

**One life is too many:  
suicide is a preventable cause of  
premature death in the  
Northern Territory**

Stephanie Bell

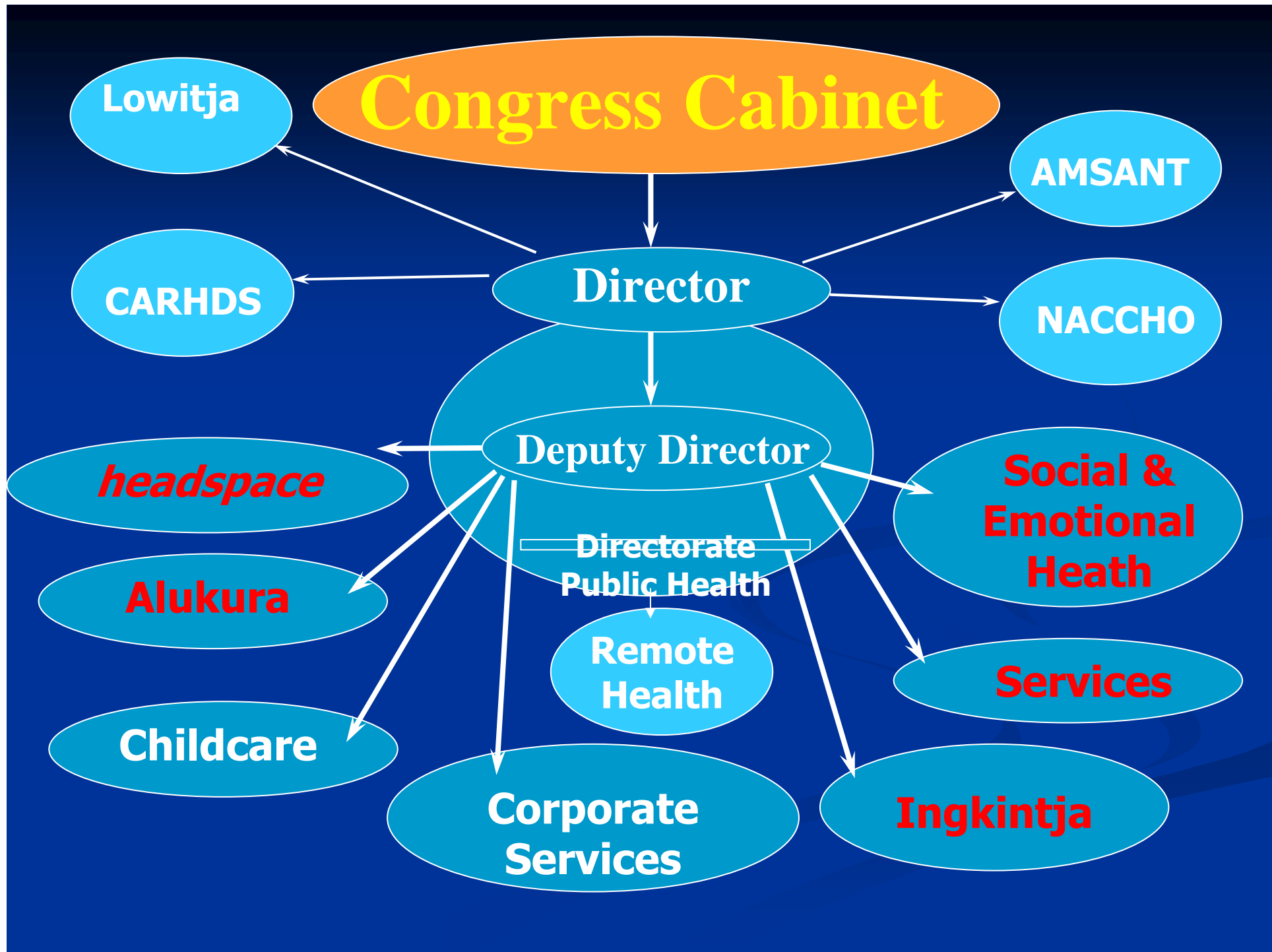
CEO

Central Australian Aboriginal Congress



# Introduction

1. The Central Australian Aboriginal Congress
2. The epidemiology of suicide
3. Early Childhood
4. Alcohol
5. Cultural continuity, community cohesion and integration
6. Youth programs
7. Conclusion: rebuilding family life



# Alice Springs service population and scale

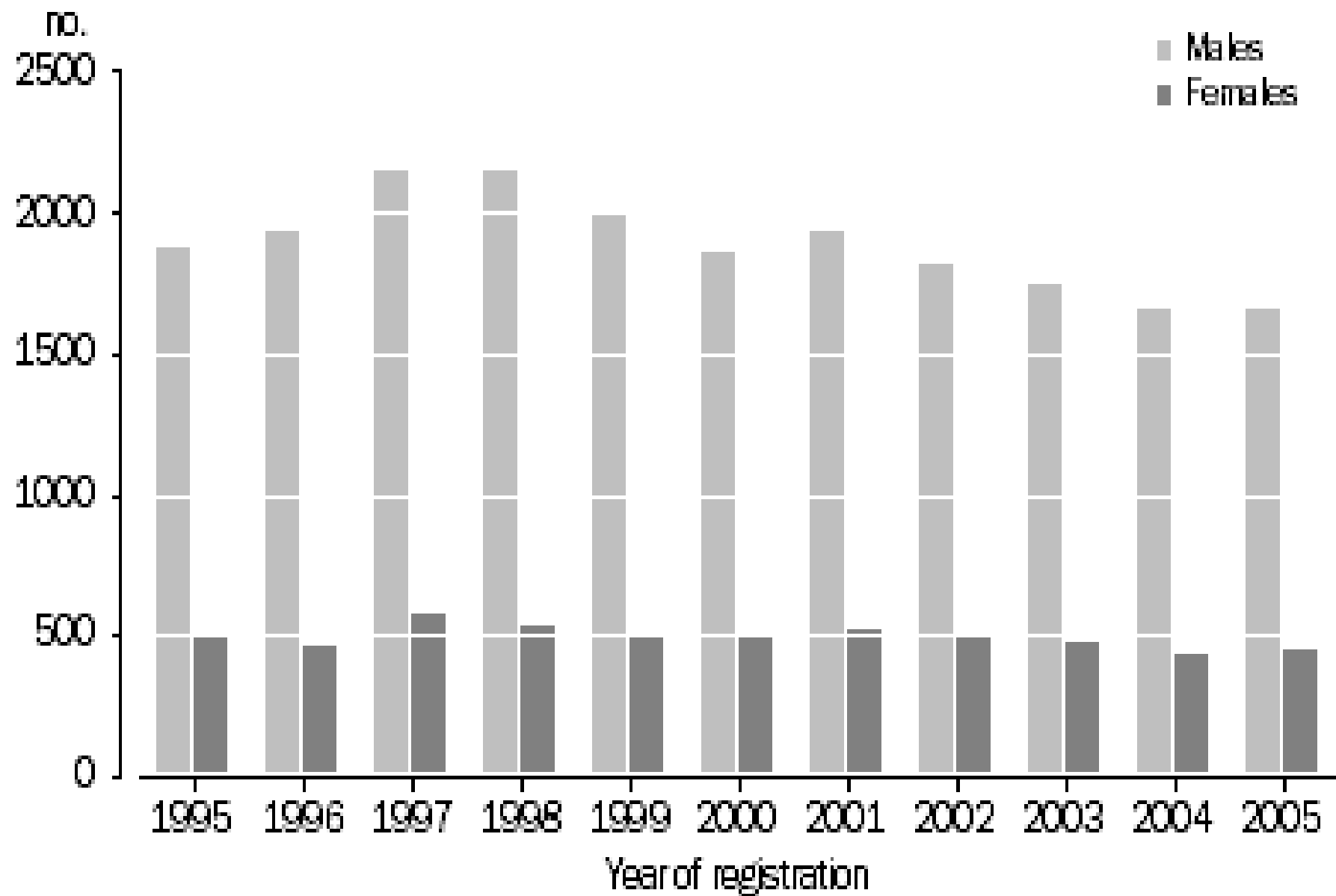
- In 2010 Congress provided 84,863 episodes of care to 6911 permanent residents
- 9,280 episodes of care to 2472 visitors
- 140 births a year in Health Service Area
- 180 FTE staff including:
  - 11 FTE GPs, 15 RN's & midwives, 15 AHWs,
  - Dentist, pharmacist, psychologists, social workers and other allied health professionals
  - 10 Aboriginal Family Support Workers /Liaison officers
  - 7 Public health practitioners

