate release from prison, usually triggered by reconnecting with their former lives, mixed with alcohol misuse. Among young people who have died by suicide, the second most frequent event preceding death was contact with the justice system.⁷ The link of suicide among those in contact with the juvenile justice system is not only a result of the distress related to the proceedings and possible incarceration, but also the link between suicide, substance misuse and untreated mental illness. The development of a therapeutic and non-punitive youth justice system may contribute to reducing risk factors that impact on suicidal behaviour amongst young people.

⁴ Menzies School of health research, ‘suicide of children and youth in the NT 2006-2010, Public Release Report for the Child Deaths review and Prevention Committee

⁵ Ibid

⁶ Legislative Assembly of the NT, 11th Assembly, Select Committee on Youth Suicide in the NT “Gone Too Soon: A report into Youth Suicide in the Northern Territory, March 2012

⁷ J. Cooper et al., Life events preceding suicide by young people, (2002) School of psychiatry and behavioural Sciences, Withington Hospital, UK

A recent report compiled a collection of Elder's voices related to what contributes to self-harm in young people and what they perceive to be the solutions.⁸ Twenty eight elders from different areas of the Northern Territory, Western Australia and Queensland provided their views concerning this very challenging topic and there was a high level of agreement between the speakers about the role culture and loss of cultural connection plays in making young people vulnerable to self-harm. Joe Brown from Fitzroy Crossing stated

"if they lose language and connection to culture they become a nobody inside and that's enough to put them over the edge".⁹

The importance of cultural connectedness and a reduction in suicide was identified by Dean Gooda, from Fitzroy Crossing, who referred to the Canadian experience

"Basically the Canadian communities who are connected to culture had very few suicides and some none".

This critical connection was also identified in Menzies research report which referred to a suicide study in British Columbia, Canada identifying *"the more local control in community governance, services, education, as well as cultural factors such as language use the less suicide occurred in a community".¹⁰*

Other factors identified in the Elder's report were the traumatic history of colonization, the inter-generational trauma due to the Stolen Generation policy, ongoing daily racism experienced and perceived by young people and generally social marginalization.

Furthermore the Menzies study, although a small cohort, identified a number of young people experiencing stress with cultural expectations concerning marriage, adolescent sexuality and peer relationships. A conjection was made in the report that these stress factors may contribute to placing young people at risk of suicide reactions due to assault, shame or inappropriate punishment.¹¹

Considering all the above factors it becomes clear that the causes of suicide are complex and vary depending on individual life situations.

Recommendation 1: Involve young people and Elders in the development of community based programs

⁸ The Elders' Report into Preventing Indigenous Self-harm and Youth Suicide, produced by People Culture Environment in partnership with Our Generation Media, www.cultureislife.org, 2014

⁹ The Elder's Report into Preventing Indigenous Self-harm and Youth Suicide, produced by People Culture Environment in partnership with Our Generation media, www.culturislife.org

¹⁰ Menzies school of health research, "suicide of children and youth in the NT 2006- 2010, Public Release Report for the Child Deaths review and Prevention Committee

¹¹ Ibis

2.2 The incidence and factors contributing to contagion and clustering involving children and young people.

Hanssens has identified contagion as a significant contributor to Indigenous suicide.¹² He identified furthermore that contagion is more common in younger people and may be impacted by cultural grief practices in Indigenous communities.¹³ This perception can be seen as being aligned with Silburn's assessment that Indigenous suicide cannot be viewed as an individual psychological issue but rather must be considered as a community level risk.¹⁴ There appears to be ample anecdotal information that contagion and clustering involving children and young people in relation to suicide exists but would need to be confirmed through further investigation in the Northern Territory including investigation of adult suicide cases.¹⁵ Different organisations working with youth might be able to present a pattern and be able to identify contributing incidences and factors for their cohort of young people. However a consistent and coherent data collection system does currently not appear to exist in the Northern Territory. Recent efforts have been made in Alice Springs to address the issue of data collection. A study by the Centre for Remote Health has developed a standardised suicide data collection referral form and suggested referral pathways for agencies in the Central Australian region.¹⁶ This study highlights the complex and manifold factors related to reporting suicide and challenges of developing a data collection system. This is a first endeavour in Central Australia to develop a consistent unified data collection system, which will greatly assist in an improved understanding of issues related to youth suicide in the region. Unfortunately this approach is limited to Central Australia and does not stretch across the state. However, learnings from this approach will be able to be shared with others and might lead the way in developing a unified data collection system for the Northern Territory. The ultimate aim would be that the information will then be able to feed into a Territory and a national data base so as to ensure that resources and funding can be targeted and strategically developed with the ultimate goal to save lives of young people.

