



**Submission to The Legislative Assembly of the Northern Territory  
Select Committee on Youth Suicides in the NT**

**From  
Katherine Youth Interagency Tasking and Coordination Group**

**Members of the Select Committee on Youth Suicides:**

Alison Anderson, MacDonnell  
Michael Gunner, Fannie Bay  
Kezia Purick, Goyder  
Marion Scrymgour, Arafura  
Peter Styles, Sanderson  
Lyne Walker, Nhulunbuy

Dear Members of the Select Committee on Youth Suicide in the Northern Territory,

We submit to you the following for your consideration. The members of the Katherine Youth Interagency Tasking and Coordination Group are a committed group of professionals and agencies, working together to improve outcomes for young people in Katherine and surrounding communities.

Our region is struggling with a huge problem of youth suicide and self harm amongst our young people. Young boys and girls of all cultural backgrounds are affected. The rate of suicide is high in our region; the rates of attempted suicides and self harming are even higher.

As professionals, we work hard to try to reduce the prevalence of self harm and suicide, but there is still much room for improvement.

Initiatives for Katherine are often based out of Darwin. We feel strongly that this is not the most effective way to support and address the needs of our region and our clients. In the following submission, we have put forward several recommendations. The key to these is that the Katherine region is best served from Katherine by professionals permanently based in Katherine or its regional communities.

Child and Adolescent Mental Health professionals need to be based in Katherine. Currently the Tamarind Centre Staff service Katherine regularly with brief visits. We have heard that there may be a child and adolescent mental health coming to be based in Katherine next year. We welcome this investment.

We would welcome a client-friendly approach to service delivery of mental health services in Katherine. Ultimately, Katherine mental health clients may prefer to visit a multi-purpose family and relationship centre or a super clinic which could have a range of medical and social support services. No such facility currently exists, and would improve access to mental and support services in Katherine.

Recruitment and retention of quality staff in all types of programs remains an ongoing issue in Katherine. Issues around this include availability of high quality housing.

Delivery of professional services requires professional support and accountability. We would like to see improved accountability of the many programs that service young people and their families. Often the funding received for programs is not specific to mental health/suicide prevention but addresses these issues as part of a wider scoping program.

We feel that many agencies and organisations are doing wonderful work in many areas but often not delivered by service providers with adequate specific training and the effectiveness of the programs are not always evaluated.

Service providers often say that there should be more accountability of referrals between agencies. Services delivered by professionals are held accountable by professional bodies. Such services including NTG health organisations and Northern Territory Police keep good records, and provide official referrals to other agencies. An audit of services currently delivering mental health services, youth services and family support services may make some recommendations for more accountability and lead to improved outcomes for our community.

Service providers often state that program funding is not adequate to deliver an appropriate service. Several organisations are often funded to deliver similar programs, each with varying levels of funding. Consolidation of funding to fewer, comprehensive programs, supervised by adequately qualified and experienced professionals may be one way of improving outcomes for our young people. Again, an audit of services in Katherine may indicate some scope for consolidation of services.

Professionals and clients are frequently dismayed at the apparent inflexibility of some service delivery frameworks. Services that are only able to provide to a very specific client group can be alienating to other suitable clients, and once 'knocked back' that client may never seek help in the future. An example of this was recently a child was found to be suitable for an intensive family support program in Katherine. Because the child was not Aboriginal, they were not able to be accepted into this

Katherine Youth ITCG Submission on Youth Suicide September 2011

intensive support program. We accept that Aboriginal youth suffer at a higher rate than non-Aboriginal children, but suggest that no client should be turned away based on race or ethnicity.

In Katherine we are working to a future which includes holistic, accountable and professional service delivery. We need flexible and inclusive service frameworks to meet the complex and multiple needs of our young people. We need your support to realise this.

We trust that you receive this submission with the willingness and ability to affect change, and help stop the frequency with which our young people are taking their own lives.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dani Mattiuzzo', with a stylized, cursive script.