# No barriers to access to all services and programs

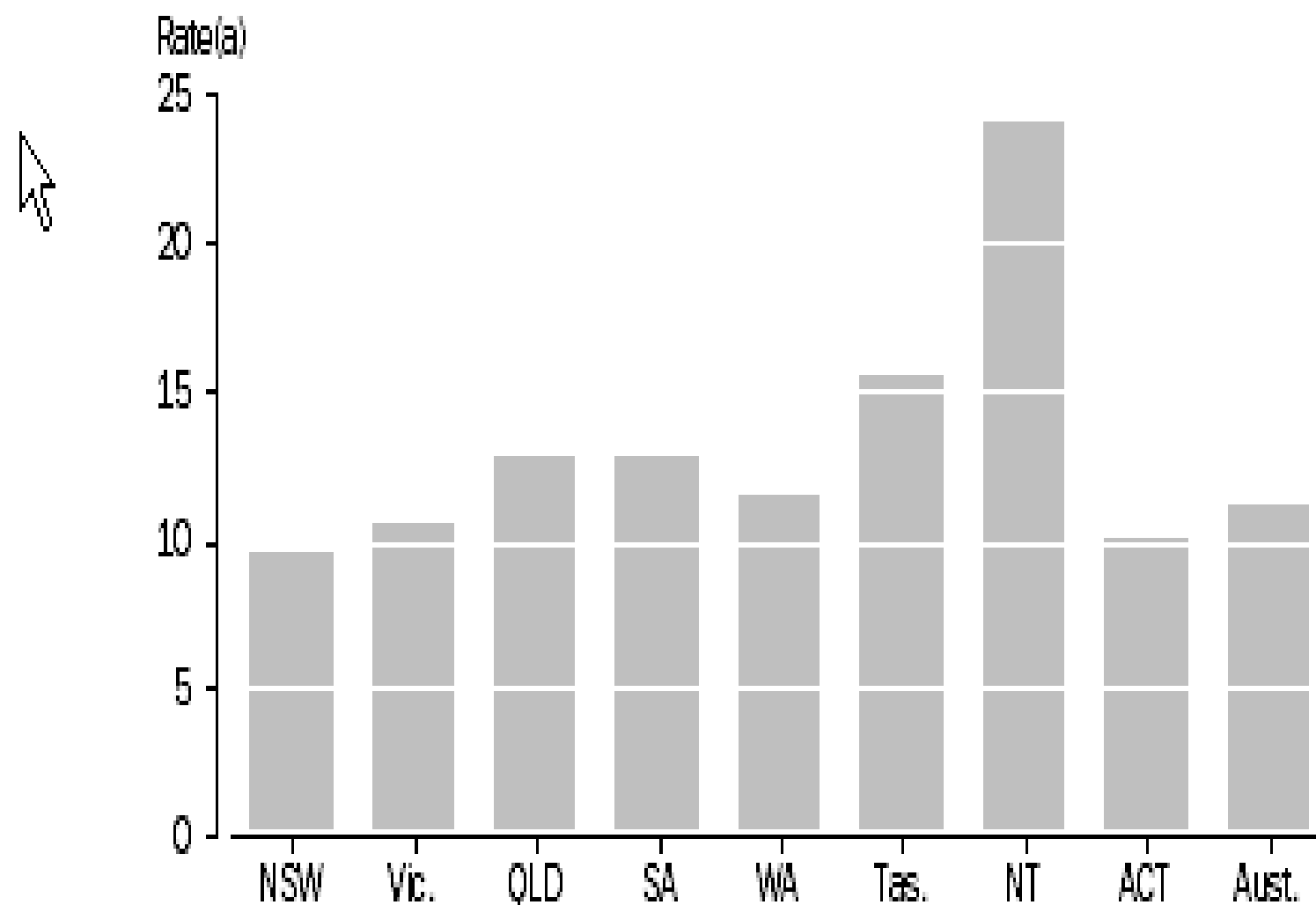
- Bulk billing GPs, dentist and allied health
- Free PBS pharmaceuticals and sundry items (bandages, dressings etc)
- Free transport
- Free telephone appointment number
- Culturally and gender appropriate services
- Average of 8 services per year per client for a RAMA 6 remote centre

# The Epidemiology of Suicide in Australia

# SUICIDE, TOTAL NUMBER OF DEATHS



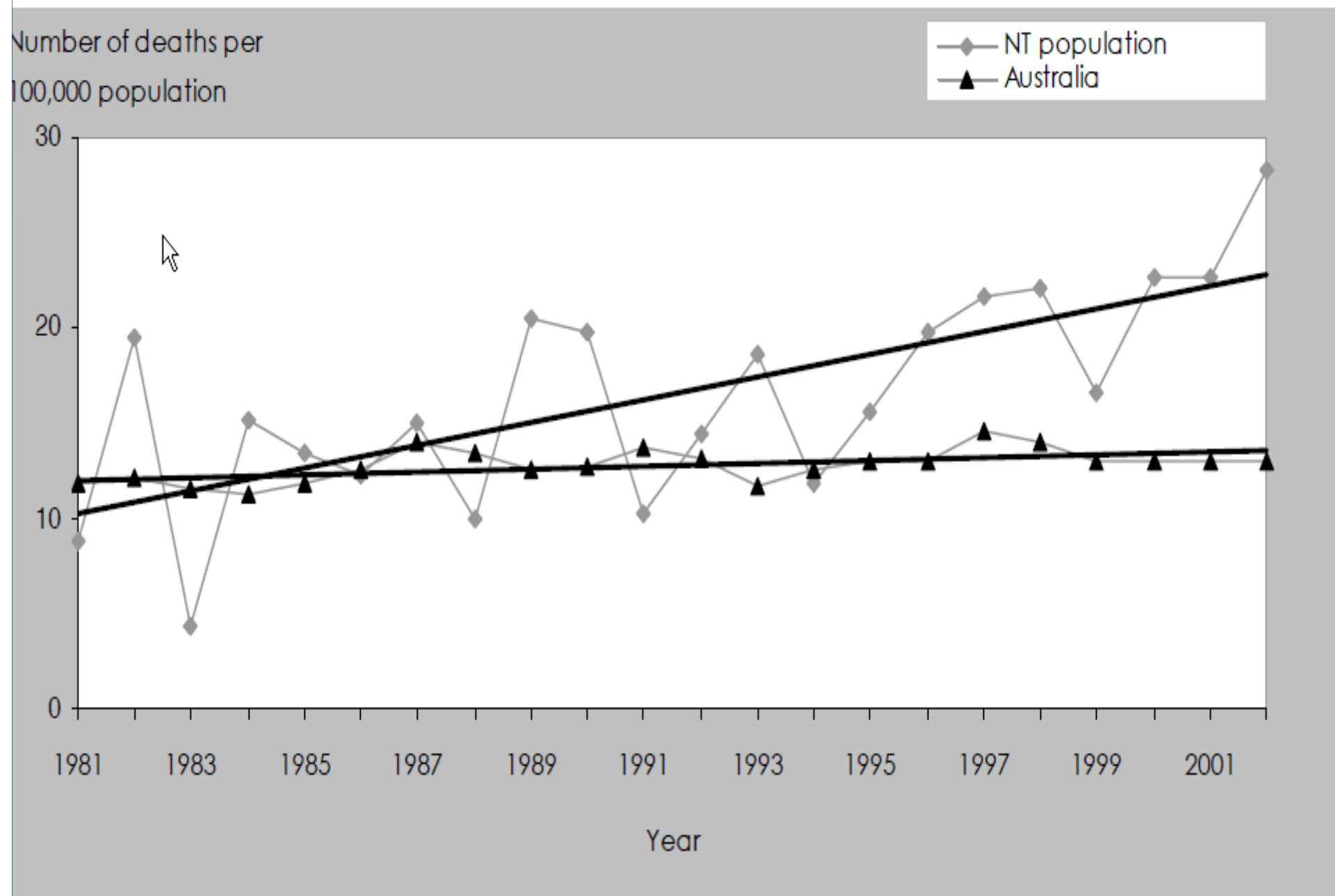
## SUICIDE BY STATE AND TERRITORY 2001-2005, age-standardised rates



