JESUIT SOCIAL SERVICES
RESEARCH POLICY AND ADVOCACY UNIT

SUBMISSION

RESPECTING THE VALUE, DIGNITY & RIGHTS OF EACH PERSON

Submission to the Select Committee on Youth Suicide in the Northern Territory.

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Introduction:

Jesuit Social Services welcomes the opportunity to make a submission to the Select Committee on Youth Suicide. We support the 'whole of government' response to suicide prevention adopted by the Northern Territory government.

Jesuit Social Services works to build a just society by advocating for social change and promoting the health and well being of disadvantaged young people, families and the community. While our organisation was founded in Victoria our focus is Australia wide.

Our organisation has been working with people bereaved by suicide and building the capacity of communities and professionals to respond effectively to those people, for the past seven years through our ***Support After Suicide Program*****.** It is through this grounded experience delivering services to those most affected by suicide and through our work with young people with multiple and complex needs in our other programs, that we believe we have developed the knowledge and evidence base to make a contribution to this inquiry.

The following submission focuses on those aspects of the Select Committee's Inquiry where Jesuit Social Services has experience to contribute:

3 (d) the role 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.

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

In respect of the above Terms of reference we make the following recommendations:

3 (d).1 That the government continue to facilitate opportunities for dual diagnosis training of staff from both Alcohol and Other Drug and Mental Health Program areas and also front-line workers dealing with young people including general practitioners, outreach workers, community workers, school support staff and youth workers.

3(d).2 That dual diagnosis training focus on a broad range of issues from Youth Mental Health First Aid and culturally sensitive approaches to assessment and care-planning through to staff supervision and training focusing on the impact of vicarious trauma on workers.

3(d).3 Jesuit Social Services supports the Commonwealth government's commitment to developing a suicide prevention strategy for Indigenous communities within the National Suicide Prevention Strategy. An important starting point for both the Commonwealth and Territory governments in developing this strategy is to commission research that facilitates better understanding of help-seeking processes and preferences of young males from Aboriginal and Torres Strait Islander backgrounds.

3(d).4 That more funding be made available for specialist bereavement services that offer a range of innovative holistic responses to the needs of young people bereaved by suicide and that have the capacity to provide long-term support and secondary consultation services. These services need to have an understanding of what makes a community vulnerable to a cluster of suicides and appropriate intervention strategies to minimise the risk of clusters of suicide.

3(e).1: That more funding be made available for a range of innovative responses to the needs of 'at risk' young people and young people bereaved by suicide. Approaches such as: group-work, narrative therapy, bush adventure therapy programs and arts-based programs

that engage young people and provide a holistic, culturally sensitive response to their needs, whilst giving them opportunities for expression and promoting family and community connectedness.

Who we are and what we do

Jesuit Social Services values every person and seeks to engage with them in a respectful way that acknowledges their experiences and skills and gives them the opportunity to harness their full potential. Jesuit Social Services works where the need is greatest and where it has the capacity, experience and skills to make the most difference.

Our direct practice services include counselling and outreach services for people bereaved by suicide; intensive case-management with young offenders; counselling and outreach services for young people with a dual diagnosis of mental illness and substance abuse; outdoor experience programs for at risk young people; and education and training programs for disadvantaged people excluded from the labour market.

Our programs presently include:

- **Support After Suicide**: supporting people bereaved by suicide, including children and young people.

- **Connexions**: delivering intensive support and counselling for young people with co-occurring mental health, substance and alcohol misuse problems.

- **The Outdoor Experience:** offers an alternative treatment service through a range of outdoor intervention programs for young people aged 15 – 25 years, who have or have had issues with alcohol and/or other drugs.

- **Artful Dodgers Studios**: providing pathways to education, training and employment for young people with complex and multiple problems associated with mental health, substance abuse and homelessness.

- **Brosnan Youth Services**: supporting young people and adults in the justice system, and assisting them to make a successful transition from custody back into the community. Brosnan Youth Services includes the *Konnect* program which provides pre-release assessment and planning, and post release support to Aboriginal men and women. Support is based on holistic, culturally competent practice and is provided predominantly on an outreach basis.

- **Community Programs**: working with people, including the African Australian and Vietnamese communities, on public housing estates.

- **Jesuit Community College**: increasing opportunities for people constrained by social and economic disadvantage to participate in education, work and community life and reach their full potential.