Dani Mattiuzzo  
Chair  
Katherine Youth ITCG

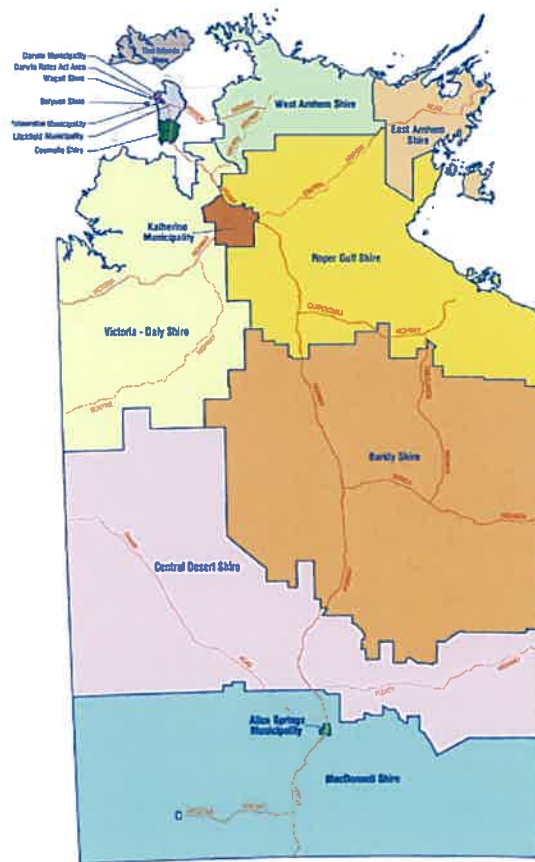
### **Background of the Youth ITCG**

The Katherine Youth Interagency Tasking and Coordination Group meet monthly and aim to improve coordination of services for youth in Katherine and surrounding communities. Details of the group can be found as an appendix to this document. The group has met monthly since July 2009.

Consultation with members, plus some representatives from Katherine Top End Mental Health led to several recommendations for you to consider.

### **The Katherine Region**

The Katherine Region is defined as a region including the areas of Katherine Municipality, Roper Gulf Shire and Victoria Daly Shire boundaries.



### **Communities in the Katherine Region:**

Katherine, Pine Creek, Mataranka, Barunga, Beswick, Manyallaluk, Kybrook Farm, Ngukurr, Borroloola, Numbulwar, Robinson River, Bulman, Weemol, Rittarangu, Jilkminggan, Binjari, Rockhole, Kalano, Lajamanu, Kalkarindji, Daguragu, Pigeon Hole, Yarralin, Amanbidgi, Bulla, Timber Creek, Palumpa, Peppimenarti, Palumpa, Wadeye.

## **Variations in reports on Youth Suicide in Katherine and the Northern Territory**

The Northern Territory experiences the highest rates of suicide in Australia.<sup>1</sup>

Information from local sources and service providers indicates that there were 7 youth suicides in the Northern Territory in the year 2010. Of the 7 suicides 5 were from the Katherine region, one from the Alice Springs region, and one from the Darwin region. If nothing else, this indicates a significant issue for the Katherine region specifically.

These numbers vary greatly from the numbers provided by the National Coroner's Information Service, who can only confirm that there were 3 suicides in the Katherine region for the period from June 2006- June 2010. The National Coroner's Information Service says for that period there were a total of 51 suicides of people under the age of 25.

### **Substance Abuse as a risk factor for suicide**

Substance Abuse is a significant risk factor for suicidal behaviour in adolescents<sup>2</sup>. Rates of substance abuse in the Katherine region are high. Substances including alcohol, marijuana and volatile substances including petrol are still a problem in Katherine, and contributing to self harm and suicide.

Australia-wide, rural and remote young people are more likely to drink alcohol and smoke cigarettes at higher levels than their urban counterparts<sup>3</sup>.

Treatment facilities for substance abuse in young people from Katherine region would best be placed in the Katherine region, so that they may maintain contact with family and friends throughout treatment.

### **Family Environmental Factors**

Interpersonal family conflicts, especially parent-child conflicts, are important suicide risk factors in children and younger adults and appear more frequently compared to older adults. Research from New Zealand shows that 70.5% of child suicides aged 9-14 years had a family conflict as a triggering factor<sup>4</sup>.