Recommendation 2: Further targeted investigation and research into factors contributing to contagion and clustering of self - harm and suicide behaviour in children and young people in the Northern Territory

¹² Hanssens, L(2007) "The search to Identify Contagion operating within suicide clusters in indigenous communities, NT, Australia. *Aboriginal and Islander Health Worker Journal*, 31, 5,27-33

¹³ Hanssens, L(2008) "Imitation and Contagion contributing to suicide clustering in Indigenous Communities: Time – Space-method Cluster Analysis". *Aboriginal and Islander Health worker Journal*, 32,3,28-35.

¹⁴ Silburn, S et al "Working together: Aboriginal and Torres Strait islander Mental Health and Wellbeing Principles and Practice in Nola Purdie et al. "Working together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice, Canberra, ACT, Dept of Health and Ageing, 2010, Ch7

¹⁵ Menzies school of health research, "suicide of children and youth in the NT 2006- 2010, Public Release Report for the Child Deaths review and Prevention Committee

¹⁶ Taylor,K.,Lindemann,M., Dingwall, K., Lopes, J.,Grant,L., *Aboriginal Youth Suicide in Central Australia: Developing a consistent data system & referral pathway*, Centre for Remote Health, 2013

2.3 The barriers which prevent children and young people from seeking help

CULTURAL CONCEPTIONS OF MENTAL HEALTH

The engagement of Aboriginal people in mental health services has traditionally been fraught with challenges due to a different worldview, explanations and conceptualisations of “mental health beliefs” and well-being. Young people who have been exposed to different cultural mental health beliefs might not realise the severity of their issues and attribute this to other external factors and not seek assistance accordingly.¹⁷ Vicary and Westermann furthermore identified in their research paper that “three in four respondents indicated that they believed that Aboriginal people did not perceive depression as a state that could be addressed via treatment. Instead they perceived it as a characteristic of the individual concerned, stating “that’s just the way he is”.¹⁸ Frequently mainstream services are not seen as being able to assist with the issues at hand due to lack of cultural understanding and lack of culturally appropriate interventions and subsequently young people might not get the support they require.

GEOGRAPHIC ISOLATION

The vast area of the Northern Territory poses extreme challenges in terms of service provision for families and young people endangered by suicide. The main service centres across the Northern Territory are confronted with servicing their centres as well as servicing remote to very remote areas. Many remote communities are without services that can fill the complex mental health role and receive very limited outreach services if at all. Even if outreach services are provided they frequently are faced with staff housing shortages in the communities. The shortage of housing poses extreme challenges for the young person, family, community members and organisations.

Most young people in the Territory ages 17-15 are no longer at school (despite government policy). In the case of many remote communities there is no high school and young people are leaving school at an early age. Programs and services targeting this group (12-17) must be implemented at a community level, through approaches such as youth development and community wellness programs. These programs need to have minimal reliance on literacy skills, as some young people might not have advanced literacy skills. Programs could be provided at schools, aimed at a younger demographic (5-12). This strategy could ensure that children are receiving relevant information.

There is a need to adapt school based interventions to community settings, such as in Aboriginal communities, recreational centres, community centres, etc. to insure that the information reaches young people who are not in school anymore. This cohort of groups could also be the most vulnerable and providing information to them is vital. Most school-based suicide prevention programs target students in grades 9-10, who are usually 14-15 years of age. However, emotional distress, suicidal

¹⁷ David Vicary and Tracy Westermann “That’s just the way he is”: some implications of Aboriginal mental health beliefs; Australian e-journal for the Advancement of Mental Health, vol.3, issue3, 2004

¹⁸ Ibid

ideation, as well as drug and alcohol misuse may begin earlier than this and may result in disengagement from school.

