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**The Secretary
Select Committee on Youth Suicides in the NT
GPO Box 3721
Darwin NT 0801**

Dear Sir / Madam,

We are currently researching suicide in the NT through an innovative contextual analysis of coronial findings. We have both recently worked as academics and researchers at the Centre for Remote Health in Alice Springs.

Rate

In a recent study conducted in the Northern Territory (NT), we demonstrated a suicide rate of (21.6/100 000), which was double the national average (approximately 11). Further, the rate of NT Indigenous suicide (36.7) was three times higher than the rate of NT Non-indigenous suicide (14.7). With respect to age, we found evidence of suicide occurring at an earlier age among NT Indigenous, compared to NT Non-indigenous people (Pridmore and Fujiyama 2009).

Alcohol and suicide

Across the world there is compelling evidence of alcohol use as a risk factor for suicide (Mann et al, 2008; Schneider, 2009). Alcohol use appears to be a common feature when cultures are under pressure, and has been associated with suicidal behaviour among the Navajo (Grossman et al, 1991), Inuit and First Nations of Canada (Overholster et al, 1997). These findings are strongly borne out in our current research pertaining to Australian Aboriginal people.

Medicalization of suicide

In our opinion, based on our research, a key impediment to the understanding and prevention of suicide among Australian Indigenous people has been the Western belief that 98% (Bertolote et al, 2004) and even 100% (Dorpat & Ridley, 1960) of completed suicides are attributable to mental disorder. This belief that all or almost all suicide is the result of mental disorder may be attributable to 'medicalization', that is, the classification of non-medical problems as medical problems (Conrad, 2007) or to other factors, including flawed research methods such as psychological autopsy (Pouliot & De Leo, 2006).

Importantly, recent studies in non-western settings have found mental disorder in less than 50% of those who complete suicide (Zhang et al, 2009; Manoranjitham et al, 2010; Zhang et al, 2010). This broader social perspective is now recognised nationally, for example, the Federal Minister for Mental Health and Aging, Mark Butler, in the Commonwealth response to *The Hidden Toll: Suicide in Australia (2010)* noted “suicide is a complex and multidimensional issue. An individual can experience suicidality due to an infinite number of personal circumstances, including issues relating to isolation, disengagement, or instability in employment, housing, financial stress or personal relationships”. Likewise, in our current research, the importance of sociological context in suicide is strongly indicated. This issue requires further investigation to develop any sustainable and holistic response to suicide in the NT.

Prevention

Unfortunately, many prevention and crisis treatment strategies have not kept pace with contemporary and non-western research. Despite over 30 years of suicide prevention policies/strategies based on identifying and treating people with mental illness, national suicide rates have not substantially changed (De Leo & Evans, 2004), or in the case of Indigenous people, have not shown positive changes in keeping with population trends (Pridmore and Fujiyama 2009).

We submit to the select committee that immediate steps should be taken to:

1. Conduct intensive evidence-based and culturally-safe research on the broader sociological context of completed and threatened suicides among young Aboriginal people in the NT. This analysis of the circumstances underpinning suicide (including social factors related to alcohol abuse), would yield vital information for intervention from an alternative perspective than conventional medicalized treatments.
2. Translate this evidence to develop a pilot long term prevention strategy to address suicide from a broad, inclusive perspective, which is culturally and sociologically relevant.
3. Likewise, translate this research evidence to develop a pilot crisis response to young people at risk.

We propose that such outcomes-oriented research, initiated by our team and conducted in partnership with Indigenous organisations, NT-based research entities, government and local non-government agencies, will yield long term benefits and will be a substantial investment into the future and welfare of young Aboriginal people in the NT.

Please feel free to contact us should you require further information

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