headspace

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headspace submission:

Inquiry into Youth Suicide in the Northern Territory

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Introduction

headspace welcomes the opportunity to make a submission to the Inquiry into Youth Suicide in the Northern Territory to the Select Committee. Suicide is an important issue that affects many Australians. In 2009 in Australia at least 2,132 deaths were a result of suicide.[1] Suicide is higher in rural and remote areas and the 2009 Causes of Death data show for suicide the Northern Territory has the highest standardised death rate in Australia (20.1 compared to the national rate of 9.9) and also the highest rate ratio (2.0 compared to the national rate of 1.0).[2] The last year in particular, has seen growing concern about the issue as a number of young people living in the NT have been taking their own lives. The community is calling for action.

To reduce the number of suicides in the NT bipartisan support is essential and a commitment to a long term plan and subsequent commitment to funding. There are no quick fixes to this problem. Suicide prevention requires a multi-level approach providing a range of services, programs, and responses. The solutions need to be tailored to each community and **headspace** recommends wide community consultation to discuss and deliver solutions. Community ownership of the issues and solutions is essential to success. Access to services is still inadequate for many groups of people including young people, Indigenous Australians, and people living in remote settings. The stigma attached to suicide is highly prevalent and many people are not aware of the signs and symptoms of suicide or do not have the skills to help themselves or their families or friends.

There is willingness in the Territory to make a difference and to work together. It is important to recognise that there are many programs and services in the NT that are already delivering effective programs. These services need to be built upon and a coordinated response developed. The time is right to take action.

In this submission we will discuss youth suicide, in particular Aboriginal and Torres Strait Islanders, highlight the need to broaden the terms of reference to include young people aged 12 to 25, provide information on the range of services that **headspace** is delivering in NT and address the terms of reference with a focus on providing information on strategies to prevent youth suicide (e.g. improving access to services, addressing help-seeking behaviour, and reducing the stigma attached to mental health).

This submission was written with contributions from Sally Weir from **headspace** Top End, Lauren Moss a member of **headspace** National Youth Reference Group (hY NRG), and **headspace** Central Australia.

About headspace

headspace, the National Youth Mental Health Foundation, is funded by the Australian Government. Established in 2006, **headspace** has provided services to more than 45,000 young people at 30 centres in metropolitan, regional and remote areas across Australia.

The national work is driven through four core platforms: community engagement and awareness raising, provision of training and education, driving service sector reform and building knowledge in evidence based treatment.

headspace centres sees young people aged from 12 to 25 years. Our centres provide high quality early intervention services for mental health challenges commonly experienced by young adults, with the aim of preventing long-term adverse effects.

headspace centres provide physical health, drug and alcohol and vocational assistance and advice and we aim to empower young people to seek assistance early. Any young person who needs support, advice or just someone to talk to about a mental health problem, can walk into a **headspace** centre and be treated with respect and compassion, within a confidential and safe environment. A family member can also refer a young person to **headspace.**

headspace believes all young people are important and deserve the best care possible. Our workers listen to and try to understand the needs of young people so they can realise better health and wellbeing. We also work with other mental health and community agencies to improve the lives of young people.

The Independent Evaluation of **headspace** [3] was favourable in its view of the **headspace** model, its acceptability among young people, and the quality of care provided across the four core streams.

Key statistics on youth suicide – what do we know?

Suicide is an important issue for all Australians. However, suicide rates vary across age, gender, culture, and location. For example, the Australian Bureaucratic Statistic (ABS) Death Data for 2008 found that the 20-24 age group had the highest proportion of deaths by suicide (24.6 percent), males accounted for over three quarters of all suicide deaths, and suicide accounted for 4.0 per cent of all Indigenous Australian deaths compared with 1.4 per cent on non-Indigenous deaths.[4] Suicide rates also tend to be higher in regional and remote areas.