- **Community Development**: helping to build community cohesion, provide opportunities for engagement and ownership, strengthen skills and capabilities, and encourage and facilitate community partnerships and leadership. These activities include education and training, social enterprises, community programs and activities. We have a presence in community development activities in the area of Mount Druitt, Western Sydney and Alice Springs.

This latter aspect of our work is being extended by our collaboration with local Alice Springs communities to support Eastern and Central Arrernte to improve their situation and to have more control over their lives. A few years ago, their leaders approached the local Catholic Church network seeking support to access mainstream services in ways that give them a voice about what matters to them. Jesuit Social Services was then approached to assist by supporting community members to develop plans and to engage stakeholders from various sectors of the community. Through local family and community meetings, the project is undertaking a local assessment of needs, identifying priorities and developing plans to address these. Opportunities to directly address 'closing the gap' are being identified. Community governance structures are being established and strengthened and areas for corporate, philanthropic and government engagement will be identified.

Jesuit Social Services activities involve our staff relating to a range of Commonwealth and state government departments and services providers.

***Support After Suicide* – a program of Jesuit Social Services**

This program is funded by the Federal Department of Health and Ageing under the National Suicide Prevention Program. There is an increasing recognition that appropriate care and support for people bereaved by suicide will reduce the risk of further suicide.

The Jesuit Social Services ***Support After Suicide*** program provides:

- Individual and group counselling and support to families and individuals bereaved by suicide including particular programs developed for young people.

- Builds the capacity of the community and existing services to respond effectively and appropriately to people bereaved by suicide through education, training and secondary consultation.

- Provides information and resources to individuals, services and the broader community through the program website: http://www.supportaftersuicide.org.au

The program was first established in 2004 and over the past seven years **almost 1,000 affected by a suicide have received counselling and support** from the service. **Over 1,400 people have engaged in education and training sessions** conducted by ***Support After Suicide.*** Education and training session participants included staff from mental health and community health services, school counsellors and welfare co-ordinators and emergency services workers.

The majority of clients seen by ***Support After Suicide*** over the past seven years are adults between 26 and 60 years of age (70%); children and adolescents (23%); and adults over 60 years of age (7%). Two thirds of clients were females, one third males.

The ***Support After Suicide*** program aims to:

- reduce the stigma and isolation experienced by those bereaved through suicide
- assist people to understand their reactions and responses to the trauma of suicide
- assist people to create, discover or rebuild meaning, identity and purpose post the suicide
- strengthen the capacity of professionals and support people across a range of health, welfare and education sectors to respond effectively to suicide bereavement
- increase awareness of and understanding about suicide and the experience of bereavement following suicide.

- reduce the risk of further suicides in families of those already bereaved by suicide.

Support After Suicide program staff are experienced clinicians with specialist skills in suicide bereavement.

In September 2011 Support After Suicide launched a unique support service – **an Online Community** which brings together people who are bereaved by suicide and provides the opportunity for them to meet in a confidential and safe online environment. This Online Community is a space for people who have lost a loved one to suicide to share stories, ask advice and support others who have lost someone they care about to suicide. Members across Australia, including rural and regional locations, can now discuss issues that are important to them and meet others who understand their experience.

Response to Terms of Reference

3 (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;

Professional training

Jesuit Social Services supports the Northern Territory Governments focus on providing education and training to mental health and primary health services, police and emergency services, and the non-Government sector in the early identification of suicidal and self-harming behaviour, and mental health problems; and its commitment to facilitate opportunities for dual diagnosis training for staff from both Alcohol and Other Drug and Mental Health Program areas.

Our organisation is funded through the Federal government's *Improved Services Initiative* to build the capacity of our workforce to effectively identify and treat co morbid substance use and mental illness. Learning's from our three and a half years of implementing this Initiative are relevant to this inquiry with respect to increasing workforce capacity in relation to dual diagnosis given the association between alcohol and drug use and high rates of suicide amongst young Indigenous males[1]. In this context, relevant learnings from our experience of the Improved Services Initiative are:

- Dual diagnosis training should be offered to both clinical and non-clinical staff particularly those who are in the front-line of service delivery – outreach workers, community workers, school support staff and youth workers. These workers are interacting daily with young people experiencing both alcohol, drug and mental health problems and are best placed to engage young people in appropriate services that address the issues of co-morbidity that can contribute to suicide.

