Northern Territory
Council of Social Service

THE NORTHERN TERRITORY COUNCIL OF SOCIAL SERVICE SUBMISSION TO THE SELECT COMMITTEE ON YOUTH SUICIDES IN THE NT OCTOBER 2011

To the Secretary,

The Northern Territory Council of Social Service (NTCOSS) is pleased to make this submission to the Select Committee on Youth Suicides in the NT. We welcome the opportunity to comment on this distressing subject, and are heartened that the NT Government sees this as a matter of great importance.

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 services are essential services, and in committing to this philosophy, the NT has an opportunity to make great change in the provision of youth-specific services and programs. NTCOSS has raised the Territory-wide need for youth-specific mental health services in previous Pre-Budget Submissions to the Northern Territory Government.[1] If the NT is to decrease current rates of suicide and suicide attempts amongst young people, providing resources towards both early intervention and crisis services is critical.

NTCOSS is a peak body for the Social and Community Sector in the NT and an advocate for social justice on behalf of people and communities in the NT, who may be affected by poverty and disadvantage. NTCOSS plays a coordination, advocacy, policy and sector development, and leadership and information role for the Social and Community Sector in the NT. For a number of years, NTCOSS has been involved in significant advocacy and policy development work related to children, young people and families. The position of Youth Policy Officer, funded by the Department of Children and Families, allows for a more significant response to youth policy issues in the NT and the capacity to meaningfully engage with and consult with remote community organisations.

NTCOSS would like to acknowledge the assistance of Relationships Australia NT, the Mental Health Association of Central Australia, Melaleuca Refugee Centre, Multicultural Youth NT and headspace Top End in the production of this submission. The information in this submission is also based on consultations with the non-Government sector including NTCOSS member organisations. Thank you to everyone who has shared experience and expertise on this topic.

We look forward to reading the results of this inquiry, and contributing to future work in this area.

Warm regards,

Wendy Morton
Executive Director

[1] NTCOSS Pre-Budget Submissions 2009-10, 2010-11, 2011-12, available at http://www.ntcoss.org.au/publications/submissions

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RECOMMENDATION OVERVIEW

1. **That the NT Government, in conjunction with Federal Government funding bodies, commit to equitable resourcing of community-based remote youth development programs.**

2. **That the NT Government prioritises resourcing place-based mental health solutions, with the capacity to meet the specific needs of young people, in rural and remote areas of the NT.**

3. **That the NT Government body charged with addressing Youth Suicide should include at least one non-Government sector representative.**

4. **That the NT Government initiate a comprehensive mapping of existing youth services to identify gaps and provide a transparent basis for planning decisions to meet the escalating demand for new services in the most cost-effective manner.**

5. **That the NT Government ensure the special needs of refugee young people are considered when planning and implementing strategies around youth mental health and suicide prevention.**

6. **That the NT Government ensures that there is a significant reduction in the waiting periods for asylum seekers under 25 to see an external psychologist.**

7. **That the NT Government instigates an increase in recreational facilities, excursions and provisions for games, sport and exercise for asylum seekers in detention, particularly those under 25.**

8. **That the NT Government works with youth service providers to ensure staff are equipped to deal with incidents around suicide, through training and other professional development supports.**

9. **That the NT Government initiates research into suicidal behaviour data collection methods in other jurisdictions, particularly pertaining to remote communities**

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;

REMOTE YOUTH DEVELOPMENT PROGRAM FUNDING

While some Indigenous communities receive adequate funding for youth services, others miss out completely. Youth services must be recognised as essential services and the funding gap be closed if the NT is to see an increase in health, wellbeing and participation amongst young people. These positive changes will inevitably have an impact on suicidal behaviour.

The $30 million Youth in Communities (YIC) program has funded many remote communities for youth programs through the NT Emergency Response since 2009. However, funding for this program runs out at the end of 2012.

Engaging and socialising young people, through development programs which complement the formal education system, is highly effective. Best practice models exist in the NT, such as the Mt Theo program, and their success provides a strong case for developing strong young people and communities.