There is strong evidence that people who die by suicide have a much higher prevalence of mental illness than the general population[5]. Depression, substance abuse, anxiety disorders, borderline personality disorders, behavioural disorders, and schizophrenia are strongly associated with increased risk of suicide.[6] [7] Mental health is the number one health issue facing young Australians and contributes to nearly 50 per cent to the burden of disease in this age group. Up to 75 per cent of mental health problems occur before the age of 25. The 2007 National Survey of Mental Health and Wellbeing found that young people have higher rates of mental health issues and are also less likely than other age groups to seek professional help.[8] Over one in four young people experienced a mental health disorder, yet less than one in ten accessed a service.[9]

Suicide is a critical issue for young people as suicide accounted for 17.8 percent of deaths in the 15 – 19 year age group and nearly a quarter of all deaths in the 20-24 year age group.[10] In the NT in 2009 nearly 30 percent of all suicides were young people aged 15 to 24 years old and the age-specific death rate was 31.1 – the highest for any age group (see Table 1). The 2009-2010 Annual Report – NT Child Deaths Review and Prevention Committee[11] commented that they were concerned about the high rates and frequency of deaths by suicide by children in the NT and that these rates were particularly high in comparison to other states and territories. Of particular concern was the number of deaths by hanging. These statistics point to the conclusion that young people as a population are a target group that need particular attention and investment. This is particularly relevant in the NT where there have been a growing number of young people committing suicide. **headspace** is concerned that the inquiry has a focus on 17 to 25 year olds and has not included younger age groups. The statistics show that young people aged under 17 also attempt and complete suicide and our conversations with local services reinforce our belief that the inquiry should include young people aged under 17 years.

Table 1 also shows that young men are completing suicide in higher numbers than young women with an age specific death rate of 48.4 compared to 6.0 respectively. This highlights the need to focus on

young men as a priority as their suicide attempts are more lethal. In contrast, young women attempt suicide more often than young men.

Table 1: Underlying cause of death, numbers and rates, Australia and Northern Territory, 15 to 24 years[12]

	Number			Age-specific death rate		
Cause of death	**Male**	**Female**	**Persons**	**Male**	**Female**	**Persons**
All causes	**26**	**6**	**32**	**139.8**	**35.7**	**90.4**
Intentional self-harm	9	1	11	48.4	6.0	31.1
Car occupant injured in transport accident	7	1	9	37.6	6.0	31.1
Accidental poisoning by and exposure to noxious substances	2	0	2	10.8	0.0	8.5
Assault	3	2	4	16.1	11.9	11.3
Accidental drowning and submersions	4	0	1	21.5	0.0	2.8

(Please note these figures have been raking directly from the ABS data cubes. Cells with small values have been randomly assigned to protect the confidentiality of individuals. As a result, some totals will not equal the sum of their components. Cells with a zero value have not been affected by confidentialisation)

headspace recommends the committee:

- *Broaden the inquiry to include young people below the age of 17.*
- *Highlight young men as a priority group.*

What do we know about the social and emotional wellbeing of Aboriginal and Torres Strait Islander young people?

Suicide disproportionately affects Aboriginal and Torres Strait Islander peoples. For example, in 2009 50 per cent of deaths by suicide in the NT were Aboriginal and Torres Strait Islander people, despite the fact that they comprise under a third of the total population in the Territory. In addition the NT Child Deaths Review and Prevention Committee report commented on the high rate and frequency of child deaths by suicide and hanging in the NT and found that for the period 2006 to 2009 *"all child deaths involving hanging as a method of suicide were Aboriginal children."*[13]

Young people from Aboriginal and Torres Strait Islander backgrounds are a growing demographic in Australia and their needs should be recognised and prioritised. Racism, marginalisation, social

disadvantage, and physical and social isolation are all determinants of social exclusion for Aboriginal and Torres Strait Islander Australians. Those that are socially excluded are at a greater risk of developing mental health problems and disorders, substance misuse and suicide.