LIMITED SERVICE PROVISION

NTCOSS recognises the good work of the two headspace sites (Palmerston and Alice Springs) that provide mental health services for young people, and other services, such as the Tamarind Centre. There were discussions to implement a headspace service based in Tennant Creek, Katherine and Nhulunbuy to provide outreach and accommodation but this has not eventuated to date. It needs to be noted that there is more to be done to reduce the number of suicides.

Tamarind Centre used to send a youth –specific mental health team for one day (6hours) per month from Darwin to Katherine. Therefore the service delivery directly from Kathrine was identified as a need in the previous NTCOSS Youth suicide submission as well as referred to in the subsequent “Gone Too Soon “ report, recommendation 14. This specific need to have services based in Katherine was partially actioned on in the meantime as Katherine does have a mental health team based and operating from Katherine now.

Similarly in Tennant Creek, there are very limited mental health supports. There is one recently employed suicide prevention worker based with Catholic Care. There are three mental health staff and two staff in the drug and alcohol service, which provide limited counselling for young people under sixteen, employed by the Department of Health. Their clients include both adults and young people and the caseload is at capacity and may not suit the young person’s needs. A school councillor was also recently appointed but this is a generic role and again not mental health specific.

REFERRAL PROCESSES

Young people can only access a paediatrician and psychologist after a lengthy referral process from a general Practitioner. These medical specialists are only available every six weeks on a fly in fly out basis, for three days every six weeks in Tennant Creek. In the “Gone Too Soon” report it was cited that *“referral pathways and access to services need to be improved and tailored to the specific needs and environment of the NT”*¹⁹.

INTERCULTURAL COMMUNICATION

Intercultural communication is another issue which can potentially create a barrier in seeking assistance. While many Aboriginal children and young people in remote settings are able to converse in two or three different Aboriginal languages they might find it difficult to communicate in English. Explaining mental health concepts in English and not being able to converse in a familiar language can potentially be alienating and stressful and lead to misunderstandings, misidentification and wrong diagnosis of the symptoms and impact negatively on the subsequent intervention.

¹⁹ Ibid

The challenges of intercultural communication are also faced by young people from refugee and newly arrived migrant backgrounds. There are a large number of families and young people from refugee and newly-arrived migrant backgrounds in the Northern Territory, predominantly residing in Darwin and to a lesser degree in Alice Springs and Nhulunbuy. While numbers are not high in the NT, this is a high risk group whose mental health needs must not be overlooked, if we are to ensure that these young people will continue to contribute in a positive way to our community.

LIMITATIONS IN SERVICE PROVISION

Refugee young people are a particularly vulnerable group for a myriad of reasons. Many have experienced torture, sexual and psychological violation, forced removal from home, persecution, periods as a displaced person, separation from family members and inter- generational trauma transition. Melaleuca is a torture and trauma based service with the capacity to work with and support young people from refugee and newly - arrived migrant backgrounds. Referral guidelines can present limitations for refugee young people as Melaleuca in Darwin is only able to work with young people presenting with mental health issues if these are caused by torture and trauma. This is a highly specialised service for this target group yet limitations in accessing the service exist. Young people can be referred to Tamarind or headspace, both of which are stretched services and don't have the resources and capacity to provide the response needed for this particular group.

In Alice Springs, the Multicultural Community Services of Central Australia (MCSCA) is a strong point of community contact, but is similarly unable to provide a mental health response. Youth mental health services in Alice Springs, similarly to Darwin, do what they can with the little they have.

Recommendation 3: Tailored suicide prevention and intervention packages to be developed and rolled out for each target group and community in collaboration with the target group.

Recommendation 4: Increase positions for aboriginal workers in community and within services

Recommendation 5: Ongoing, targeted programs that support young people from refugee and migrant backgrounds to access education, training, employment, given that these elements are vital for mental health, wellbeing and community connection

Recommendation 6: Specialised training and education for youth specific psychologists and mental health professionals to understand the different approaches needed to work with young people from refugee and migrant background

Recommendation 7: Secure ongoing funding for community organisations working in youth mental health inclusive of outreach service models

Recommendation 8: The development of a shared understanding and language of suicide and self harm behaviours for young people, community members and service providers where English is not the first language.