Liam Jurrah, a professional Australian Football League player, currently with the Melbourne Football Club, is a supporter of remote community youth programs. He was part of the **Mt Theo Youth Program** at Yuendumu during his adolescence. 'Youth programs are one of the things that are really important in keeping our kids busy, happy, healthy and out of trouble', said Mr. Jurrah. 'It also helps them to grow up strong and be role models for other young people. We have that in Yuendumu and it, and my family, helped me to become a young leader now. It's a real thing for me, and for the boys and girls who are coming up to be role models in the future.'[2]

Fundamentally, youth work is undertaken with a long term approach to working with a young person who generally presents with a complex range of issues (including but not restricted to substance misuse, grief and loss, family and domestic violence) and encompasses crisis intervention, advocacy and access to other services.

An outreach youth support worker is uniquely placed to provide the level of support needed for the young person as well as coordinate the timely identification and provision of other interventions that address the positive social, emotional and health requirements of the young person in the context of early intervention school and community based programs

<u>RECOMMENDATION 1</u>: That the NT Government, in conjunction with Federal Government funding bodies, commit to equitable resourcing of community-based remote youth development programs.

[2] Central Australia Youth Link-Up Service Media release, *Youth agencies call on Federal Government to close the gap in youth funding*, 8/9/11

PLACE-BASED MENTAL HEALTH SOLUTIONS FOR YOUNG PEOPLE

The current mental health crisis amongst young people must be met with youth-specific, place-based mental health solutions across the Territory. While the financial expense for such a response may appear great, the cost in lives is far greater if this is not made a priority.

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, who work in this space. However, all agree that there is more to be done.

Currently, in Katherine, the Tamarind Centre sends a youth-specific mental health team for one day (6 hours) per month from Darwin. Given the rate of suicide, volatile substance abuse and other indicative behaviours in this region, this is neglectfully insufficient. NTCOSS welcomes the news that The NT Government hopes to base a permanent Child and Adolescent Mental Health Clinician in Katherine from mid-2012.

Similarly in Tennant Creek, there are very limited mental health supports. 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 needs. There are no counsellors at any of the schools in the Barkly Region. 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. Furthermore, young people may be reluctant to approach the sexual health workers at the Indigenous health service, as there is 'shame factor' with family members working in these services.

There has been a strong movement for a headspace to be implemented in Tennant Creek which would include outreach and accommodation.

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 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.

RECOMMENDATION 2: That the NT Government prioritises resourcing place-based mental health solutions, with the capacity to meet the specific needs of young people, in rural and remote areas of the NT.

The below findings from a best practice model in Canada have been included for the emphases on adherence to 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 Populations[3]

The activities were community-initiated, drew 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 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. Since 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.

[3] Kirmayer, L. J., Hayton, B.C., Malus, M., Jimenez, V., Dufour, R., Terner, Y., Yu, T., & Ferrara, N. (1993). *Suicide in Canadian Aboriginal Populations Emerging Trends in Research and Clinical Intervention (working paper no.1)*, Montreal, Culture & Mental Health Research Unit, Institute of Community and Family Psychiatry, Sir Mortimer B. Davis – Jewish General Hospital.

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

Most young people in the Northern Territory ages 17 – 25 are no longer at school. In the case of many remote communities there is no high school and young people are no longer in school from age 12. Programs and services targeting this age group (12 – 17) must be implemented at a community level, through approaches such as youth development and community wellness programs (see previous page). Programs should also be run in schools, aimed at a younger demographic (approx. ages 5 – 12).

NTCOSS believes that while suicide prevention programs are important, an overall focus on community health and appropriate resourcing of services that contribute to that health is vital. A strengths-based approach to preventative education and awareness is critical in both school and community based programs.

SCHOOL-BASED PROGRAMS

The literature on youth suicide prevention emphasizes that schools are able to provide a health education curriculum for all students that builds basic skills useful for managing a variety of health and social issues rather than focusing exclusively on the topic of suicide.[4]

Such a curriculum would ideally enhance students' ability to cope with stress or distressing emotions (especially anger and depression), problem solving, interpersonal communication and conflict resolution – all measures that help to build self-esteem and deal with emotional conflict and crisis. Discussion of suicide in the context of developing life skills and self esteem, problem solving, and communication skills is likely to be more effective than programs directed primarily at suicide. Prevention programs at an earlier age can focus on family communication, problem solving, and coping skills.