Key statistics

- Aboriginal and Torres Strait Islander Australians report higher levels of psychological distress compared with other Australians, with 77 per cent reporting experiencing at least one major stressor in the past 12 months, the most common stressor being the death of a family member or close friend (42 percent). [14]
- Aboriginal and Torres Strait Islander communities, particularly in rural and remote Australia, have higher rates of depression, substance abuse, co-morbidity and post-traumatic stress disorder.[15]
- Aboriginal and Torres Strait Islander Australians do not access community and outpatient mental health services at a level that is commensurate with their need.[16]
- Hospitalisation rates of Aboriginal and Torres Strait Islander Australians for mental health-related causes involving specialised psychiatric care are almost twice the rate, and for mental health-related causes without specialised psychiatric care are around three times higher, compared with non-Aboriginal and Torres Strait Islander Australians.[17]
- Death rates from 'mental and behavioural disorders' are much higher for Aboriginal and Torres Strait Islander Australians than for non-Aboriginal and Torres Strait Islander people.[18]
- Death rates from suicide for Aboriginal and Torres Strait Islander Australians males are over twice the rate for other Australian males, and for Aboriginal and Torres Strait Islander Australians females are almost twice the rate for non-Aboriginal and Torres Strait Islander Australian females. Suicide is particularly high and concentrated during the adolescent to the early adult years and suicide rates in Aboriginal and Torres Strait Islander young men are nearly four times higher than other Australian young men. [19] [20]
- Research shows that 24 per cent of parents of Aboriginal and Torres Strait Islander Australian children aged 4 – 17 years rated their children at risk of serious emotional or behavioural problems, compared to 15 percent for non- Aboriginal and Torres Strait Islander Australian.[21]
- Substance abuse is often co-morbid with mental health issues, such as depression. While Aboriginal and Torres Strait Islander Australians are statistically less likely to use alcohol, those who do are more likely to abuse it.[22]
- Aboriginal and Torres Strait Islander Australians access primary healthcare services and MBS-funded services at a lower rate than non-Indigenous Australians. Surveys have estimated that off all GP encounters and registrations only 1.5 percent to 2.2 percent were Indigenous Australians.[23]

These figures highlight the need to address the social and emotional wellbeing of young people who are Aboriginal and Torres Strait Islander Australian as a priority. An understanding of the complexity and richness of Aboriginal and Torres Strait Islander cultures, including the relationship between land and health, is still yet to be fully realised and as a result Aboriginal and Torres Strait Islander people suffer ongoing social and health inequalities. These inequalities contribute to higher rates of ill health and a 17-year life expectancy gap between Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander Australians.[24]

A focus on the strength and resilience of Aboriginal and Torres Strait Islander young people, and their families and communities, is essential. There are critical strengths in Aboriginal and Torres Strait Islander communities that should be acknowledged and supported; these include kinship, family and community, spirituality, and culture and cultural identity.[25] In addition, given that death rates from suicide are higher than for the non Aboriginal and Torres Strait Islander population (particularly in rural and remote areas), support for mental health and well being, early intervention and better access to services are priorities.

Social and emotional wellbeing is a term that has come to represent the Aboriginal and Torres Strait Islander holistic conception of health, mental health and wellbeing. The term encompasses the Aboriginal and Torres Strait Islander extended conception of the self that involves a pattern of vital interconnections with others and the environment. The term recognises that achieving optimal conditions for health and wellbeing requires a holistic and whole-of-life view of health that encompasses the social, emotional, spiritual and cultural wellbeing of the whole community.[26] Community-based approaches to mental health care are required, which are culturally appropriate and that prioritise prevention and health promotion. Cultural awareness, competence and safety are essential skills for health service providers.

Ongoing partnerships between Aboriginal and Torres Strait Islander Australians and their communities, health and mental health services, and federal and state governments are required to develop a collaborative and coordinated responsive mental health system that is inclusive, equitable and effective. Greater collaborative and participatory research effort is needed to better understand the social and emotional wellbeing of Aboriginal and Torres Strait Islander young Australians and the factors that impact on this. It must be acknowledged that Aboriginal and Torres Strait Islander people possess many strengths and exhibit resilience and remarkable coping skills in adjusting to the world in which they live.

headspace recommends the committee:

- *Acknowledges the ongoing impact of colonisation on the social and emotional wellbeing of Aboriginal and Torres Strait Islander Australians.*
- *Prioritise the need to close the gap between the health status of Aboriginal and Torres Strait Islander and non- and Torres Strait Islander Australians.*
- *Supports empowerment, self-determination and cultural strength for Aboriginal and Torres Strait Islander Australians and communities, and building the capacity and sustainability of initiatives that support family and community wellbeing.*
- *Develops health workforce strategies that enable effective recruitment and retention of Aboriginal and Torres Strait Islander Australians.*
- *Promotes active participation of Aboriginal and Torres Strait Islander young people in youth advisory groups and other consultation forums related to youth mental health.*

Responding to the Terms of Reference

(a) Proposals to access Commonwealth funding programs including the National Partnership Agreement on Mental Health targeting suicide prevention, intervention and youth mental health, with a particular emphasis on Youth between 17-25 years of age

Suicide prevention requires a consolidated and coordinated approach. This requires the Territory government to work closely with the Federal government. There is a range of youth suicide prevention programs and activities both at a Territory and national level. Without coordination and aligning the range of youth suicide prevention strategies the impact of these programs may be reduced.