- Dual diagnosis training needs to address a broad range of issues. Our organisation has committed to compulsory training of all staff who work with young people with complex needs in the following areas within the first twelve months of their employment: Youth Mental Health First Aid, Suicide Risk Management, Motivational Interviewing; Hep C and other blood borne viruses; and Managing Challenging Behaviours. Other training that is also delivered as part of this initiative includes: Strong Bonds- family-sensitive practice; Impact of Trauma; Working with Borderline Personality Disorders; Self-Care for Workers; and Supervision skills training.

[1] Measey, Li SQ & Parker in Dept of Health & Families, *Submission to the Senate Affairs Reference Committee Inquiry into Suicide.* Northern Territory Government. Nov 2009.

- All dual diagnosis training needs to be delivered on a regular basis due to turn-over of staff.

- Training provides staff with information but does not necessarily result in changes to practice unless it is supplemented with regular and competent supervision. Funding also needs to be put into the skill development of senior staff in culturally sensitive supervision practice.

- Workers should be cautious about relying on screening tools that have not been trialled with Indigenous people for diagnosis and treatment planning when working with indigenous communities.

- Assessment and care planning of indigenous young people needs to include a focus on family, community and structural factors impacting on the individual and the influence of intergenerational factors, not just the individual's psychological and physical presentation.

Training on the impact of vicarious trauma also needs to be provided to front-line workers so they know when to seek support for themselves and services made available to ensure critical incident debriefing is available as needed.

Suicide Bereavement Services

For every person who dies by suicide, there is left behind a myriad of people touched by the tragedy – spouses and partners, children, other family members, friends, work mates and the local community. It has been conservatively estimated that for every suicide, on average, another 14 people will be severely affected by intense grief. Other studies propose this figure to be much higher, ranging from at least five to as many as 100 individuals bereaved by suicide. Particularly concerning, there is evidence that the risk of suicide is increased in those close to the person who died, with estimates that this may be as high as four times for young people who experienced the suicide of a close friend or relative.

This concern is heightened in Aboriginal communities, given reports and research into cluster suicides in the Northern Territory that suggest that indigenous communities are particularly vulnerable to cluster suicides and imitative suicide. Hanssens has observed of indigenous communities that: "The interface between substance abuse, violence, intolerable anguish, spiritual and emotional bankruptcy, and inadequate bereavement support, conspire to increase the vulnerability of the individual and collective community after a completed suicide."[2]

Addressing bereavement issues therefore is an important component to suicide prevention in Aboriginal communities. The lessons from Jesuit Social Services experience of delivery of services to people bereaved by suicide are therefore highly relevant to questions about the design of suicide prevention programs in the Northern Territory.

The impact of suicide is far-reaching, complex and can be life threatening – and is quite different to the bereavement following other types of death. All too frequently, the experience of losing someone through the act of suicide, impacts on the bereaved person's:

- Sense of self-worth and identity
- Mental and physical health and wellbeing

[2] Hanssens, L *"Imitiation and Contagion Contributing to Suicide Clustering in Indigenous Communities: Time-Space-Method Cluster Analysis*" **Aboriginal & Islander Health Worker Journal, M**ay/June 2008. Vol 32 No 3.

- Friendships and family relationships
- Sense of community connectedness – isolation and shame often result
- Economic status – particularly if the person who died was the main breadwinner in the family
- Capacity to continue with education or employment
- Sense of safety – high levels of anxiety and fear are common
- Own suicide risk level – there is a high rate of suicides amongst those bereaved by suicide.

A key difference between suicide bereavement and other bereavement relates to the difficulty with understanding and making sense of the death. One of the ways this is manifested is in the question: "Why? Why did they do it?"

It is also more likely that people bereaved by suicide will demonstrate higher levels of guilt, blame and feelings of responsibility for the death than other bereaved people. People bereaved by suicide may also feel higher levels of rejection or abandonment by the bereaved.

There are other significant impacts – feelings of isolation and stigmatisation, the profound detrimental influence on the family relationships, as well as the concern about the increased risk of another suicide as described above.

We know the social stigma associated with seeking help for mental health problems and for issues such as suicide bereavement results in reluctance, particularly amongst males, to seek professional assistance (Deane, Wilson & Ciarrochi 2001; Moller-Leimkuhler 2002). For many indigenous young men seeking professional help and support is outside their frame of reference.