COMMUNITY-BASED PROGRAMS

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. Most school-based suicide prevention programs target students in grades 9-10, who are usually 14-15 years of age. However, emotional distress, suicidal ideation, as well as drug and alcohol use may begin earlier than this amongst many young people, and may also result in disengagement from school.

[4] ABS & *AIHW, Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples* (2008), cat no 4704.0, p 169. AIHW, *Injury among young Australians*, Bulletin 60 (2008), cat no AUS 102, p 29 & 30.

(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;

SEEKING THE ADVICE OF THE NON-GOVERNMENT SECTOR

NTCOSS believes that there needs to be a Government body charged with progressing the recommendations of this Inquiry, and that it is necessary to include a non-Government sector representative on such a panel. NTCOSS urges the Inquiry to consider mechanisms to ensure engagement with the non-Government sector around these issues is meaningful and valued.

RECOMMENDATION 3: That the Northern Territory Government body charged with addressing Youth Suicide should include at least one non-Government sector representative.

THE RELATIONSHIP BETWEEN SUICIDE AND OTHER ISSUES

Suicide is the leading cause of death of young people (aged 15 to 24 years).[5] 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. This is due to self-reliance, the inappropriateness of the services, stigma, financial constraints and geographic constraints.

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.

There are clear links between suicidal behaviour and alcohol and other drug misuse, inappropriate housing, child protection, youth justice, inappropriate transport, access to appropriate health services, and domestic abuse. Below is a brief comment to some of these related spheres.

ACCOMMODATION

Special mention must be made of the impact poor housing and inappropriate accommodation options have on mental health and suicidal behaviour amongst young people. The 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

Indigenous youth have a higher risk of suicidal behaviour (3 times the rates of non-indigenous youth) – this can be compounded by incarceration. In Alice Springs, suicide has occurred over last three years following immediate release from prison, usually triggered by reconnecting with their former lives, mixed with alcohol. Among young people who have died by suicide, the second most frequent event preceding death was contact with the justice system.[6] 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. NTCOSS welcomes the work on

[5] ABS Catalogue 3303.0 Causes of Death Australia, 2009

[6] J. Cooper et al., *Life events preceding suicide by young people,* (2002) School of Psychiatry and Behavioural Sciences, Withington Hospital, UK

the Youth Justice Review that is currently sitting with the Northern Territory Government, and looks forward to assisting with implementation of a new approach to youth justice. 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.

RECOMMENDATION 4: That the NT Government initiate a comprehensive mapping of existing youth services to identify gaps and provide a transparent basis for planning decisions to meet the escalating demand for new services in the most cost-effective manner.

(d) The roles of targeted programs and services that address particular circumstances of high-risk groups, and identification of the strengths and weaknesses of existing suicide prevention responses;

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.

We believe 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 on remote communities, where systematic community control, inappropriate services, difficulty accessing services, language and other barriers exist. Targeted programs and services for Aboriginal people living in urban, regional and remote areas to prevent suicide are crucial.

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 approaches some to minimise suicidal behaviour amongst young Aboriginal people. There is a multiplicity of complex issues around payback, boredom, cultural understanding of suicide, language barriers, alcohol and other drugs.

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.[7])

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.

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 ongoing inter-generational trauma transition. For these reasons, an early intervention approach to mental health is vital to assist these young people to deal with the challenges they face.

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[7] 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; p.5

In Darwin, the Melaleuca Refugee Centre is a torture and trauma based service with the capacity to work with and support young people from refugee and newly-arrived migrant backgrounds. MyNT (Multicultural Youth NT) is a youth-led organisation that focusses on youth engagement and an inclusive community, from a community development approach. These are the only organisations in Darwin who are specifically funded to work with this group of young people. However, Melaleuca is unable to work with people presenting mental health issues unless they are caused by torture and trauma, and MyNT is not a service organization. Young people can be referred to Tamarind or headspace, both of which are stretched services and don't always have the capacity to provide the response needed for this group.

In Alice Springs, 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.

