The Salvation Army

Submission

to

The Legislative Assembly of the Northern Territory

Select Committee on Youth Suicides in the NT

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Table of Contents

Executive Summary

The Salvation Army appreciates the opportunity to provide a submission to the Legislative Assembly of the Northern Territory Select Committee on Youth Suicides in the NT**.** This submission draws on the experience of Salvation Army social service centres, Salvation Army suicide prevention and postvention programs, telephone counselling services, feedback received from Salvation Army Officers and employees about their experiences in working with people affected by suicide and most importantly from many families who have been involved with Salvation Army Bereavement Support Programs and those were involved in the Life Keeper Quilt Project.

The Salvation Army affirms the dignity and worth of all human beings and we value each life. However we also understand the sense of hopelessness and despair which leads people to feel that their only choice is end their life. It is our contention that people who complete suicide, don't want to die, they simply want the pain to stop.

The Salvation Army encounters people in deep distress, in our work throughout Australia, some of these people are homeless, some have serious financial issues, some are struggling with addictions, some have been diagnosed with mental illness, some are experiencing a sense of loss, loss of a loved one, loss of a job, loss of health and many have lost all hope. Many of these people are 'at risk' of suicide and we believe that we need to raise awareness throughout the community to the issues impacting upon individuals and families and more critical how we can each intervene to assist people to get the support they need.

The Salvation Army commissioned Roy Morgan Research to conduct a nation wide survey into awareness of suicide amongst the Australian community. The result of the survey demonstrates that awareness of the number of people who are recorded as dying by suicide each year in Australia is low, with only 14% of Australians indicating that they knew the number and 34% of Australians had no idea.

Whilst we recognise that much has been done in the past 15 years or so to raise the level of awareness about suicide, much more needs to be done. Furthermore we need to ensure that targeted programs are developed and adequately funded to provide appropriate, timely and sensitive support to people who are at risk of suicide and those who have been bereaved by suicide.

The Critical Importance of Postvention Support

The Salvation Army has been proactively involved in working with families who have lost loved ones by suicide and firmly believes that more needs to be done in the area of bereavement support, recognising that suicide postvention acts as suicide prevention.

'The stigma that surrounds a suicide or suicide attempt often causes survivors to avoid talking about their experience, which can result in profound isolation, as well as a unique grief that can include guilt, anger, shame or embarrassment.' (SPAN 2006)

There is a need to work towards reducing the myths that lead to judgement and stigma about suicide. Many families who have been bereaved by suicide share their stories in an endeavour to raise community awareness about suicide and particularly to demonstrate that suicide has no boundaries, their are no socio economic, age or racial boundaries and that whilst we talk about the warning signs, sometimes these are not apparent, individuals can hide their thoughts and plans and suicide can happen at any time to any individual or family.

The mother of three children who all died by suicide, speaks passionately of the need for intensive support for siblings. She has written a book about her families experience and shares her story in an attempt to raise awareness about youth suicide. She made the following comment:

> I now believe that by me telling my story it has started to really help others. Whilst sitting there yesterday a lady who was seated behind me drew my attention and could not thank me enough as after reading my story in the Women's Day last year after the Hope for Life Launch because of what I said about there being no help for my kids she went and got help for her teenage daughters after losing their brother. I know in my heart or have at least until now have hoped by telling my story and getting my books out there that it will hope save lives and I guess I really do know now that I am helping others.

The National Suicide Prevention Strategy – Community Grants Program has provided funding for a number of organisations to develop bereavement support programs, to reach out to those within the community who have experienced a suicide bereavement. These types of services are essential, not only in the early stages of bereavement but ongoing. For many families, the debilitating impact of suicide can carry on for years following the death of a loved one and it is critical that there are resources within the community to support families.

As stated by a family member, 'the loss of a loved one by suicide is traumatic and devastating and the support offered through Bereavement Support Services are greatly needed and appreciated.'

Conclusion

The death of so many young people through suicide, is catastrophic, not only for the families and loved ones concerned, but for the whole community. Every effort should be made by government and the broader community to prevent the tragedy of suicide. There are successful programs and initiatives that can make a difference, by ensuring that people are equipped with the skills and knowledge to intervene to prevent a suicide death. The Salvation Army makes the following recommendations to address some of the key concerns that have emerged from our work with people who are at risk of suicide, those who have attempted suicide and with individual and families who have lost a loved one by suicide.