Various studies have found that the following issues impact on men's poor help-seeking behaviour:

- Believing they should be able to resolve their own problems
- Not knowing where to go
- Services are culturally inappropriate
- Long waiting lists and a lack of immediate support
- Inflexible eligibility criteria
- Cost of services
- Transport issues
- Limited opening hours

Better understanding of help-seeking processes and preferences of young males from Aboriginal and Torres Strait Islander backgrounds is urgently needed[3]. "*While there is a tendency for indigenous young people not to seek help outside their cultural community, due to concerns about communication, understanding and confidentiality, they also hesitate to seek help within their community due to concerns about confidentiality and being labelled. This has major implications for the development and implementation of programs, as young Indigenous people may not feel comfortable enough to participate"*[4].

Current research and our own experience highlight the need for flexibility in timing for bereavement support interventions, and flexibility in service types to ensure optimum responsiveness to differences in grieving styles (including cultural differences) and the delivery of developmentally appropriate services for the suicide bereaved. Also vital, is the

[3] Rickwood, D et al, *When and how do young people seek professional help for mental health problems?* **Medical Journal of Australia** 2007; 187 (7 Suppl): S35-S39

[4] **Adermann, J & Campbell, M Anxiety prevention in Indigenous Youth,** *Journal of Student WellbeingDecember 2007, Vol. 1(2), 34-47.*

opportunity for people bereaved by suicide to have contact with one another to share their stories, experiences, pain and loss as they try to come to terms with what has happened.

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

Suicide bereaved children and young people
Given the highest rates of suicide in the Indigenous population in the Northern Territory generally occur amongst young males, are often impulsive with strong links to alcohol and other drug abuse and occur in the context of relationship breakdown. (Measey, Li SQ & Parker)[5] a range of innovative and creative responses is required to engage these young men in suicide prevention programs.

These programs need to: incorporate a holistic response to young people's needs; increase family and community connectedness; and include recognition of the importance of identity, culture, land, country and genealogy. It is our contention that traditional counselling and therapy approaches often fail to engage this target group.

Approaches that our organisation has found have success in engaging marginalised young people and that we recommend for more government funding are: **group-work, narrative therapy, bush adventure therapy and community cultural development**. Each of these approaches utilizes creative strategies to assist young people to deal with a range of issues including: trauma, grief and loss, drug and alcohol abuse, lack of social connectedness.

Suicide bereaved children and young people often have higher rates of depression, anxiety, social maladjustment and symptoms related to posttraumatic stress when compared with children who are not bereaved or who are bereaved by a non-suicide death. They experience the negative effects of the loss over a prolonged period of time. They need particular care and this has to be provided in age-appropriate ways.

Young people may withdraw and close themselves off, not knowing how to express themselves or speak about what has happened and how they are impacted. Living in a family unit or a community overwhelmed by grief, these young people fear the uncertainty of the future, afraid that someone else will die, that they will be left alone, and sometimes they formulate the notion that suicide can be a viable means of dealing with problems. Innovative programs are required to encourage young people to seek help to address the impact of trauma from the suicide of friends, family or community members.

Group programs
Support After Suicide conducts a number of group programs – for those recently bereaved, for longer-term bereaved, for children and young people. A parent support program is also run for people who find themselves bringing up children following a suicide.

The program has conducted a number of highly successful interventions for children and young people utilizing **activity based groups** and **adventure based therapy programs** (see: Bush Adventure Therapy below). Using nature as a safe space for a group of young people who have been bereaved by the suicide of a parent or sibling has proven invaluable in the long healing process. Group work for children, where children are among bereaved peers, assists them in the development of satisfying relationships and in gaining potential benefits such as a decreased need for self-concealment, as disclosure does not result in abandonment or ridicule.[6]

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[5] Measey, Li SQ & Parker in Dept of Health & Families, *Submission to the Senate Affairs Reference Committee Inquiry into Suicide.* Northern Territory Government. Nov 2009.
[6] Flynn, L & Robinson, E Family Issues in Suicide Postvention, AFRC Briefing No 8, 2008

A literature review conducted by Support After Suicide on children, young people and suicide bereavement revealed that:

- Effective early intervention with children who have had a family member or friend die by suicide reduces the impact of the suicide on their health and wellbeing.
- Group work for children results in a reduction in anxiety and depressive symptoms – reducing the sense of isolation they experience.
- Parental involvement is important in meeting the needs of bereaved children and reducing the potential for adverse outcomes.