Resources are needed for:

- Secure and ongoing funding for community organisations working in this space, such as the youth program at Melaleuca Refugee Centre, MyNT and MCSCA.
- Specialised training and education for youth-specific psychologists and mental health professionals to understand the different approaches needed to work with these young people
- Outreach services that can respond to the needs of at-risk young people
- Equipping services to use interpreters effectively
- Ongoing, targeted programs that support young people from refugee and migrant backgrounds to access education, training and employment, given that these elements are vital for mental health, wellbeing and community connection.

Currently, there is little service provision provided by the NT Government to service young people from refugee and newly arrived migrant backgrounds. It is vital that the special needs of refugee young people are considered when planning and implementing strategies for youth in general, and for refugee communities in general.

RECOMMENDATION 5: The NT Government ensures the special needs of refugee young people are considered when planning and implementing strategies around youth mental health and suicide prevention.

YOUNG PEOPLE SEEKING ASYLUM

The impact of detention on the mental health of asylum seekers, particularly children and young people, is a point of national shame.[8] As a result, suicidal behaviour amongst young people has occurred in Northern Territory detention centres, with a number of cases being rushed to the Darwin Hospital Emergency Department.[9] 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.[10]

NTCOSS does not support the current Federal Government policy direction towards people seeking asylum in Australia. However, considering the detention process as it stands, there are a number of elements that would improve the experience of children and young people.

[8] Australian of the Year Patrick McGorry famously referred to Australia's past asylum policies producing 'factories for mental illness', warning against a return to those policies (January 2010): http://www.patmcgorry.com.au/content/old-asylum-policies-produced-factories-mental-illness. Accessed on 7/10/11

[9] NT News, *Asylum seeker child, 9, tried to take own life,* 27/9/11

[10] DASSAN Submission, *Submission to the Joint Select Committee on Australia's Immigration Detention Network,* August 2011

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 provide torture and trauma counselors on request. There are waiting periods of up to ten weeks to see an external psychologist for detainees at the Northern Immigration Detention Centre (NIDC). In light of the high rates of self-harm and attempted suicide amongst detainees, this is unacceptable.

- As noted above, there are limited mental health resources in Darwin for youth-specific, culturally sensitive interventions, and this is particularly the case for young asylum seekers. Please refer to the work of DASSAN for specific recommendations around service delivery to detention facilities.
- More recreational facilities should be made available at all detention facilities in Darwin. With the immense resources that bodies such as DIAC and SERCO have, there should be more provision of sports and recreational facilities in detention centres, particularly when traumatised individuals are spending many months and years in these environments. An increase in gym equipment and the conducting of well resourced sport and exercise classes and games is required to improve mental and physical wellbeing within the centre.
- There should be more resources made available for torture and trauma counselling. This service does exist within Melaleuca Refugee Centre, but there is far greater scope for more work to be done in this area, given the substantial need.

> *"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 NIDC.[11]

RECOMMENDATION 6: That the NT Government ensures that there is a significant reduction in the waiting periods for asylum seekers under 25 to see an external psychologist.

RECOMMENDATION 7: That the NT Government instigates an increase in recreational facilities, excursions and provisions for games, sport and exercise for asylum seekers in detention, particularly those under 25.

[11] Darwin Asylum Seeker Support and Advocacy Network, *Submission to the Joint Select Committee on Australia's Immigration Detention Network,* August 2011

(d) the adequacy and appropriateness of suicide prevention programs aimed at 17-25 year olds;

NTCOSS does not have specific and current knowledge of suicide prevention programs that exist for 17 – 25 year olds in the NT, and hopes that this information is captured in other submissions. However, the outcomes of our community sector consultations clearly show that there is scope for far more work to occur in this area, and particularly for this under-represented age group.

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.

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.

Based on NTCOSS' consultations, supporting the community sector to be better equipped to respond to suicidal behaviour is a crucial element of suicide prevention.

SUICIDE INTERVENTION SKILLS TRAININIG

Due to the high rates of staff turnover in the NT, training in 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, and would benefit. 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 compete with the constantly shifting workforce.[12]

Indeed, this relates to the need for there to be more training available to youth workers across the board, including access to attain relevant qualification. Without this continual striving for professionalisation and quality of work, effective interventions will be difficult.