YOUNG PEOPLE SEEKING ASYLUM

Young people based in detention centres face limited access to support services. The impact of detention on the mental health of asylum seekers, particularly children and young people is very distressing. As a result, suicidal behaviour amongst young people has occurred in Northern Territory detention centres, with a number of people being rushed to the Darwin Hospital Emergency Department.²⁰ In the two week period over June/July 2011 at NIDC there were at least five suicide attempts, several asylum seekers sewed their lips together and large numbers self-harmed in other ways.²¹ The long-term effects on children and young people witnessing aforementioned behaviours or being exposed to them is likely to be harmful, especially without supportive services present. NTCOSS Supports the views of groups such as the Darwin Asylum Seekers Support and Advocacy Network (DASSAN), who believe that the need for an increase in mental health staff in Darwin are essential, as the only regular provider of external psychologists is currently Melaleuca Refugee centre, who specifically provide torture and trauma counsellors on request.

'This place is a prison for crazy people. People don't come in here crazy, but after 6 months, one year, two years they become crazy'. 18 year old Iraqi man detained at NIDC²²

Additional observations by staff from Melaleuca are that young people in detention are at risk of self harming/life threatening behaviour because they are exposed to suicide and the threat thereof much more often than other groups of young people. Parents have talked about the horror of their children seeing people who have died, or knowing people who have tried to kill themselves.

Furthermore research informs us that schizophrenia emerges between about 16 and 25 years and one school of thought suggests that some people may be predisposed to developing schizophrenia and then if subject to extreme stressors around that age are likely to develop it. This poses asylum seeking youth in particularly vulnerable situations because they are

- the age group most likely to develop schizophrenia
- subject to extreme and multiple stressors throughout that most vulnerable period
- when young people do present with symptoms they may be dismissed as attention seeking or manipulative because they are in detention rather than taken seriously

The following shared observation illustrates the risk of young people and others in detention centres

" I have a client who does not want to die, and is not suicidal within himself, but has very intense hallucinations where voices tell him he may as well kill himself and at times he 'comes to' and finds he has a razor in his hand or is on the second story balcony preparing to jump"

Finally, some young people are exposed to stories or acquainted with people who have attempted suicide, been rescued, and then achieved a desired outcome such as a transfer to a different detention centre. These actions leads people to see that attempting suicide can be a solution to their

²⁰ NT News, asylum seeker child 9, tried to take own life, 27/9/11

²¹ DASSAN submission, submission to the Joint Select Committee on Australia's Immigration Detention Network, August 2011

²² Ibid

situation because either they will be dead, or they will survive but will be taken seriously and given better care.

Recommendation 9: Provision of regular access to external psychologists for children and young people in detention centres.

2.4 The conditions necessary to collect comprehensive information

We accept that obtaining accurate data around suicide, suicidal behaviour, and self harm is a significant challenge. In remote communities collecting accurate data on suicides is complicated by a range of factors including suicides involving motor vehicles or alcohol being reported as accidents, witnesses having English as a second language, or a reluctance to report suicides for cultural reasons.²³ There is also evidence that attempted suicides are under reported in Aboriginal communities.²⁴

Being able to collect more accurate, local level data on self-harm and suicidal behaviour would provide a valuable tool in being able to identify patterns of behaviour in local communities. We are not in a position to recommend a specific system for collecting this data, except to note that different contexts may require different systems. In remote Aboriginal communities it would be ideal if this work must be undertaken by those with strong relationships of trust with the community.

NTCOSS does not have specific information/knowledge concerning best possible models and strategies of collecting data, however please see point 2.2 which refers to a new development of developing strategies too develop a framework for suicide reporting in Central Australia.

2.5 The impediments to the accurate identification and recording of intentional self-harm and suicide

Accurate data around suicide will always be difficult. A number of factors impede accuracy, such as the shame often associated with suicide, underreporting and the unknown causes of death. Rates of attempted suicide go similarly unreported and not quantified, along with the numbers tracking extremities of suicide risk, and evidence around children witnessing suicide. This is particularly important to establish whether contagion and clustering occurs, as well as the contributing incidences and factors for these phenomena.