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<sup>1</sup> Australian Bureau of Statistics as found at <http://abs.gov.au/AUSSTATS/abs@.nsf/mf/3309.0/> on 4 October 2011

<sup>2</sup> David A. Brent, *Risk Factors for Adolescent Suicide and Suicidal Behaviour: Mental and Substance Abuse Disorders, Family Environmental Factors, and Life Stress* found at <http://onlinelibrary.wiley.com/doi/10.1111/j.1943-278X.1995.tb00490.x/full> on 6 October 2011

<sup>3</sup> Ian Patterson and Shane Pegg, "Nothing to Do" The relationship between 'leisure boredom' and alcohol and drug addiction: Is there a link to youth suicide in rural Australia"? found at [http://www.acys.utas.edu.au/ysa/articles/ysa\\_pdfs/ysa-v18n2pp24-29.pdf](http://www.acys.utas.edu.au/ysa/articles/ysa_pdfs/ysa-v18n2pp24-29.pdf) on 6 October 2011

<sup>4</sup> Kairi Kolves, *Child Suicide, Family Environment, and Economic Crisis*, Australian Institute for Suicide Research and Prevention, Griffith University, Queensland, found at [http://www.iasp.info/pdf/journal/2010\\_kolves\\_child\\_suicide.pdf](http://www.iasp.info/pdf/journal/2010_kolves_child_suicide.pdf) on 6 October 2011

Research has indicated that violent behaviour is a risk factor for suicide, separate to alcohol abuse<sup>5</sup>. The high rates of violent crimes in Katherine region households may be a contributing factor to the rate of suicides.

A brief look at the Katherine magistrate's court list on any day of the week will see dozens of violent offences, with a high proportion of domestic violence matters. Children in the Katherine region are at a high risk of being exposed to violent behaviour at home. This exposure may have an impact on children's social stability and propensity to engage in self-harming behaviours.

Further, a low level of parent-child communication has been found to be a risk factor for suicide.<sup>6</sup>

Continued support of family support programs, including parental programs and playgroups to develop and nurture healthy relationships between parents and children in Katherine and surrounding communities can only help to reduce suicide risk factors in our young people.

#### **Boredom as a risk factor**

Boredom is stated by youth for engaging in a range of risky behaviour, including drinking, drug taking, drink driving and criminal behaviours including break and entering, criminal damage, stealing vehicles. Boredom may also be a risk factor for suicide. This is raised academically in a paper by Ian Patterson and Shane Pegg.<sup>7</sup>

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<sup>5</sup> Kenneth Conner et al Violence, Alcohol and Completed Suicide found at <http://ajp.psychiatryonline.org/cgi/content/full/158/10/1701> on 6 October 2011

<sup>6</sup> ibid

<sup>7</sup> Ian Patterson and Shane Pegg, "Nothing to Do" The relationship between 'leisure boredom' and alcohol and drug addiction: Is there a link to youth suicide in rural Australia"? found at [http://www.acys.utas.edu.au/ysa/articles/ysa\\_pdfs/ysa-v18n2pp24-29.pdf](http://www.acys.utas.edu.au/ysa/articles/ysa_pdfs/ysa-v18n2pp24-29.pdf) on 6 October 2011