The below discussion focusses specifically on how to adequately and appropriately support youth workers on remote Aboriginal communities. This approach can be applied to all youth workers in the NT, but the remote context has been chosen for discussion, due to the particularly challenging nature of this work.

MECHANISMS TO SUPPORT AND TRAIN REMOTE YOUTH WORKERS

Youth workers are in the unique position of being able to identify and provide a limited response to individuals 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 their employer, funding body, the community or other services and institutions. In fact, there are very few appropriately qualified outreach youth support workers available who are able to provide a tailored response to individual young people who are identified as having recognised suicide risk factors or self-harming behaviours. The focus of such workers is to support young people from a relationship based strengths approach within a case management framework.

The challenges for youth workers in remote areas are even greater and include cultural problems when dealing with Indigenous communities, distance, difficulty accessing other services and personal isolation.

[12] MHACA Submission, *Inquiry into Suicide in Australia*, Submission to the Senate Community Affairs References Committee Inquiry into Suicide. November 2009. http://www.aph.gov.au/Senate/committee/clac_ctte/suicide/submissions/sub100.pdf accessed on 31/9/11

Many of the youth workers employed are a long way from home and their usual dependable supports from family, friends and colleagues

Youth workers, whether employed to provide community centre based diversionary activities that are arts, recreation or sports focussed or in an outreach support capacity, require a broad based skill range that is ideally grounded in strong theoretical and professional training. Although youth workers in remote areas need more skills and higher levels of knowledge than their urban counterparts, many have limited or no qualifications and are inexperienced.

The training and resources needed to assist youth workers in attending to their day-to-day duties are often not customised to local needs or their learning style. There are further barriers to youth workers accessing appropriate training including;

- service closures to attend training
- backfill workers to allow release of workers to attend training
- no local childcare to support staff attending training outside of normal working hours
- language and literacy levels of workers
- insufficient or inadequate access to computers and the internet
- inappropriate training environments
- taking whatever is on offer, a 'something is better than nothing' approach.

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.
- 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 and better effect is enhanced and their sense of isolation is greatly diminished. These factors all then contribute to a greater level of service providers to recruit and retain youth workers in programs.

Ideally these strategies would be provided from within the organisation or service that employs youth workers. More often they are the first things sacrificed due to competing demands and issues for line managers/supervisors and program or service budgets.

Technological solutions such as phone, email and skype offer ways to overcome some of the tyranny of distance in the NT. The success of these relies on factors such as;

- the youth worker having or being able to build some rapport with the person providing the mentoring or supervision (whether they are internal or external to their employing organisation)
- access to the technology and the knowledge to use it; and,
- A place to undertake a regular catch up that offers privacy without interruption.

<u>RECOMMENDATION 8</u>: That the NT Government works with youth service providers to ensure staff are equipped to deal with incidents around suicide, through training and other professional development supports.

f) the accuracy of suicide reporting in the NT, the factors that may impede accurate identification and recording of suicides and attempted suicide rates (and the consequences of any underreporting on understanding risk factors and provision of services to those at risk).

Accurate data around suicide will always be difficult. A number of factors impede accuracy, such as the shame often associated with suicide, how often it goes unreported 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 suicides.

NTCOSS is not in a position to suggest models of reporting and data management that might assist this. However, the consequences of underreporting have a direct impact on the Territory's policy approach to youth suicide, as without clear data to help us to better understand the situation, understanding risk factors and the appropriate services to provide are based on guess work. With this information, more informed responses could be undertaken.

Much of what is known about the causal factors around suicide, and particularly the spike amongst Aboriginal young people, is anecdotal. Dedicated work must be done to establish a body of research that can inform the NT's response to suicide.

In the first instance, 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 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 they are likely to open up and share personal information.[13]

RECOMMENDATION 9: The NT Government initiates research and into suicidal behaviour data collection methods in other jurisdictions, particularly pertaining to remote communities.

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[13] MHACA Submission, *Inquiry into Suicide in Australia*, Submission to the Senate Community Affairs References Committee Inquiry into Suicide. November 2009. http://www.aph.gov.au/Senate/committee/clac_ctte/suicide/submissions/sub100.pdf accessed on 31/9/11