NTCOSS is not in a position to suggest evidence based models of reporting and data management that might assist this. However, the consequences of underreporting have a direct impact on the states and Territory's policy approach to youth suicide. Without clear data to help us better understand the situation and understanding risk factors, service delivery will be based on guess work at the local level. With this information more informed responses could be undertaken.

²³ Legislative Assembly of the NT, 11th Assembly, Select Committee on Youth Suicide in the NT "Gone Too Soon: A report into Youth Suicide in the Northern Territory, March 2012

²⁴ Ibid

In the first instance age group and definitions of suicide and suicidal behaviour need to be consistently applied. Useful data should be collected from completed suicides, and where possible, on attempts. Experts and practitioners from the Government and non-Government sector should come together in every state and Territory to establish a data collection system that could begin to fill this gap. Different contexts may require different systems. For example, in remote communities, this information could be captured by clinics or the police. However, for this work to be particularly meaningful in Aboriginal communities, it must earn the trust of people. There must be trusting relationships formed between service providers and Aboriginal people over a period of time before people feel safe enough to share personal information.

Recommendation 10: Research to be initiated into suicidal behaviour data collection methods in other countries, jurisdictions, particularly pertaining to remote communities.

2.6 Benefit of a national child death and injury database, and a national reporting function.

Please see info provided re 2.5

2.7 Programs and practices that effectively target and support children and young people who are engaging in the range of intentional self-harm and suicidal behaviours

Many regional and remote communities are without youth services that can fill this complex mental health role. Community - driven initiatives that work with disengaged or at - risk young people, many of whom experience mental health issues, have consistently proven to be the most successful at working with this group. These programs must be place – based services; the fly in fly out model is consistently found to be insufficient.

Expansion of youth mental health services into regional and remote areas must begin with the community being asked about what model would best meet the needs of young people in their community, and from there must be supported to drive implementation. While this may take more time than top down implementation, without this approach it is likely that services will be ineffective and waste further valuable resources and time.

One of the services provided remotely is the Mt Theo community based suicide program that was initially developed to address petrol sniffing among Yuendumu members but has since broadened its scope to become a comprehensive development and rehabilitation program for youth residing in the Walpiri region.

The NPY Women’s council youth program works across the organisational tri-state region. The services comprise of diversionary activities, school holiday programs, individual case management, substance abuse and mental health awareness programs.

The Elders report highlights the above and outlines the importance of finding solutions from within the communities, who need to own and control the healing process rather than binging outsiders in.²⁵ Dean Gooda from Fritzroy Crossing states

“We need community based programs developed in consultation with the elders. We need to have the right people on country to developing their own strategies to overcome this suicide plague that Aboriginal People are suffering from.”²⁶

The above is extended by Eddie Bear’s comments *“If you talk to that young boy just once, that won’t be enough. You need to continue talking to that boy. They don’t talk, they keep it inside. The main issue is to have our people trained so they can keep checking in with the young ones.”²⁷*

In addition Francis Xavier from Melville Island outlines *“we need a culture centre or knowledge centre where people can come and learn how to find a balance between the outside world and our culture”.*

Des Bowen from Hopevale stressed *“during the time Pelican was operating in the community there were no suicides. Then funding ran out and Pelican stopped coming. That’s when the deaths started again”.*²⁸

Finally Ruby Alderton from Yirrkala suggests *“I think if people knew where to go to, it would make a huge difference to our community. A healing centre would provide all kinds of support for a range of people”.*²⁹

The below findings from a best practice model in Canada have been included to emphasize the strength of community based approaches, the community wellness concept of suicide prevention, and the place – based philosophies intrinsic to success.

