Select Committee on Youth Suicides in the Northern Territory
Submission from the Centre for Remote Health – Flinders NT

It is well known that over the last decade suicide has become a significant contributor towards Indigenous premature mortality in Australia (Commonwealth of Australia, 2010; Department of Health and Ageing, 2007; Elliott-Farrelly, 2004), although was virtually unheard of prior to the 1960’s (Elliott-Farrelly, 2004; Hunter & Milroy, 2006). Further, there has been serious concern regarding the high and increasing rates of suicide and suicide attempts among Indigenous adolescents and children (Commonwealth of Australia, 2010; Hanssens, Bridge, & Santhanam, 2007; Krysinska, Martin, & Sheehan, 2009). A suicide attempt is defined as an event where an individual is involved in deliberate self-injurious behaviour with the intent to die.

Suicide Prevention Australia (SPA) has noted that the Australia Bureau of Statistics (ABS) does not currently report suicide for people under 15 years of age, since cases were extremely rare in the past (Commonwealth of Australia, 2010). However, the issue of child and youth suicide has constantly been in the news for at least the last year in both the Northern Territory and other jurisdictions. Further, the increase of suicide attempts among children and youth has been noted anecdotally by practitioners but remains generally un-reported and poorly understood.

Since Indigenous suicide is a relatively recent phenomenon in Australia, responses have only begun to emerge over the last 15 or so years (Hunter & Milroy, 2006), and there remains a general lack of documented suicide prevention initiatives targeting Indigenous peoples (Elliott-Farrelly, 2005), particularly for specific age groups (Krysinska, et al., 2009). Past research conducted by Tatz (1999, 2005) and Hunter, Reser, Baird and Reser (2001) indicates that there are significant differences in suicidal behaviour, epidemiology, and aetiology, not only among Indigenous and non Indigenous populations, but also differences among Indigenous communities and groups (Elliott-Farrelly, 2007; Farrelly, 2004). As such, universal methods used to address suicide are inadequate and not necessarily effective or applicable for Aboriginal peoples (Smith, 1999; Tatz, 2005). In addition, with the exception of some notable local programs (Lopes, Lindeman and Taylor, 2010), the majority of current suicide prevention approaches are inclined to be adapted from existing non Aboriginal models, which are often based on non Aboriginal understandings of suicide, health and healthcare (Commonwealth of Australia, 2010; Farrelly, 2004).

In order to address the current situation of Indigenous suicide and suicidal behaviour, there is a need for a separate approach from that targeting the general population.
(Farrelly, 2004), and, within that framework, a series of appropriate and region–specific strategies (Tatz, 2005). There also needs to be acknowledgement of the heterogeneous nature of Indigenous cultures and communities, and the significant differences in their understanding of, and their attitudes towards, suicide and suicidal behaviour (Elliott-Farrelly, 2007). Programs that foster empowerment and have been developed and implemented specifically for the communities they are intended for appear to have more long term success (Elliott-Farrelly, 2004). A recent evaluation of “Suicide Story” an initiative of the Mental Health Association of Central Australia confirms the appropriateness of a culturally safe approach to suicide prevention that is developed (or adapted) locally with the input of Aboriginal consultants (Lopes, et al., 2010).

It is evident that future research concerning Indigenous child and youth suicide attempts in Central Australia needs to be addressed at a community level in order for community specific prevention initiatives to be more informed, more applicable, and ultimately more effective (Commission for Children and Young People and Child Guardian Queensland, 2009; Elliott-Farrelly, 2007). This would enable interventions to be created that respect and accommodate the unique nature of the people, culture, language and context of people living in the region (Anglicare NT, 2006; Farrelly, 2004; Grant, 2010; Living Is For Everyone, 2010).

However, there remains a general lack of understanding of the phenomenon of suicides and suicide attempts among Indigenous children and youth. Until we have an understanding of the phenomenon of suicides and suicide attempts the establishment of effective clinical and other frameworks to guide the development of interventions will be limited. Any research that is undertaken should be translated into interventions, including professional development and community education programs, which respect and accommodate the unique nature of the people, culture, language and context of people living in our region. We see an urgent need for research in this area and encourage targeted funding to priority projects identified by the Select Committee. Any research that is undertaken must involve Aboriginal groups and individuals as collaborators throughout the research process.

References


Tatz, C. (1999). *Aboriginal Suicide is Different - Aboriginal Youth Suicide in New South Wales, the Australian Capital Territory and New Zealand: Towards a Model of Explanation and Alleviation*. Sydney Macquarie University.