(a) Age-standardised rate per 100,000. Standardised using direct method and estimated resident population for Australia (persons) at 30 June 2001 as standard population



**Fig 2.1 Suicide, age-adjusted death rates, Northern Territory and Australia, 1981–2002**

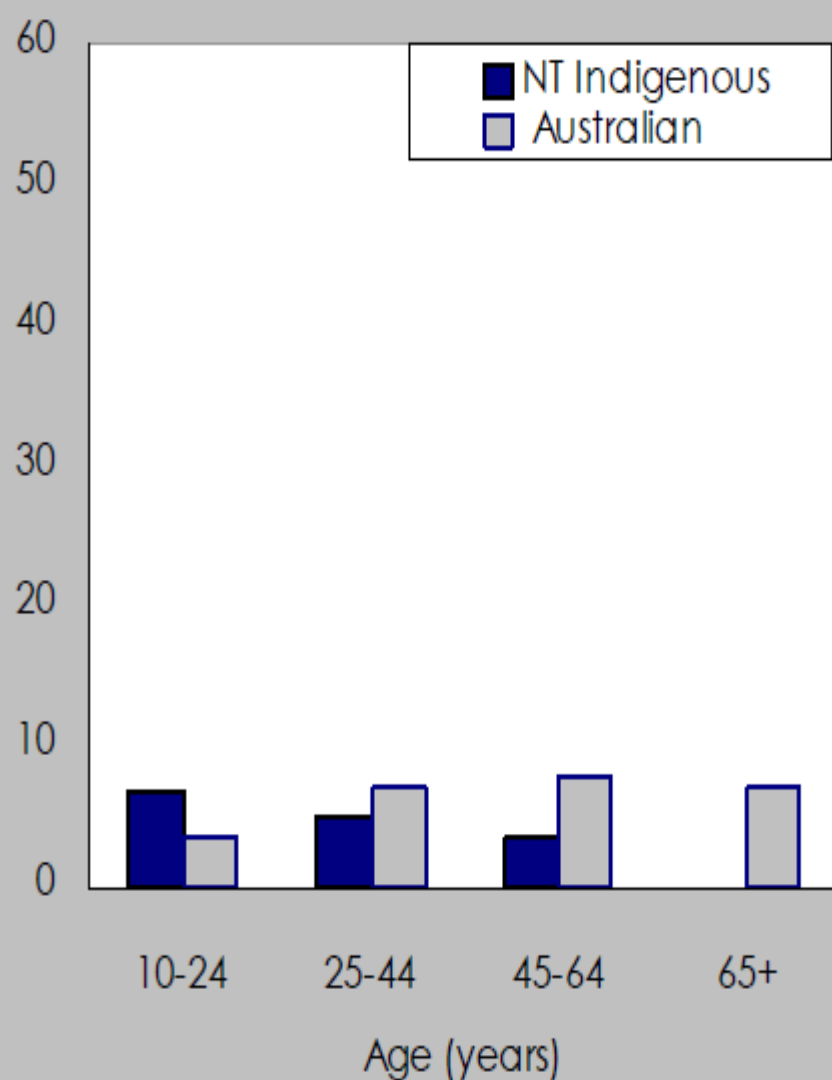
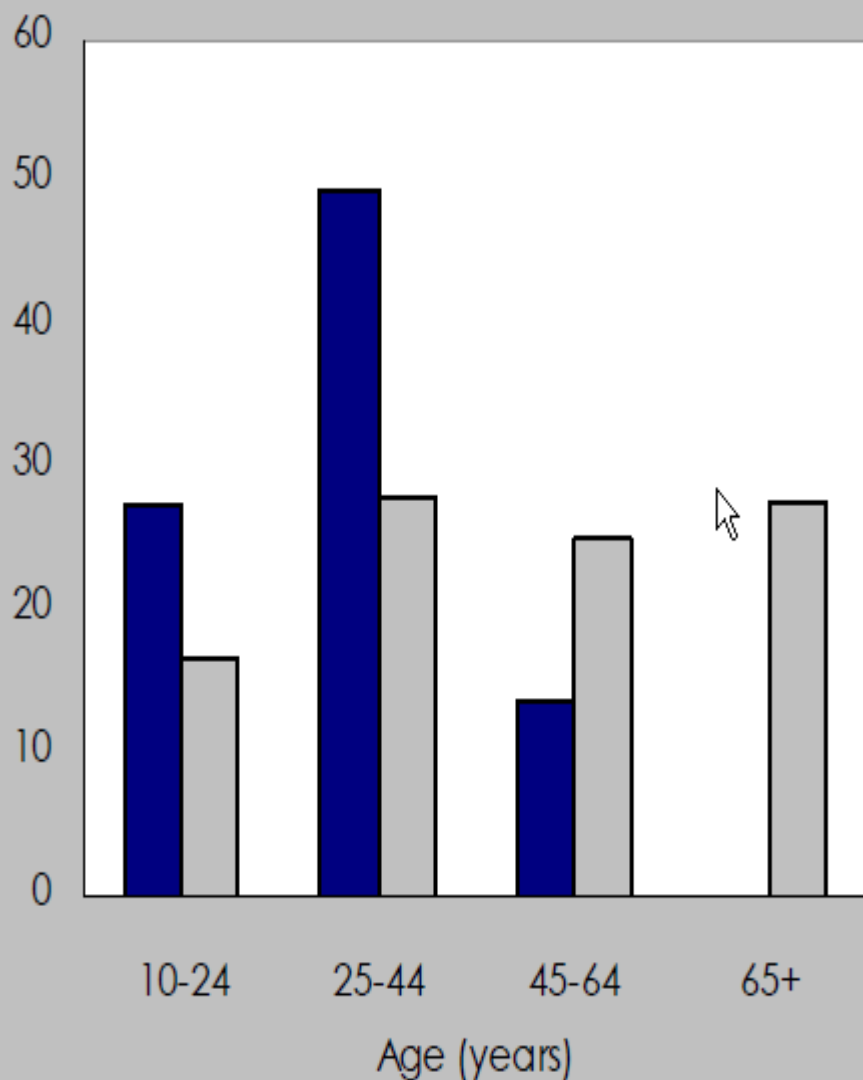