Narrative Therapy

Workers at *Support After Suicide* have also found that narrative therapy is an effective approach to use in working with people bereaved by suicide. This approach reflects Indigenous oral traditions and recognises people's lives are shaped by their stories and aims to create new meanings from past experiences.

The effectiveness of narrative therapy and its cultural relevance to indigenous people is highlighted in Wingard & Lester's study 'Telling our stories in ways that make us stronger'[7] and the *Back from the Edge* project evaluation undertaken by Relationships Australia published in 2006. This report emphasises the importance of: making this approach part of how services work with younger people, before they are at risk, so that it isn't a response to crisis but a way of stopping the crisis happening; and providing training for Aboriginal people to learn the skills to be part of a narrative approach themselves in ways that are culturally appropriate.

Bush Adventure Therapy

Jesuit Social Services has been conducting Bush Adventure Therapy programs for over twenty years through its Outdoor Experience program . A mix of short-term and longer-term programs are offered to young people aged 15 to 25 years from diverse backgrounds including Indigenous young people, and CALD young people. The aims of The Outdoor Experience program (TOE) are to:

- Minimise the harmful impact of drug and alcohol use
- Develop effective practical skills for day to day living
- Facilitate a process of change and personal growth.

At the core of the TOE programs six week bush adventure therapy program is the belief that bush journeys (11 days or more) undertaken in the context of a small, self-sufficient group, compel participants into the exploration of new relationships – with place, with others and with self.

An extended journey is a holistic experience that can facilitate change on all levels – physical, psychological, social, emotional and spiritual. For indigenous young people bush adventure therapy provides an opportunity to connect again with nature, their land and heritage. Due to the often fragile and vulnerable nature of young people with substance use issues, TOE works firmly within a framework of "do no harm" and has well-developed strategies and processes which ensure that, despite the challenging nature of the program, participant safety (physical, psychological, emotional) is always the priority.

The majority of young people involved in TOE programs present with a history of challenging life circumstances, where by substance misuse is perhaps more a symptom of their struggles rather than an issue in isolation. Depression, suicide ideation, anxiety and psychosis seem to be a common factor linking many of these young people.

[7] Dulwich Centre Publications (2001)

The bush environment has health and healing benefits in its own right. Recent research indicates that contact with nature promotes health and wellbeing in the following ways:

- Nature contact provides physiological benefits:
- Assists recovery from mental fatigue and restores concentration
- Increases healing for patients who previously had not responded to treatment
- Has recuperative qualities
- Enhances positive outlook on life
- Assists with ability to cope with and recover from stress, illness and injury
- Improves productivity.

(Healthy Parks, Healthy People, 2002)

Bush adventure programs are gaining worldwide recognition as an effective approach to engaging people struggling with a variety of difficult life circumstances, in a participatory process of change. A combination of nature, small groups and adventure activities are found to provide powerful experiences of learning and change in educational and therapeutic contexts.[8]

Community Cultural Development

In a review of the role of the arts in social inclusion, the Brotherhood of St Laurence found there is significant evidence that arts initiatives and activities play a role in achieving social inclusion outcomes for disadvantaged individuals, groups and communities. "The arts are being employed in diverse ways to empower individuals, heal communities, foster social connections, create employment and encourage educational participation. The specific benefits of arts initiatives appear to be that they are overwhelmingly viewed positively by participants and they provide important interactive contexts in which difficult social issues can be addressed."

At Jesuit Social Services we have found Community Cultural Development is an effective model for engaging marginalized young people who have both mental health and drug and alcohol problems in art-based projects that provide opportunities for expression and healing and also result in enhanced community connectedness and wellbeing.

This model involves the participation of young people in group-work projects that result in public exhibitions and has an emphasis on collaborative processes. An evaluation of our Gateway program found that the model was a key factor in the retention of young people in arts based programs and also in the development of key work-readiness skills such as teamwork, time-management, marketing, organisational and networking skills. The model also assisted in the achievement of very positive outcomes for long-term program participants in terms of improved mental health, improved housing circumstances, improved family connectedness, decreased drug use and offending behaviour (2006).

We recommend that consideration be given to greater funding of community arts projects that incorporate community cultural development principles, as a method of communicating messages about suicide prevention, giving voice to marginalised young people's ideas and breaking down their sense of isolation and dislocation.

[8] Pryor, A et al, Outdoor education and bush adventure therapy: A socio-ecological approach to health and wellbeing, **Australian Journal of Outdoor Education**, 9(1), 3-13, 2005