Recommendations

1. Develop specific resources to help to inform parents about the issues of suicide and how to refer their children to appropriate support.

2. Provide and promote Bereavement Support Training throughout the community, particularly targeting health and welfare providers and emergency services personnel recognising that suicide postvention can also be suicide prevention.

3. Develop a First Response Postvention Support Program working closely with the Coroner's Office to provide immediate support to individuals, families and communities following a suicide death.

4. Provide specific training and support to members of the clergy as potential first response support teams alongside police and emergency services.

5. To increase the accessible of information and resources in remote areas, explore the provision of suicide prevention web based training courses, counselling support and resources and make these available through schools, health services and government offices.

6. Resource community support services to develop capacity building and resilience programs to support people who are socially isolated and/or disconnected young people who have limited family or personal support networks.

7. Develop better connections and protocols between health workers inside the hospitals and the mental health teams in providing 'wrap around supports' to people who are feeling suicidal.

8. Ensure that joint protocols are developed between mental health services and community support services.

9. Develop and fund early intervention programmes for teenagers and school children which focus on the value of life, peer support, self soothing and resilience.

10. Fund specific programs which focus on building hope (e.g. social and economic participation, peer support programs, mentoring and positive role modelling through sport, recreation, music mentoring), to provide young people with an opportunity to socialise especially during difficult times. Recreation and social activities play an important part in helping young people through periods of mental and emotional crisis.

Introduction

The Salvation Army has been providing a wide range of community services to disadvantaged people in the Australian community for over 100 years. Salvation Army services operating in over 900 centres across Australia provide counselling and active practical support designed to meet the needs of people who are alienated in society because of poverty, homelessness, health issues, dependency issues, unemployment and/or experiencing personal crisis.

The Salvation Army has been operating in the Northern Territory for the past 50 years or so. The major service centres are in Darwin, Palmerston, Alice Springs, Katherine and Kununurra (WA).

In addition, the Salvation Army Outback Flying Service, also known as the Flying Padre, provides services and support to remote communities and isolated people who live on stations across the top end of Western Australia and throughout the entire area of Northern Territory. The work of The Salvation Army in the Northern Territory is quite diverse and includes;

- Church community activities
- Accommodation services
- Crisis accommodation
- Transitional housing support
- Men's Hostel
- Mental Health programs
- Drug and Alcohol rehabilitation and support services
- Aboriginal ministries
- Outback Flying service
- Family violence support accommodation services
- Community Support Services
- Missing Persons Services
- Court and Prison Chaplaincy Services
- Police and Emergency Services Chaplaincy

The Salvation Army is committed to providing timely, effective, unconditional and compassionate services to meet the needs of those within our community who are lonely, alienated or experiencing hardship.

Many of those people that the Salvation Army assists are affected by mental illness and significant numbers face situations that lead them to contemplate and attempt suicide. Our work also brings us in regular contact with members of the Australian community whose lives have been devastated by the suicide of someone close to them.

The Salvation Army Work in Suicide Prevention & Bereavement Support

The Salvation Army, first began its work in suicide prevention in 1907 and established anti suicide bureaus in Sydney, Melbourne, Brisbane, Adelaide and Perth. The organisation was one of the first in the world to establish suicide prevention programs,

beginning in London responding to what a newspaper article called 'suicide mania' which had gripped London at the turn of the 20th Century. The service essentially involved crisis counselling and interventions designed to support people through the specific crisis. In Australia today, The Salvation Army operates a range of programs in the area of suicide prevention and suicide postvention, furthermore we deliver a range of specific services that assist people who are at higher risk of suicide. The Salvation Army suicide prevention and postvention programs and services include:

Interventions by Salvation Army Officers and Chaplains

The Salvation Army has approximately 600 Officer (*couples*) {Clergy} and Chaplains. Salvation Army Officers provide a variety of support in the area of suicide prevention and postvention. Most Salvation Army Officers have been called on to provide support to families who have been bereaved by suicide. Salvation Army Officers are sometimes asked to accompany police when they visit the family to notify them of the suicide death, or to support police at the scene and Salvation Army Officers are often asked to conduct funerals for people who have died by suicide. In the past 5 years, this would have ranged from between 1000 – 1200 funerals. In most of these instances, the Chaplain or Officer would have an ongoing role in providing support to the bereaved family.