It is important to note that there are a range of Federally funded programs operating in the NT. These need to complement and work in partnership with Territory funded programs. The National Partnership Agreement should support this work and a starting point would be to scope out the number and type of services and programs funded by the Federal government operating in the NT and how they can be supported and built upon by the Territory government.

One such program is **headspace. headspace** is a Federally funded youth mental health foundation providing early intervention services across Australia including the NT. There are many opportunities for **headspace** and the NT government to work in partnership. We would like to take this opportunity to highlight to the committee the work of **headspace** in the NT which includes **headspace** centres, **eheadspace**, and the Outreach to Schools project.

headspace centres

There are currently two **headspace** centres in NT – **headspace** Central Australia (located in Alice Springs) and **headspace** Top End (located in Palmerston). With the further funding allocated to **headspace** to expand service provision across Australia, plans for the current centres in the NT to provide outreach services to different communities is being discussed.

As at 30 June 2011, **headspace** Central Australia has assisted 1,001 young people and **headspace** Top End has assisted 1,134. Our centres are culturally appropriate and of the total clients who received a service in the last quarter (April, May, June 2011), 28 per cent accessing **headspace** Central Australia identified as being from an Aboriginal or Torres Strait Islander background, and 16 per cent in **headspace** Top End.

In the last quarter (April, May, June 2011), young people aged 12-14 years were the single largest group who accessed **headspace** Central Australia (28 per cent), followed by those 15-17 (24 per cent). Young people aged 15-17 years were the single largest group who accessed **headspace** Top End (38 per cent) followed by 18-20 year olds (25 per cent). Nationally, the largest age group is 15-17, followed by 18-20. These figures reinforce our previous recommendation to broaden the age range to 12 to 25 year olds.

Table 2. Age profile of all headspace clients who received a service in Q4 2011

Age Group	Central Australia	Top End	National Average
<12	6%	0%	0%
12-14	28%	18%	13%
15-17	24%	38%	35%
18-20	18%	25%	27%
21-23	11%	19%	18%
24-25	7%	4%	6%
>25	6%	0%	3%

Young people are accessing our services for a range of mental health issues. Nationally our data show that the most common mental health problems young people present with at **headspace** centres are depressive symptoms (33 per cent) and anxiety symptoms (18 per cent). **headspace** centres are also intervening early in the stage of illness. In the last quarter, over 50 per cent of **headspace** clients were assessed as being at stage one (at risk), 34 per cent at stage two (sub threshold) and only 15 per cent of clients were assessed as being at stage three (full threshold). **headspace** is providing early intervention services in the NT. It is important to note that prior to the establishment of **headspace**

these young people were excluded from accessing public mental health services as their conditions were assessed as not meeting the threshold for services.

Our **headspace** centres also provide outreach services to schools and deliver community awareness activities. As a result of these activities many young people either self-refer to the centres or they are referred by their family.

eheadspace

In addition to these centres, **headspace** recently began to provide online support services through **eheadspace**. **eheadspace** is a confidential online service designed to support young people aged 12 to 25. **eheadspace** is a national service therefore available to all young people in the NT.

eheadspace services include web-chat, email, and referral. **eheadspace** is providing accessible services to young people by bringing a service to young people wherever they are, at no cost. This is particularly important for young people who live in rural and remote areas who often find it difficult to access mental health professionals. **eheadspace** is an alternative option for young people to access the support they need, at a time and place that suits them via a service they feel safe to engage with. **eheadspace** provides an additional option to potentially limited services in smaller communities where young people have concerns about their anonymity and privacy. **eheadspace** engages young people online, in a 'space' they are comfortable in, using language they relate to. Young people can communicate in confidence or anonymously which means it provides an avenue for them to get help they may not otherwise seek. The advantages of **eheadspace** include resolving problems with transport, flexible hours and professionalism of the **eheadspace** service.

The significant advantage of **eheadspace** is that it provides young people, particularly those located in remote and isolated communities, and who may face crisis, emotional distress and mental health difficulties, flexible access and support options. While directly supporting young people, the service also facilitates links and pathways to care and support at **headspace** centres and other local health and community services.