BEST PRACTICE: Findings from Community Based Program for Canadian Aboriginal populations³⁰

- The activities were community – initiated, derived from the traditional knowledge and wisdom of elders, were dependent on consultation with the community, and were broad in focus. Most involved locally – controlled partnerships with external groups. Strategies aimed at community and social development should promote community pride and control, self-esteem and identity, transmission of First Nations knowledge, language and traditions, and

²⁵ Ibid

²⁶ Ibid

²⁷ Ibid

²⁸ Ibid

²⁹ Ibid

³⁰ Kirmayer, L.J., Hayton, B.C, Malus, M., Jimenez, V., Dufour, R., Turner, Y. Yu, T., & Ferrara, N. (1993). Suicide in Canadian Aboriginal Populations Emerging Trends in Research and Clinical Intervention (working paper no1), Montreal, Culture & mental Health Research Unit, Institute of Community and Family Psychiatry, Sir Mortimer B. Davis- Jewish General Hospital

methods of addressing social problems that are culturally appropriate

- Community –based approaches address the need to reach the widest range of individuals and to have impact on the community as a whole with respect to social integration, collective self-esteem and shared vision. The breakdown in the transmission of cultural traditions appears to contribute substantially to the widespread demoralization and hopelessness of First Nations youth, the development of programs to transmit traditional knowledge and values, usually by respected elders, is also a crucial component of any suicide prevention program addressed to First Nations peoples
- A suicide prevention strategy with the best chance of making a difference is better conceptualized as a “community wellness ‘strategy promoting whole person health (physical, mental, emotional and spiritual). This suggests the following guidelines for a suicide prevention strategy:
 - Programs should be locally initiated, owned and accountable, embodying the norms and values of the local/ regional and Indigenous culture
 - Suicide prevention is the responsibility of the entire community, requiring community support and solidarity among family, religious, political or other groups. There has to be close collaboration between health, social and education services
 - A focus on the behaviour patterns of children and young people (up to their late 20s) is crucial. This requires involvement of the family and the community
 - The problem of suicide must be addressed from many perspectives, encompassing biological, psychological, sociocultural and spiritual dimensions of health and well –being
 - Programs that are long –term in focus should be developed along with crisis responses

NTCOSS believes that where investments are made in resourcing communities to lead and engage with their own strength and wellness initiatives, which would include young people, positive effects would be seen in mental health and suicidal behaviour in Aboriginal communities.

‘Cultural identification and preservation promotes a strong sense of persistence of self-identity through time, which in turn guards against suicide’.(Chandler, et.al.³¹)

NTCOSS does not have specific and current knowledge of suicide prevention programs that exist for children and young people in the NT, and hopes that this information is captured in other submissions. However, previous outcomes of consultation processes indicated that there is scope for more work to occur in this area, and particularly for this under – represented age group. In the case of Central Australia, Programs such as Lifeline’s Applied Suicide Intervention Skills Training (ASIST), Life Promotion (MHACA) and Safe Talk Training have been implemented, but more is needed to

³¹ Chandler et.al (2003) in Dr. A.M. Dockery (2011) Traditional Culture and the wellbeing of Indigenous Australians: an analysis of the 2008 NATSISS, Centre for Labour Market research, Curtin University, WA;p5

compete with the constantly shifting workforce.³² Due to the high rates of staff turnover in the NT, training suicide intervention skills should be delivered regularly and comprehensively. Teachers, police, front-line youth and social workers, and other professionals and community members require this training.

Indeed, this relates to the need for there to be more training available to community members, as mentioned by one of the Elders above, and youth workers across the board, including access to attain relevant qualifications. Without this continual striving for improvement of quality of work, effective interventions will be difficult.

Children and young people affected by Foetal Alcohol Spectrum Disorder (FASD) pose special challenges to family members, service providers and community. The overrepresentation of Indigenous children among children diagnosed with FASD is of great concern and indicates the need to actively and assertively address this issue in the Northern Territory. Service providers are not always trained in working with the particular brain injury caused by alcohol, where young people appear verbally competent but don't always understand what is being said, and have impaired capacity to plan or evaluate different courses of action. Self harm or suicidal behaviour is therefore unlikely to be addressed effectively through making plans or agreements which rely on memory. Young people with FASD who are suicidal may be unable to be an active player in their own safety plans and safety may need to come from external monitoring. Changing the environment, mentoring and role modelling are the most effective strategies to address behaviour and thinking in young people with FASD.³³

Youth workers and remote community members are in the unique position of being able to identify and provide a limited response to young people who may be classed as displaying a "high risk" of attempting suicide or other self-harming behaviours. However they are often not in a position to provide a more intensive response to young people identified, although this may be an expectation of employers, funding bodies, the community or other services and institutions. Additional challenges for youth workers in remote areas are lack of cultural understanding when dealing with Aboriginal communities, distance, difficulty accessing other services and personal isolation.