The Salvation Army Hope for Life Programs

The Salvation Army Hope for Life has received funding through the Commonwealth Department of Health and Ageing - National Suicide Prevention Strategy - Community Grant Program since December 2006, and delivers a number of key initiatives designed to raise awareness about the impact of suicide and provide support to people at risk of suicide and those who have lost a loved one through suicide. The Salvation Army takes a community development approach in implementing suicide prevention and postvention programs, firmly rooted in the belief that suicide is everyone's business and we all have an important role to play in watching out for our family, friends and neighbours and being equipped with the knowledge and confidence to intervene effectively and refer people to appropriate support. The Hope for Life initiatives include:

Suicide Prevention Web Site

A web site, www.suicideprevention.salvos.org.au which is essentially the gateway to the suicide prevention and postvention initiatives and the portal to access the QPR suicide prevention gatekeeper course and Living Hope Bereavement Support Training Programs which are designed to raise the knowledge and confidence of the general public and particularly people who work in the area of human services. In addition, the web site provides generic and specific information about the suicide prevention and postvention and is a means of promoting conferences and events. The web site also provides links to other relevant web sites and helpful resources. We are keen to explore using the web site for 'on line' moderated discussions groups and support groups, which will be particularly useful for people living in rural and remote locations, or for those who are reluctant to join a support group in the first instance.

QPR Suicide Prevention First Aid Training

QPR – which stands for Question, Persuade, and Refer, is an on line training program which was developed by Dr Paul Quinnett, PhD. (clinical psychologist) and has been adapted to suit the Australian cultural context. QPR Training includes -

- Myths and facts about suicide
- Some warning signs of suicide
- How to apply QPR
- How to offer hope and support

QPR is 3 simple steps that anyone can learn to help save a life from suicide. Just as people trained in CPR and the Heimlich Manoeuvre help save thousands of lives each year, people trained in QPR learn how to recognise the warning signs of a suicide crisis and how to question, persuade, and refer someone to help.

The QPR Gatekeeper training is accessed through the Hope for Life web site www.suicideprevention.salvos.org.au and takes approximately one hour to complete.

Living Hope Bereavement Support Training for Caregivers

Living Hope is a comprehensive program which covers all aspects of suicide bereavement from practical matters to be attended to following the death of a loved one, the grieving process, aspects of spirituality, the influence and impact of culture on grieving, understanding emotions and a host of helpful information which aims to equip potential care givers to support individuals and families through the devastating experience of losing a loved one. The Living Hope training course is centred around a six step postvention model (S.P.I.R.I.T) which focuses on how to create a connection with people so that you can help them through the trauma, help them to understand their emotions and to grieve in their own unique way. Living Hope can be accessed either through a 'face to face' 2 day course or through 'on line' self paced delivery.

Hope Line

The Hope Line is a National 24/7 Crisis Line for people who have been bereaved by suicide. Many of the calls, come from people who want to discuss emotional issues which they feel are too deep or too personal to share with another person. One woman caller commented "this is the first time in my life I have been able to share at such a deep emotional level."

Hopefirst Initiative

Salvation Army Officers and Chaplains are occasionally asked by police to accompany them when they first attend the scene where someone has taken their own life or when they visit the family to advise that their loved one has died. This not only provides moral and personal support for the police involved in this difficult task, it also provides a third party who can provide immediate practical, emotional and spiritual support for family members, enabling the police to undertake their formal professional role. There is a

need to recognise the importance of such support and develop and fund programs to formally train and resource clergy to undertake this important role.

We note the important and significant work being undertaken by groups such as The StandBy Response Service and Arbor in providing a 24 hour crisis response to families who have been bereaved and would support the expansion of other postvention programs which provide this type of support throughout Australia.

Hope for Life is in the process of developing a First Responders service pilot modelled on the Active Postvention Model (APM) known as LOSSteam (Local Outreach to Survivors of Suicide)developed by Dr. Frank Campbell in Baton Rouge, USA. The APM concept involves a team of first responders who go to the scene of a suicide and provide support and referral for those bereaved by the suicide. The goal has been to shorten the elapsed time between the death and survivors finding the help they feel will help them cope with this devastating loss. The Active Postvention Model and has shown to have a positive impact on both the team members (most often bereaved individuals who have gotten help and now provide the installation of hope to the newly bereaved) as well as the newly bereaved.