Outreach Teams to Schools

The Federal government is providing funding to **headspace** National Youth Mental Health Foundation to establish a nation-wide network of 'outreach teams to schools' to provide direct clinical services and other supports to school communities affected by suicide. Before commencing service delivery, **headspace** is conducting a six month scoping project from July 2011 to January 2012 that includes an

evidence review and a thorough stakeholder consultation process. Information gathered will lead to the development and implementation of the **headspace** Outreach to Schools Service model. Service delivery is currently due to commence January 2012 and is currently funded until June 2014. This project will result in additional services for young people in the NT.

headspace recommends that the committee:

- *Support and promote the range of **headspace** services available to young people in the NT.*
- *Explore further opportunities to engage with **headspace** to improve the services and programs available to young people in NT.*

(b) Programs and services targeted at Youth aged 17-25 years of age with particular emphasis on Suicide Prevention education and awareness in Schools

Suicide prevention requires a multi-level approach providing a range of services, programs, and responses. In this section we will discuss areas that need to be addressed to reduce youth suicides.

Addressing barriers to accessing services

Studies of the health care needs and help-seeking behaviour of young people have identified several barriers to accessing health care. Barriers include: transport, cost, negative attitudes of staff towards young people, lack of knowledge about services, concerns about confidentiality and trust, a belief that family and friends could help more than the health service, inadequately trained staff, previous negative experiences of health services, anonymity, the environment of the health service, and anxiety and embarrassment about disclosing issues.[27] [28] [29] [30] Young people have reported that their preferred sources of help included friends and family and only a small number stated that they would seek help from a health professional.

Feedback from local services and workers highlight that access to services in remote NT is a particular issue for young people and also the current mechanisms funded by the Federal government to access mental health services (e.g. ATAPS and Better Outcomes) are not working in the Territory. For example, the requirement for young people to have a Mental Health Treatment Plan through a GP is problematic and many are being told they are not eligible and are turned away. Our **headspace** centres are also responding to families who have been told that their child has not met the criteria for the Territory funded mental health services. Referral pathways and access to services need to be improved and tailored to the specific needs and environment of the NT. Exploration of outreach services is

essential and with the further investment in **headspace** nationally, expansion of **headspace** services in the NT will focus on improving outreach services.

To address the health needs of young people health services need to change the way that they offer and deliver health care. Strategies employed by **headspace** to address access, appropriateness, and cost have included:

- Co-location of services so that health professionals and the young person has access to a range of services in one location. At a minimum, young people can access holistic primary care, mental health, alcohol and other drug, and social/vocation and training services to support health, wellbeing and economic participation.
- Developing a youth friendly environment. This includes the physical space, the clinically appropriateness and quality of services offered and practices of the staff at the sites. (ie. bringing health professionals to the young person's space rather than asking the young person to attend the health professionals' domain).
- Training all staff in culturally appropriate, youth friendly practice.
- Providing transport to the centre when this has been a barrier.
- Providing drop-in sessions (non-appointment based).
- Providing incentives to professionals to work at **headspace** centres (e.g low fees, access to free training, access to multi-disciplinary teams).
- Providing outreach and community awareness activities in the community where young people live and learn.
- Youth participation and advisory mechanisms underpinning strategic planning and quality improvement activities.
- Young people who do not attend appointments or face waiting periods for specialist services are followed-up by case workers to ensure they remain engaged in their treatment.
- Supporting young people in having a voice, planning and participating in the community through events such as youth week to support the social as well as physical determinants of health.

In addition to these strategies further work is required to ensure that services are culturally appropriate and all staff are trained in cultural competence. Cultural competence is a commitment to engage respectfully with people from other cultures and includes cultural respect, cultural awareness, cultural security and cultural safety. It promotes working in ways that "enhance rather than diminish individual and communal cultural identities and empower and promote individual and community wellbeing."[31]

A focus on mental health literacy

Alongside improving access to services, mental health literacy needs to be addressed to improve help-seeking behaviour. Young people have reported that their preferred sources of help included friends and family and only a small number stated that they would seek help from a health professional. Early recognition and timely and appropriate help-seeking will only occur if young people and their family and friends know about the signs and symptoms of mental illness, what services are available and how to access these services. Building capacity in the educational sector and increasing awareness of mental health issues among secondary students was a key recommendation from the Evaluation of the National Suicide Prevention Strategy. Feedback from local services and young people are telling us that mental health literacy is not addressed in schools and that many young people want to know what to do or say. Also very little is known about Aboriginal and Torres Strait Islander young people's mental health literacy. This is an area for further exploration and investment in the NT. We would recommend a scoping exercise to find if any other states and territories have developed resources to improve Aboriginal and Torres Strait Islander young people's mental health literacy e.g Queensland.