**Fig 2.5 Age-specific death rate, suicide, Northern Territory Indigenous population and Australia, 1981- 2002**

Number of deaths  
per 100,000 population

**Males**

**Females**



**Fig 2.7 Suicide, age-specific death rate, 15-24 year olds, Northern Territory, 1981-2002**





# Life Promotion Program

Summary of Suicide Death for Central Australia  
between January 2001 and January 2011

**Total Suicide Deaths: 108**

(average of 1.1 suicide per month)

## Age

- Total youth <25: **39**
- Total mature >25: **69**

## Gender

- Female: **17**
- Male: **91**

## Indigenous & Non-indigenous

- Non-indigenous: **29**
- Indigenous: **79**

## Resident Communities

- Alice Springs: **44**
- Tennant Creek **17**
- Remote: **47**



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# **MEDIA RELEASE**

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## **SELECT COMMITTEE ON YOUTH SUICIDES IN THE NT**

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Date: 29 August 2011

### **CALL FOR SUBMISSIONS INQUIRY INTO YOUTH SUICIDES IN THE NT**

The Select Committee on Youth Suicides in the NT is calling for submissions to its inquiry into **current and emerging issues on youth suicides in the NT.**

“Too many young people are taking their own lives. For indigenous and rural communities in particular, suicide has had a terrible impact in recent years in lost lives and devastated families. We must turn around this unacceptable trend.” Committee Chair, Ms Marion Scrymgour MLA said today.

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# Early Childhood, health and Suicide

# Early Childhood and mental health

‘Tackling mental health problems early in life will improve educational attainment, employment opportunities and physical health, and reduce the levels of substance misuse, self-harm and suicide, as well as family conflict and social deprivation. Overall, it will increase life expectancy, economic productivity, social functioning and quality of life. It will also have benefits across the generations.’

Royal College of Psychiatrists (2010) *No Health without Mental Health: The Case for Action*. Parliamentary briefing, London

# Mental Health and Physical Health

‘There is no health without mental health ...vast evidence that mental illness is associated with a greater risk of physical illness – and physical illness in turn increases the risk of mental illness. It’s clear that strategies to improve the health of the nation will only be effective if they address mental health and wellbeing as well.’

Royal College of Psychiatrists (2010) *No Health without Mental Health: The Case for Action*. Parliamentary briefing, London



# The California Adverse Childhood Experiences Study

- Links between childhood maltreatment and later life health and well-being.
- 17,000 participants.
- Adults who had adverse childhoods showed higher levels of violence and antisocial behaviour, adult mental health problems, school underperformance and lower IQs, economic underperformance and poor physical health.
- The scientific rationale for Early Intervention is overwhelming

Anda RF, Felitti VJ, Walker J, Whitfield CL, Bremner JD, Perry BD, Dube SR, Giles WH (2006) The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience* 256(3): 174–86.

## **California adverse Childhood Experiences Study: Depression and Suicide**

54 per cent of the incidence of depression in women and 58 per cent of suicide attempts by women have been attributed to adverse childhood experiences

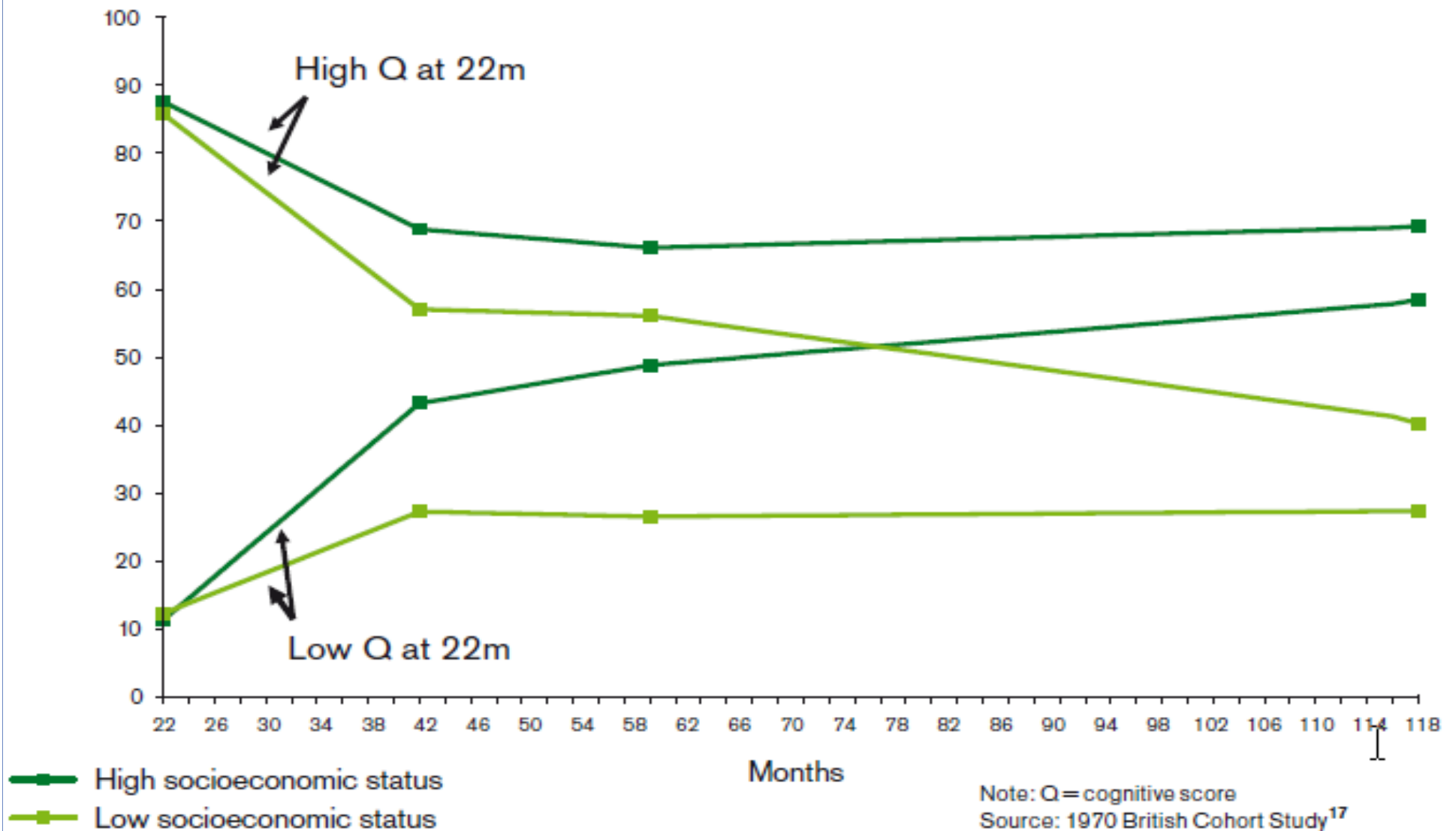


## Deliberative parenting with child stimulation

- ⇒ Optimal brain development by age 5
- ⇒ Completion of Year 12 + or - university
- ⇒ active healthy lifestyle and income equality
- ⇒ prevention of avoidable premature death including suicide

**Figure 6** Inequality in early cognitive development of children in the 1970 British Cohort Study, at ages 22 months to 10 years

Average position  
in distribution



# Major longitudinal study 2011

[www.pnas.org/cgi/doi/10.1073/pnas.1010076108](http://www.pnas.org/cgi/doi/10.1073/pnas.1010076108)

## A gradient of childhood self-control predicts health, wealth, and public safety

Terrie E. Moffitt<sup>a,b</sup>, Louise Arseneault<sup>b</sup>, Daniel Belsky<sup>a</sup>, Nigel Dickson<sup>c</sup>, Robert J. Hancox<sup>c</sup>, HonaLee Harrington<sup>a</sup>, Renate Houts<sup>a</sup>, Richie Poulton<sup>c</sup>, Brent W. Roberts<sup>d</sup>, Stephen Ross<sup>a</sup>, Malcolm R. Sears<sup>e,f</sup>, W. Murray Thomson<sup>g</sup>, and Avshalom Caspi<sup>a,b,1</sup>

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Followed a cohort of 1000 children from birth to age 32  
96% retention, Dunedin, New Zealand

# Impulsivity, self control and addictions

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Research into addiction

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21 June 2010

[DOWNLOAD AUDIO](#)

The definitions of addiction have changed over the years, according to Barry Everitt, Professor of Neuroscience at the University of Cambridge. He and his colleagues have done research into addiction, identifying the kind of person who is more likely than others to become addicted to substances, and they have looked at new ways to help people overcome their addictions.