Youth workers, whether employed to provide community centre based diversionary activities require a broad skill range that is ideally grounded in strong theoretical, professional and cultural training. The training and resources needed to assist youth workers in attending their day – to –da duties are often not customised to local needs and their learning style. As well as training, other mechanisms that provide avenues for professional development are needed. These include

- Opportunities for structured networking with their peers on a regular basis within the geographical region that they work for

³² MHACA submission, Inquiry into Suicide in Australia, Submission o the Senate Community Affairs Reference Committee Inquiry into Suicide. Nov 2009. http://www.aph.gov.au/Senate/Committee/clac_ctte/suicide/submission/sub100.pdf

³³ NTCOSS submission to the Legislative Assembly of the Northern Territory Select Committee on Action to Prevent Foetal Alcohol Spectrum Disorder, May2014

- Ongoing regular appropriate mentoring and/or professional supervision

When these are available and provided in a timely and appropriate manner, their support avenues are more visible, their capacity to undertake their duties with confidence is enhanced and their sense of isolation is greatly diminished. These factors all then contribute to a greater level of service providers to respond to critical issues at hand and possibly retain youth workers longer in programs.

NTCOSS believes that without the appropriate youth - specific services that address the myriad of issues that young people face, programs with the sole focus of suicide prevention will be less effective. Service provision along the whole continuum of suicide prevention and intervention needs to be covered.

As previously stated, there are Non – Government and Government services in the area of mental health that are doing strong and meaningful work in this space. However, these services aren't appropriate for all young people, and are not accessible from all places.

Recommendation 11: Supporting the community sector to be better equipped to respond to suicidal behaviour

2.8 The feasibility and effectiveness of conducting public education campaigns aimed at reducing the number of children who engage in intentional self – harm and suicidal behaviour

NTCOSS does not have specific information/knowledge concerning this point

2.9 The role, management and utilisation of digital Technologies and media

NTCOSS does not have specific information/ knowledge concerning this point

3. Summary recommendations

Recommendation 1

Involve young people and Elders in the development of community based programs

Recommendation 2

Further targeted investigation and research into factors contributing to contagion and clustering of self -harm and suicide behaviour in children and young people in the Northern Territory

Recommendation 3

Tailored prevention and intervention packages to be developed and rolled out for each target group and community in collaboration with the later.

Recommendation 4

Increase positions for aboriginal workers in community and within services

Recommendation 5

Ongoing, targeted programs that support young people from refugee and migrant backgrounds to access education, training, employment, given that these elements are vital for mental health, wellbeing and community connection

Recommendation 6

Specialised training and education for youth specific psychologists and mental health professionals to understand the different approaches needed to work with young people from refugee and migrant background

Recommendation 7

Secure and ongoing funding for community organisations working in youth mental health inclusive of outreach service models

Recommendation 8

The development of a shared understanding and language of suicide and self harm behaviours for young people, community members and service providers where English is not the first language

Recommendation 9

Provision of regular access to external psychologists for children and young people in detention centres.

Recommendation 10

Research to be initiated into suicidal behaviour data collection methods in other countries, jurisdictions, particularly pertaining to remote communities.

Recommendation 11

Supporting the community sector to be better equipped to respond to suicidal behaviour

4. Conclusion

NTCOSS would like to thank the National Children's Commissioner for progressing this very sensitive and critical issue in our community. It is vital that suicide remains on the national agenda as well as a priority for States and Territories. The increasing number of children being

lost over the last decades contributes to already existing grief and loss experiences particularly in Aboriginal communities, which calls for major improvements of how suicide services and suicide prevention is currently provided. Best practice examples and experiences from other countries like Canada, voices from Aboriginal Elders and young people might provide a lead to curtail this devastating development of self-harm and suicidal behaviour in Australia.

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