Gatekeeper training

"Developing the expertise of youth and support workers to identify appropriate mental health services, to make appropriate referrals and to advocate for clients within the system is seen as crucial in improving the access of young people to appropriate services" [32]

Alongside improving mental health literacy in children and young people is improving the knowledge and skills of frontline workers or 'gatekeepers' (ie the people who are in contact with children and young people on a daily basis). Youth workers, GPs, other professionals, family members and friends have been identified as the key to pathways to mental health services[33]. Over 64 per cent of people with a mental illness stated that their decision to seek help was influenced by others and 36 per cent reported that they would not have sought help without the influence of others (ibid). Gatekeepers are defined as *"people in the community who are able to assist distressed young people to access appropriate professional support services"* [34] **headspace** recommends that any gatekeeper training should include cultural competence training.

headspace has developed a range of training packages aimed at enhancing practitioners' skills in the use of evidence based interventions appropriate for young people with mental health and substance use issues. The training packages are aimed at a broad range of service providers who work with young people, including: GPs, psychologists, occupational therapists, mental health services, drug and alcohol services, youth workers, social workers, school counsellors, teachers, police and emergency service workers, staff in the juvenile justice sectors, and hospital emergency departments. The

education and training resources produced by **headspace** have been developed in consultation with young people and relevant organisations and professional groups. These packages could be further developed to meet the requirements of the NT and provide a local context.

Reducing stigma

The stigma attached to mental illness can act as a barrier to young people accessing help. Research by SANE shows stigma is a major cause of distress to those affected, their families and friends.[35] They state that *'stigma can create as much pain and stress as the illness itself and can discourage people from seeking help because of concern over how others will react and treat them'.* Unfortunately the stigma associated with mental health and illness is still highly prevalent in Australia and there have been many calls to invest in programs and campaigns to reduce the stigma attached to mental health. It would be essential to engage with Aboriginal and Torres Strait Islander communities to explore issues related to stigma and develop culturally appropriate campaigns and strategies.

A focus on early intervention models

It is essential that services can identify problems as early as possible to provide effective responses to young people at risk of mental health and related issues. The current mental health system is not well resourced to deal with young people who have mild to moderate mental health issues. This often means that young people do not obtain timely treatment or have difficulty finding a service responsive to their needs. Delays in obtaining a service are also caused because young people are unaware of how to seek assistance. Research indicates that young people are most likely to talk to friends or family members as the first step in seeking support, who in turn may be unsure of the best support options.

Early intervention models comprises of interventions that identify and care for people who display early, or first time, signs of a mental health problem. Early intervention programs focus on identifying the early signs and symptoms and commencing treatment as early as possible. It provides a holistic care approach to young people and often involves family and carers in the treatment program. Treating mental health problems at their early stage leads to improved treatment outcomes and prevention of future mental health problems. Further work needs to be done to find the how early intervention models can work in rural and remote areas. A focus on outreach would be essential.

Addressing workforce issues

Improvements in the care to young people cannot be made without an adequate investment in the workforce. Recruitment and retention, are a common problem for health services across Australia but

more so in rural and remote areas. The 2011 NT Occupation Shortage List[36] highlights a range of health and social welfare roles that are in shortage or are experiencing recruitment difficulties. This includes youth workers, GPs, clinical psychologists, school counsellors, welfare workers, and Aboriginal and Torres Strait Islander health workers.

Mental health care and youth mental health care is a niche area of practice and there is a growing demand for workers. Incentives are required to encourage more health professionals to work in this area. **headspace** believes that further incentives are needed to encourage frontline workers such as GPs, psychologists etc to work with young people. One approach could be setting Medicare items for young people at a higher level. Without these incentives we will be unable to provide sustainable services to young people with mental health issues.