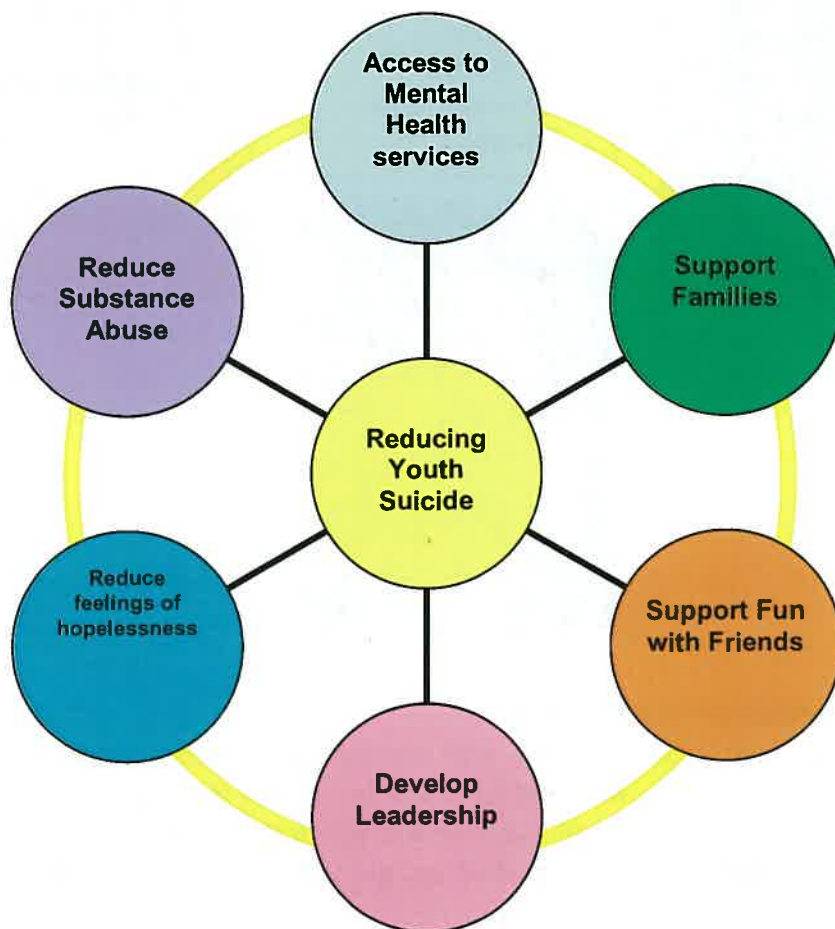
### **Situation Analysis**

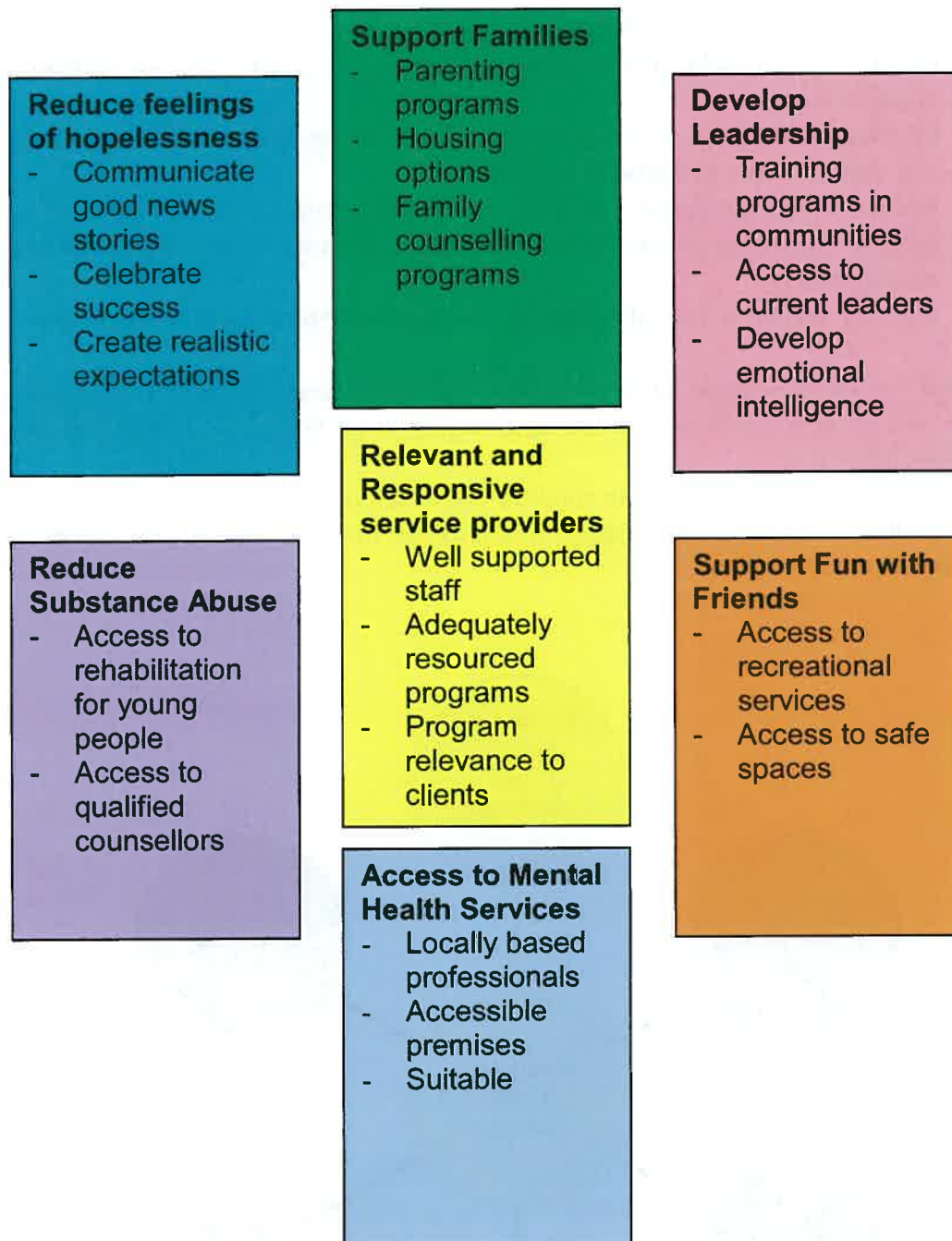
Youth suicide can not be fixed by Mental Health initiatives alone. Other things we need to do are:

- Support healthy Family Life
- Support Fun Activities with friends
- Enhance Meaningful Participation (through education and employment opportunities)
- Develop Leadership in young people; giving young people the opportunity and skills to make decisions that affect them
- Reduce substance abuse. The Katherine region experiences high levels of all kinds of substance abuse, including Volatile Substance abuse, Marijuana and Alcohol Abuse.
- Enhance access to mental health services by basing professionals regionally.

The best initiatives include up-skilling local people to provide services to young people, and to give young people the opportunity to participate in prevention and treatment programs.

Any initiatives working with at risk children are best supervised by qualified, skilled and experienced professionals. Sadly, this is often not the case in the Northern Territory.





**Reducing Feelings of Hopelessness:**

Stories about high levels of crime and low education aren't inspiring. To reduce feelings of hopelessness, we need to promote current initiatives, and give people some quick wins. Promotion of exercise and physical activity can also help reduce feelings of hopelessness. Seeing local people get trained and employed can be inspiring.



**Supporting Families:**

Programs and initiatives that support families to operate in a functional manner are great.

Parenting programs such as Good Beginnings that encourage parents to get together with their children are fantastic initiatives that support healthy family interaction.

Housing is frequently cited as a contributing factor to family dysfunction. Many families live in houses that do not have adequate room or facilities. Further investment in housing in our region is required. The Strategic Indigenous Housing and Infrastructure Program has brought some new houses and refurbishments to communities in the Katherine region. There is still a need for more houses. The waiting list in Katherine for housing is long – it currently takes about 29 months for a 3 bedroom house. There is a 0% vacancy rate in the private rental market, and an average 3 bedroom house is renting out for \$350 per week. We need more accommodation options to help families remain functional.

**Developing Leadership:**

Developing the capacity in young people to become the leaders of tomorrow can make a big difference. Research from the Harvard School of Business shows that to be a good leader requires “Emotional Intelligence” with skills including

- Self Awareness
- Self Regulation
- Motivation
- Empathy
- Social Skills

Programs that encourage reflective practice can be healthy to develop skills necessary to lead and manage change.

**Reduce Substance Abuse:**

Substance Abuse can be the result of a combination of problems. Treatment for substance abuse in young people is currently only available in Darwin, taking young people away from their families and friends. Treatment within the region by qualified professionals is essential. Support for families and friends to be able to help their young people is also important. Currently, people living in remote communities like Ngukurr and Borroloola have very limited access to treatment facilities. Better access to professionals and training of local people in these services is necessary.

**Relevant and Responsive Service Providers:**

The Katherine region is a very large area. It can be difficult to service young people from hundreds of kilometres away. Developing relationships between clients and service providers can be difficult, especially if providers are operating on a fly-in fly-

out basis. Service providers need to consider the needs of clients and be responsive to client needs.

**Support Fun with Friends:**

Boredom is frequently cited as a factor in self harming behaviours. Providing safe and secure locations for young people to interact is important. There is currently no facility available after hours in Katherine for young people to interact. There is no youth drop in centre in Katherine.

**Access to Mental Health Services:**

Some professionals in Katherine believe that Cowdy Ward at the Darwin Hospital for mental health patients is not suitable for young people. Child and adolescent mental health professionals need to be based in Katherine. The location and way the services are delivered need to be client-focused and seen as accessible by the young people.

**Reporting Issues**

Suicide for people under 25 in Katherine and surrounding communities is known to be an issue of concern for all service providers. It is hard to get numbers on how many young people are killing themselves. For the purposes of this submission, inquiries were made to the following agencies to provide statistics about rates of suicide for our region to:

- NT police
- Katherine Hospital
- NT Department of Health Mental Health Division
- NT Coroner's Office
- National Coronial Information System

Access to this information has at best been difficult.

**Recommendation 1:** We recommend that one agency be nominated as the lead on statistical information for suicides, and that this information is broken down on a region by region basis. This information should to be readily available to service providers.

**Service Delivery Approach**

Service delivery needs to be holistic, relevant and inclusive. Services that have limiting access criteria can alienate clients.