This program is a repeat. It was first broadcast on 17 August 2009.

[SHOW TRANSCRIPT](#)

# Australian Early Development Index: language and cognitive skills domain

	Number of children*	Average score# 0–10	Developmentally vulnerable	Developmentally at risk	On track	
			Below the 10 <sup>th</sup> percentile	Between the 10 <sup>th</sup> and 25 <sup>th</sup> percentile	Between the 25 <sup>th</sup> and 50 <sup>th</sup> percentile	Above the 50 <sup>th</sup> percentile
			%	%	%	%
Australia	244,981	9.2	8.9	14.0	24.9	52.3
Indigenous	11,054	7.3	28.6	23.3	23.8	24.3
Non-Indigenous	233,926	9.2	7.9	13.5	24.9	53.6

More than 50% of Aboriginal children nationally are below the 25<sup>th</sup> centile and for Aboriginal children in remote areas the figure is around 80%



# NURSE FAMILY PARTNERSHIP'S THREE GOALS

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1. Improve pregnancy outcomes
2. Improve child health and development
3. Improve parents' economic self-sufficiency





# TRIALS OF PROGRAM

**Elmira, NY  
1977**



**N = 400**

- **Low-income whites**
- **Semi-rural**

**Memphis, TN  
1987**



**N = 1,138**

- **Low-income blacks**
- **Urban**

**Denver, CO  
1994**

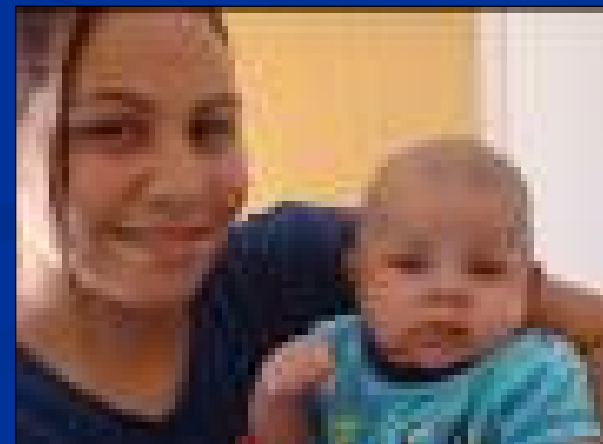
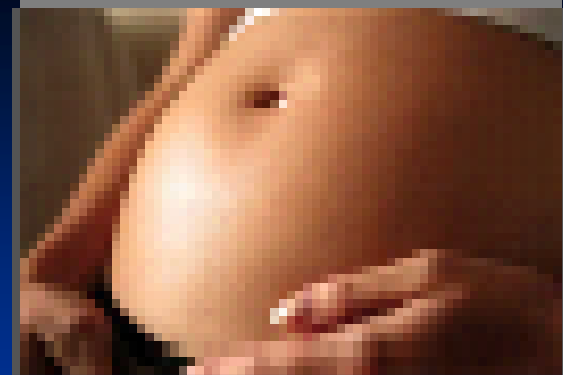


**N = 735**

- **Large portion of Hispanics**
- **Nurse versus paraprofessional visitors**

# CONSISTENT RESULTS ACROSS TRIALS

- Improvements in women's prenatal health and dramatic reduction in arrests, convictions and jail
- Reductions in child abuse, mortality and children's injuries
- Fewer subsequent pregnancies and greater intervals between births
- Increases in fathers' involvement
- Increases in employment and reductions in welfare dependency
- Improvements in school outcomes
- 50% less addictions, sexual partners and a healthier lifestyle at age 15





## NATIONAL REPLICATION

**Now operating in over 380 counties in 29 states, serving over 20,000 families per day.**



Congress Alukura -



# NFP at Congress



- 6 nurse home visitors and 3 Aboriginal community workers
- Recruitment has not been a problem
- Need to present prior to 28 weeks
- 150 birth per year
- 80% acceptance rate higher for first time mothers
- Increasing early presentations
- Reduction in smoking and low birth weight

# Washington State Institute for Public Policy Economic Analysis

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**Nurse Family Partnership produced  
large return on investment:**

■ Implementation costs	\$9, 118
■ Benefits	\$26, 298
■ Return on investment	\$17, 180

*\* Benefits and Costs of Prevention and Early Intervention Programs for Youth,  
S. Aos, et al.. Washington State Institute for Public Policy: Olympia, WA, 2004.*

# The Abecedarian Approach

- **Learning Games:** Teachers daily engage in short interactive sessions (adult/child interaction games) with individual children or very small groups (e.g., 2 children).
- **Conversational Reading:** Teachers use a 3S strategy to read a book individually every day to every child.
- **Language Priority:** Teachers use a 3N strategy to surround spontaneous events with adult language.
- **Enriched Caregiving:** Teachers encourage children to practice skills (e.g., cooperating, listening, counting, colour recognition) during care routines.

All 4 elements of the Abecedarian Approach are shared with parents through home visits and through carers in day care centres from 1 to 3 years