In addition further work is required to continue to build the Aboriginal and Torres Strait Islander health workforce in the NT. **headspace** acknowledges the programs that have already been operating in the Territory including the Aboriginal and Torres Strait Islander Mental Health Worker Program, the Tiwi Island Mental Health Service, and the Australian Integrated Mental Health Initiative Northern Territory Indigenous Stream. Aboriginal and Torres Strait Islander health workforce initiatives require ongoing evaluation and support. The Centre for Rural and Remote Mental Health in Queensland[37] recommend mapping the Aboriginal and Torres Strait Islander health workforce and their training needs to identify gaps and any overlaps; developing and disseminating appropriate resources for training and practice to build the knowledge and practice base; and devising a strategy for implementation and ongoing support to build workforce capacity including an evaluation and monitoring component.

headspace recommends the committee:

- *Determine ways to better understand the barriers to help-seeking for Aboriginal and Torres Strait Islander young people.*
- *Prioritise Aboriginal health and mental health worker training.*
- *Highlight the need to address barriers to accessing care including a focus on outreach models.*
- *Improve mental health literacy in all young people.*
- *Provide gatekeeper training to key staff including GPs, teachers etc.*
- *Provide education and training for GP's to encourage effective referral pathways for young people who meet criteria of mild to moderate mental health issues.*
- *Develop strategies to reduce the stigma attached to mental health and suicide.*
- *Providing training to key staff, in suicide intervention and risk assessment.*

- *Invest in outreach and community development models relevant to Aboriginal and Torres Strait Islanders and remote communities.*

(c) The role, responsibility, co-operative co-ordination and effectiveness in the response and policies of agencies such as Police, Emergency Departments and general Health Services (Government and non-Government) in assisting/responding to young people at risk of suicide

Co-operation, co-ordination and collaboration are essential to reducing youth suicide. Collaboration needs to occur within the Territory government. Suicide prevention is everybody's business and does not solely fit in the remit of health. Employment, homelessness, education policies and other relevant sectors have an important role to play in suicide prevention. The rhetoric of cross departmental working needs to be put into action. A cross government working group focused on youth suicide should be established with targets set for each department. It is essential that the NT government look at the bigger picture and overarching policies rather than focus on individual focused interventions. Policy and infrastructure has an important role to play.

Collaboration and coordination between service providers is vital. If we are to have an impact on youth suicide not only do we need to be innovative in the way that we deliver service but in the way that Territory and Federal governments fund services. A reform agenda for government funding models and policy making is required and ways to support collaboration and coordination is essential.

headspace recommends the committee:

- *Determine ways to integrate and align the multiple interventions occurring and ensure that they work synergistically rather than in competition, and that they work directly with communities and within a community development framework.*

(e) The adequacy and appropriateness of suicide prevention programs aimed at 17-25 year olds

Conversations with local service providers and feedback from one of our youth reference group highlights the fact that there are not enough services that are youth-friendly or targeted at young people in the NT. In particular there are big gaps in remote areas where services are either non-existence or limited. In addition they have highlighted that programs in schools are lacking and mental health and

suicide are not addressed in schools. Young people are commenting that they do not know the signs of suicide and do not know how to help a friend or where to go for help.

Feedback from local services and young people in the area also indicates that there is a need to continually consult and communicate with young people living in the Territory, particularly Indigenous youth. Young people often feel overlooked and unheard, undervalued, and not taken seriously as members of their communities. We still take a paternalistic approach to young people and believe that they need to be taken care of rather than view them as active citizens with valid opinions and beliefs about the world that they live in. Young people are often characterised as apathetic but many express a desire to have a say in the decisions that impact their lives. Young people state that participation is about fostering a sense of acceptance, respect, connection, empowerment and belonging. Involving young people in decisions ensures appropriate design and delivery of services and improves their experience of services and community life. They have the right to take part in all decision making that affects them. This includes the right to be involved in designing and reviewing policies and services that directly affect them as well as the community that they live in. The active and informed participation of young people is likely to result in services that are more effective and relevant to their needs. This will result in better outcomes for young Territorians. The Youth Minister's Round Table of Young Territorians is one mechanism for consulting with young people and we recommend further mechanisms are explored.

headspace recommends the committee:

- *Continue to consult extensively with young people, particularly Aboriginal and Torres Strait Islander communities, in the NT to gauge what issues are important and to assist in the development of any strategies or programs.*

References

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