It is recommended that services wishing to address multiple, complex needs, have the flexibility to take a holistic approach, which may include;

- Mental health
- Physical health
- Housing
- Education and
- Justice needs.

An example of where this has worked well is in New Zealand with the *Whanau Ora* project. The focus of *Whanau Ora* is to treat the family as a whole rather than to focus on individuals and individual problems separately. More information on this service delivery approach can be found at the following website:

<http://www.tpk.govt.nz/en/in-focus/whanau-ora/>

**Recommendation 2:** That the Northern Territory Government considers holistic service delivery approaches, rather than service models that target specific issues such as alcohol abuse.

One of the achievements under *Whanau Ora* has been to allow providers with many separate funding contracts to integrate these into a single, outcomes-focused contract.

**Recommendation 3:** The Northern Territory Government should encourage service providers who have several separate funding contracts, to roll those contracts into a single, outcomes-focused contract who then liaise with one contract management team from a funding body.

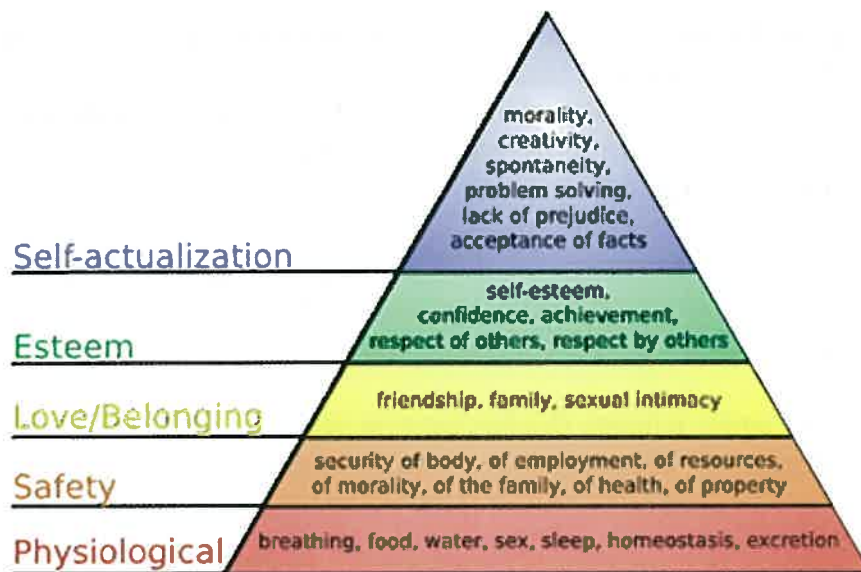
Service providers stress that services need to be accessible and professionally accountable.

**Recommendation 4:** Any funding agreement that is targeting 'youth at risk' be overseen by a qualified professional – and that this be included in funding agreements.

**Recommendation 5:** Any agency receiving funds be adequately accessible, with appropriate marketing materials and hours of operation, and that these requirements be included in funding contracts and managed by the single contract management team.

**Recommendation 6:** In addressing youth suicide as an issue, that the committee consider the needs of individuals as laid out in Maslow's Hierarchy of Needs. If the most basic physical needs are not being met, the needs higher up the hierarchy can not be met. (Refer to Maslow's Hierarchy of Needs below). The most basic needs include food, water and sleep. A stable home life, employment and health are next. Following that is friendship and love. Following that is self esteem and respect.

The Northern Territory Government needs to ensure we are meeting these most basic needs, before we can assume our young people will be the respected and confident leaders of the future.



## **Appendix**

### **Katherine Youth Interagency Tasking and Coordination Group Membership**

AFL NT  
Anglicare, Katherine  
Catholic Care, Katherine  
Centrelink  
Clontarf Katherine Academy  
Defence Community Organisation  
Department of Children and Families (NT)  
Department of Education and Training (NT)  
Department of Education, Employment and Workplace Relations  
Department of Health (NT)  
FaHCSIA  
Families and Schools Together  
Katherine Town Council  
Life Without Barriers  
Mission Australia, Katherine  
NT Police  
Roper Gulf Shire Youth Services  
Somerville, Katherine  
St Josephs College  
The Smith Family, Katherine  
Wurli Wurlinjang Targeted Family Support  
YMCA, Katherine

The contact officer for this group is Kate Ganley, in the Department of Housing, Local Government and Regional Services, phone 0889738816.