# Long-term Health Results for at risk Children with HIV and Day care

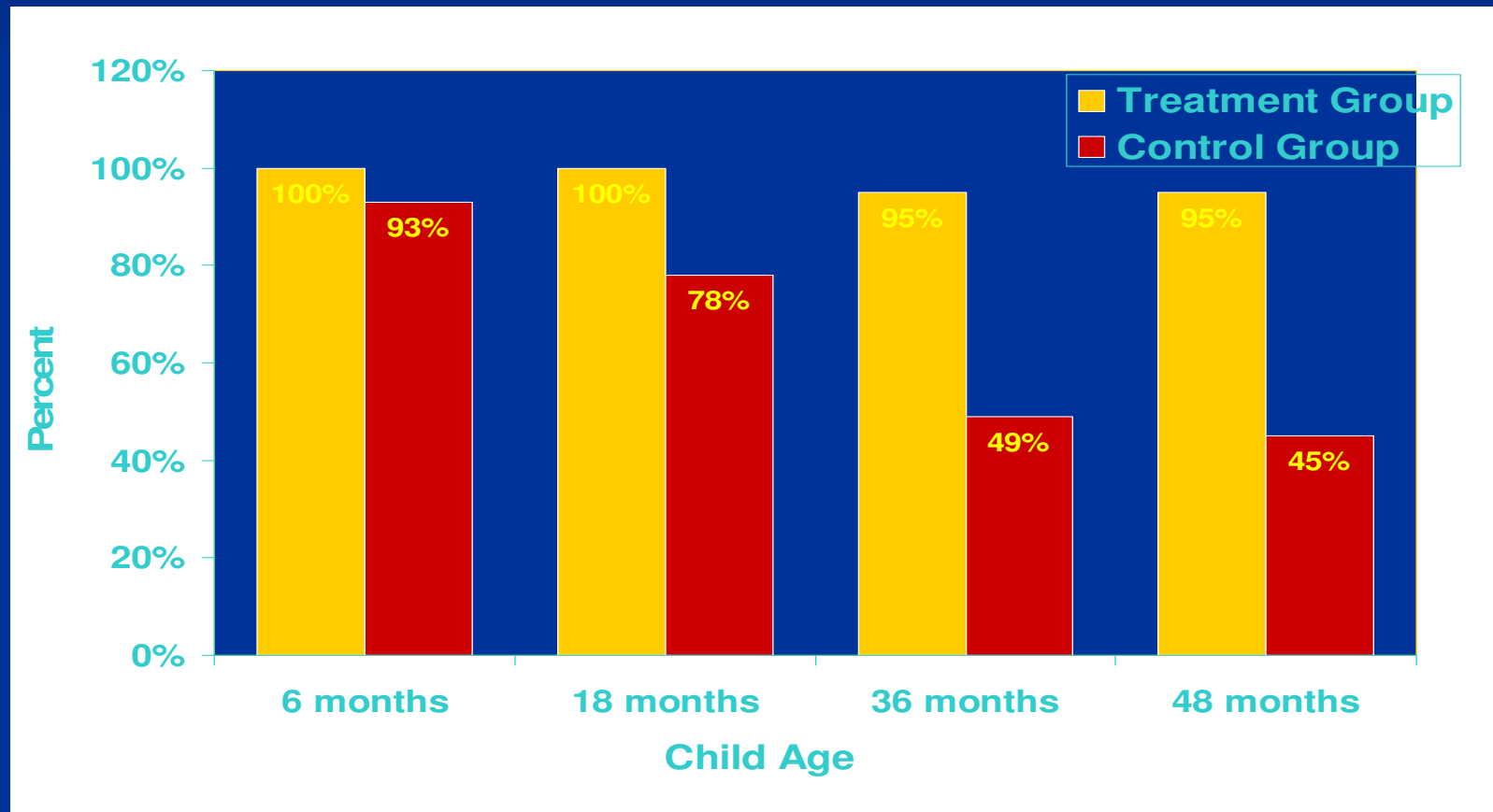
- Fewer risky behaviors at age 18 ( $p < .05$ )
- Fewer symptoms of depression ( $p < .03$ ) at age 21
- Healthier life styles. The odds of reporting an active lifestyle in young adulthood were 3.92 times greater compared to the control group: *if there was a medicine that produced this odds ratio everyone would be on it!*

McCormick, et al. 2006. *Pediatrics*.

McLaughlin. 2007. *Child Development*.

Campbell et al., 2008. *Early Childhood Research Quarterly*.

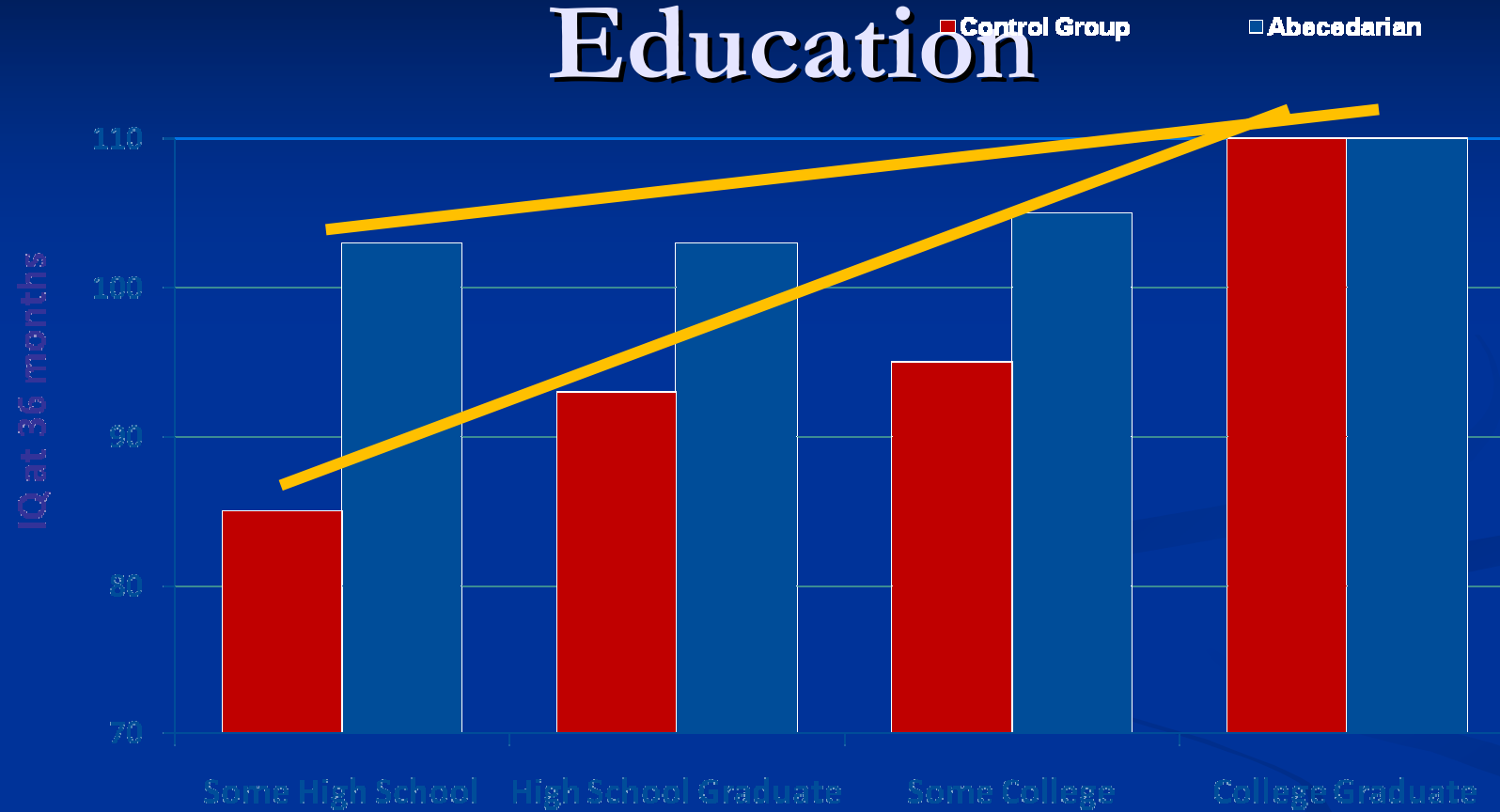
# % of children in Normal IQ Range (>84) by Age (longitudinal analysis)



Martin, Ramey, & Ramey. 1990. *American Journal of Public Health*



# Stanford-Binet X Maternal Education



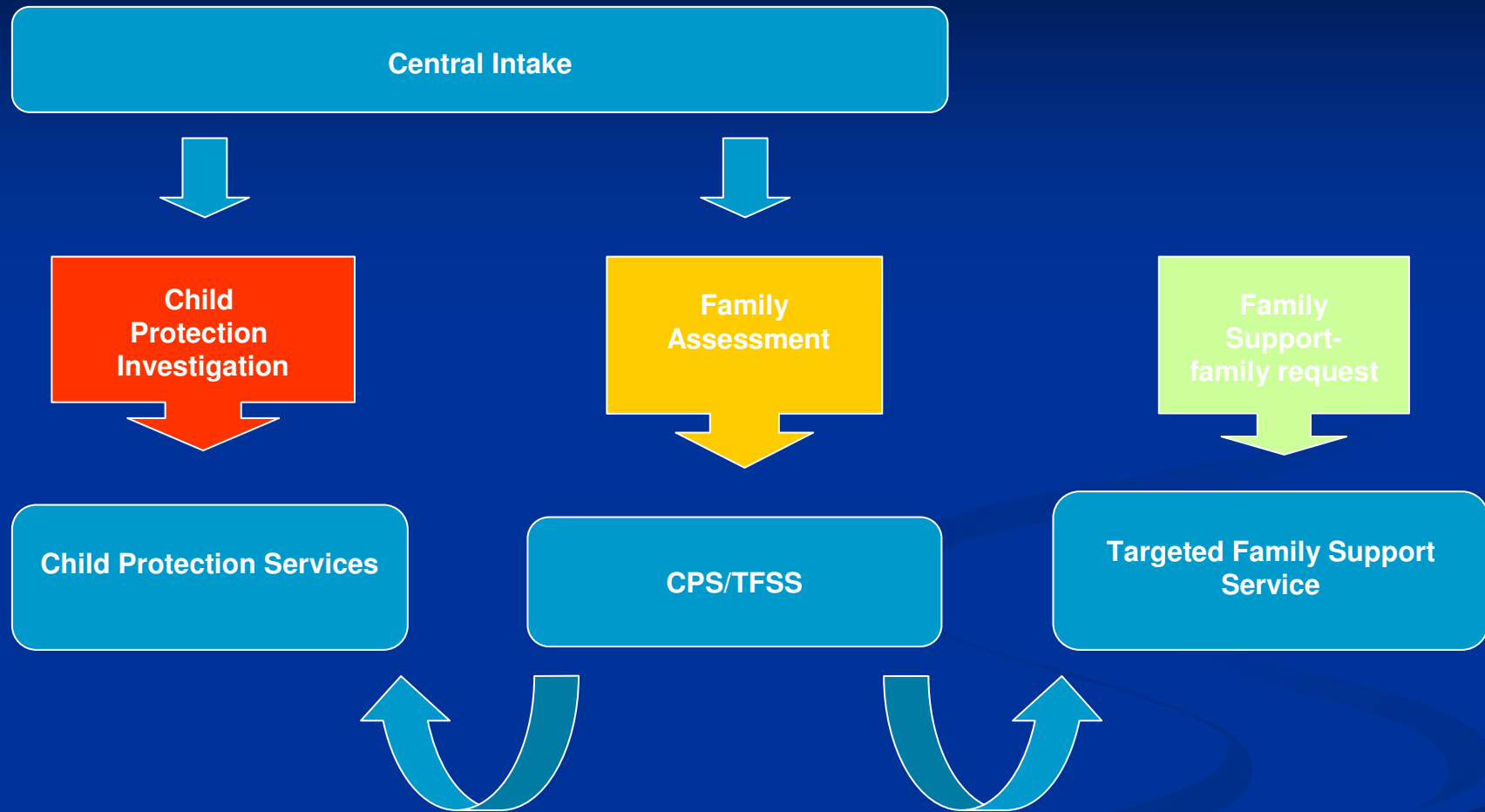
Ramey & Ramey. 1998. *Preventive Medicine*.



# The Targeted Family Support Service

Service

# Differential Response Framework (DRF) Referral Process



# *Alcohol Abuse and Suicide*

## SDM™ Parental Strengths and Needs Assessment (Version 3.0)

I

The parental strengths and needs assessment tool is available for download on the Infonet under Quick links/Structured Decision Making/Forms. Below are the domains that are to be assessed to identify the three priority parental needs for case planning.

### PSN1. Alcohol and Drug Use .....

(Drugs include: illicit drugs, inhalants/solvents, over-the-counter and prescription drugs. Also refers to use of multiple drugs.)

- a. Models and demonstrates healthy understanding of alcohol and drugs..... +3
- b. No use or limited use of alcohol or prescribed drug use ..... 0
- c. Alcohol and drug misuse ..... -3
- d. Chronic alcohol and drug misuse ..... -5

### PSN2. Household Relationships

- a. Supportive ..... +3
- b. Minor/occasional conflict..... 0
- c. Frequent conflict ..... -3
- d. Chronic and/or violent conflict ..... -5

### PSN3. Social/Community Support Network

- a. Strong support network..... +2
- b. Adequate support network..... 0
- c. Limited support network..... -2
- d. No support network ..... -4

# The circle of causation includes alcohol

“Toxicology reports show extremely high levels of alcohol in the bodies of most indigenous people who have committed suicide – a dose of Dutch courage has the teenagers kicking out chairs from underneath them, cords tied round their necks or, as in a few Top End Communities, climbing up powerlines and electrocuting themselves by holding on to the cables”

Anna Krien, “Booze Territory: the crisis of alcoholism.”  
The Monthly, September 2011: 24-25

# Deaths caused by alcohol in the indigenous community

The number of deaths directly related to alcohol among Indigenous people in Central Australia during the three years 2004 to 2006 was around 31 times higher than the national average during this period for all Australians.

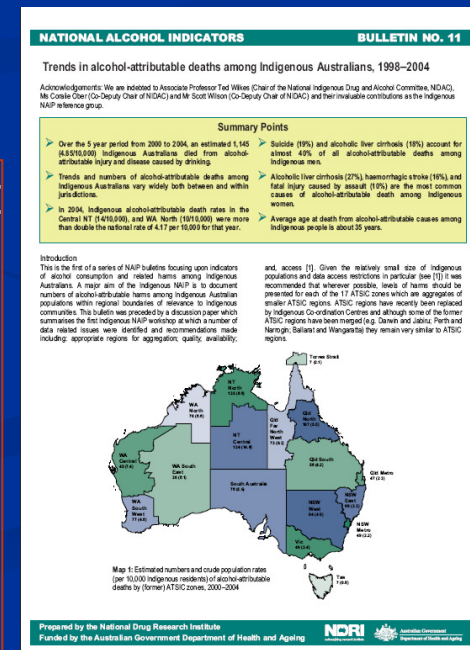


## National Drug Research Institute

PREVENTING HARMFUL DRUG USE IN AUSTRALIA

Suicide (19%) and alcoholic liver cirrhosis (18%) account for almost 40% of all alcohol-attributable deaths among Indigenous men.

Alcoholic liver cirrhosis (27%), haemorrhagic stroke (16%), and fatal injury caused by assault (10%) are the most common causes of alcohol-attributable death among Indigenous women.



# June Oscar from Fitzroy Crossing

“There were a number of catalysts. There was the number of deaths by suicide. In 12 months, in 2005-06, this community had attended 50 funerals and was stuck in a rut of grief, despair and trauma. The shock and horror made us as a community become so numb to the degree of violence and despair that it was being viewed as normal. We know that was not normal.”



# 1 October 2006: Supply Restrictions

## **New Restrictions on Takeaway Alcohol in Alice Springs**

*from 1 October 2006*

Northern Territory Licensing Commission



Northern Territory Government

- Targets takeaway alcohol – approximately 70% of alcohol sold is takeaway alcohol
- Restricts low priced high alcohol volume products such as cask wine and fortified wine
- Restricts availability of those products to after 6pm – one person per day
- Hours of trade – no takeaway sales Monday to Friday until after 2pm
- Only light beer over the bar before 11:30AM

# Alice Springs non-fatal assaults compared to alcohol consumption

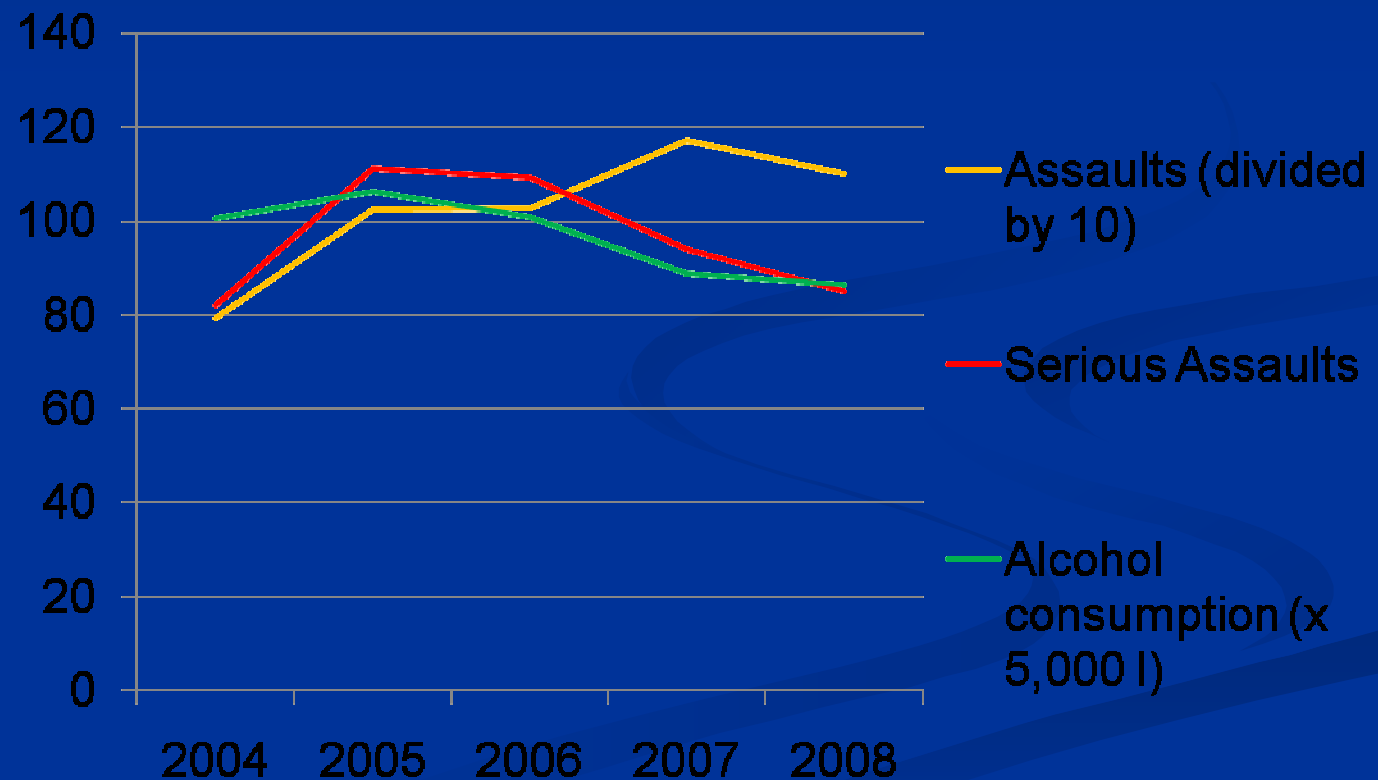
Year	2004	2005	2006	2007	2008
Minor Assaults	791	1023 <sup>2</sup>	1026	1171 <sup>3</sup>	1100
'Serious' assaults <sup>1</sup>	82	111	109	94	85
Alcohol consumption	501,855	530,803	503,044	444,400	431,695

**Notes:**

1. ie assaults causing bodily, grievous or serious harm

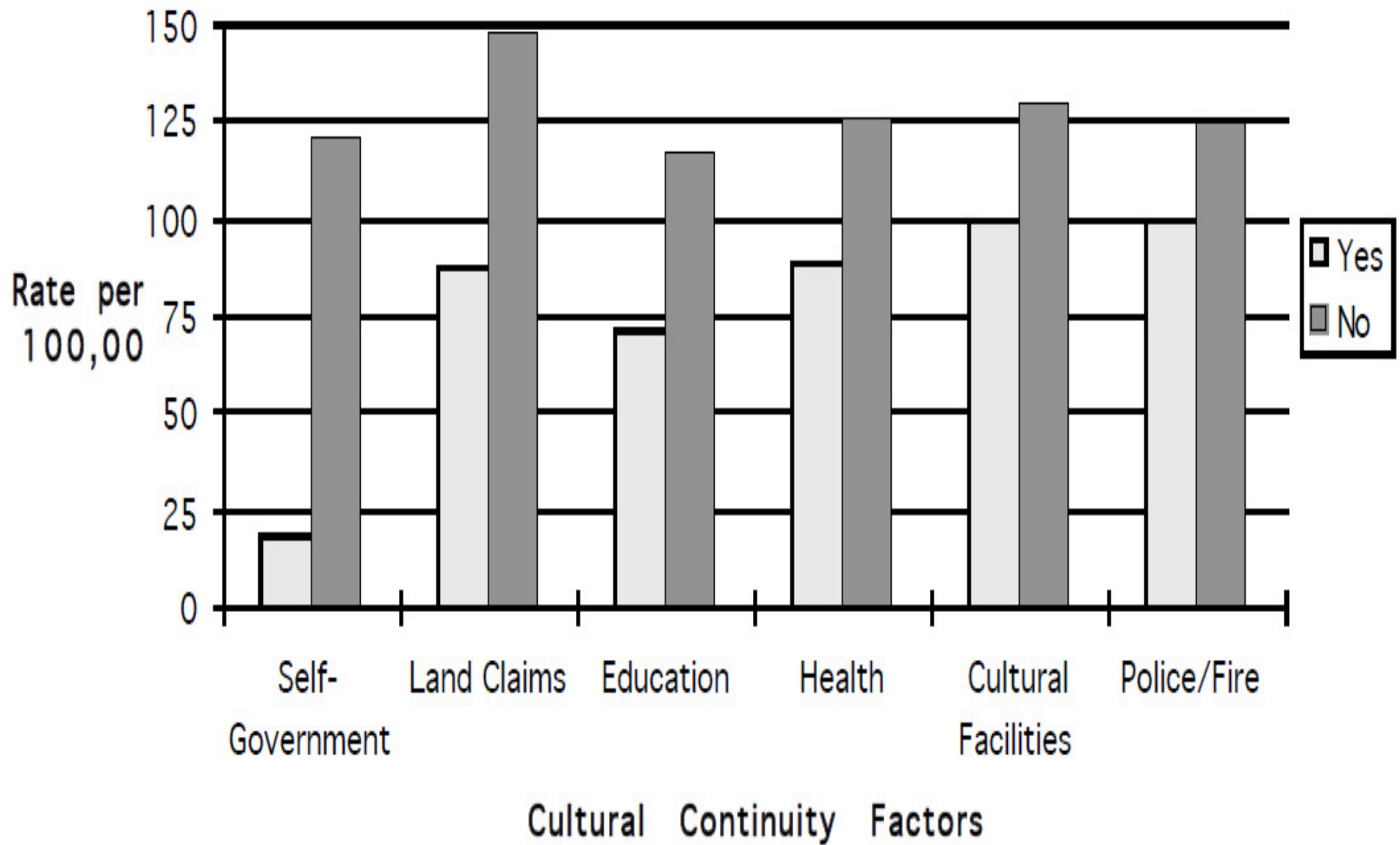
2. Violent Harm Reduction Strategy commenced: increased reporting

3. PROMIS system enhanced: increased recording



Cultural continuity, community  
cohesion and integration

*Figure 5: Youth Suicide Rates by Cultural Continuity Factors*



# Youth Programs building resilience

- Attachment to parents
- Attachment to school
- Good peer group
- Clear identity and spiritual foundation

# Multisystemic Therapy (“MST”) (Henggeler et al 2009, Day et al 2010)

- Intensive family and community based treatment program
- Focus on their homes and families, schools and teachers, community and friends
- Resource intensive with a case load of 2 to 4 families per therapist

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