Champion initiative

The Hope for Life Champion Initiative is all about change at a local level and helping communities to recognise that they can make a positive difference. By enlisting the help of motivated, educated and committed people who can raise awareness about the issues and actively engage their local community, this project aims to build the capacity of Australians to help each other. Specifically, through the work undertaken by Hope for Life Champions, it is hoped that communities will:

- increase their awareness of issues relating to suicide and suicide bereavement support;
- create more linkages between those at risk and existing support resources;
- become more proactive and active in not only suicide prevention activities, but also in providing support to those who have lost a loved one through suicide (e.g. undertaking QPR and Hope for Life training on line); and
- improve their ability to respond appropriately to those at risk of suicide and those bereaved by suicide.

Champions look for, and create, opportunities to champion the suicide prevention cause as part of their everyday life. They may do this by offering to speak at their local school assembly, putting up posters on local notice boards, visiting community centres and other relevant organisations to talk about Hope for Life or undertaking other activities in their local community that will help to educate others about suicide prevention and bereavement support issues.

Hope for Life Champions are people who are passionate about suicide prevention and supporting those who have lost a loved one through the tragedy of suicide. Champions are also people who want to advocate for change at a local level and are committed and

motivated enough to take action. Hope for Life Champions may, or may not be, survivors of suicide. Hope for Life Champions have three main elements to their role; engagement, education and advocacy.

Engagement: In order for a champion to successfully promote change within their community they must be engaged with it. This means meeting new people, creating mutually beneficial networks and learning about the local community; what business exist, what social support services are available, what social and leisure activities are popular and who are the people that live there.

Education: One of the biggest issues in suicide prevention and bereavement support is that many people still do not understand the issues involved or have been wrongly educated. Dispelling the myths and removing the stigma that surrounds this topic will only be done through talking about the issues, identifying the facts and sharing the stories.

Advocacy: Advocacy simply means encouraging change and the Hope for Life Champions are agents of change within their community. They are advocating for those who are risk of suicide (now and in the future) as well as for those who are bereaved through suicide in the hope that through greater community engagement and improved understanding, people will be better able to reach out and help each other.

Postvention Conferences

The Salvation Army Hope for Life in partnership with the Department of Health and Ageing and several key agencies working in the area of suicide prevention and postvention has hosted 2 significant National Postvention Conferences, in 2007 and 2009 respectively. The Conferences brought together survivors, caregivers, emergency service personnel, clergy, researchers, mental health professionals, youth and welfare workers to participate in the conference and hear from National and International experts in the field of suicidology and also provided an opportunity for families and friends to participate in a Remembrance and Healing Ceremony.

Life Keeper Memory Quilt Initiative

The Life Keeper Memory Quilt was designed as a memorial to people who have died by suicide. Life keeper Memory Quilts serve as a creative outlet for survivors' grief as well as a touching, visual reminder of so many who were lost to suicide.

By putting a 'face' on suicide, these quilts help carry the message that preventing suicide is not just about lowering statistics, but also about saving the lives of mothers, fathers, brothers, and sisters across the nation.

'The quilt is a wonderful idea and will hopefully be good for raising awareness about suicide and prevention.'

The Quilt contains the images of 62 people approximately 70% of those represented on the quilt are young people between 12 and 27 years of age.

As well as being a meaningful memorial, the Quilt provided the opportunity to raise awareness of suicide. Throughout the development of the Life Keeper Quilt and post the launch event, The Salvation Army Hope for Life has made strong connections with the families involved, many of them shared tributes and stories about their loved ones and these are included in the attached Life Keeper Memories Booklet and also can be viewed on the Salvation Army Hope for Life web site.

'The quilt has brought me some comfort, knowing that our child's memory will live on.'

'I am very grateful that this Quilt for Life Project was run. I lost my beloved son in 2007 and people seem to have a "used by date" on grief. I feel that this time now is harder to deal with now then when he died. This quilt has given me the opportunity to show the world that he did exist and still exists within my heart. I thank you for this.'

Unanimously, these families were most grateful for the opportunity to remember their loved one in this way and to meet other families to share their stories.

Furthermore, they saw this as an opportunity to raise community awareness about suicide.

The clear messages emanating from this initiative are that many families need an opportunity to grieve openly and share with others. Sensitive rituals are very important in the grieving process and families need to know that they are not alone and that they have the support of a concerned community.

'I will never forget what the Salvation Army has done for me and for all the bereaved families. The combination of practical help and compassion is unique and so touching. Bless you for what you do, and thank you from the bottom of my heart.'

Hope for life is now in the process of conducting a formal evaluation of the role of the quilt as part of a therapeutic intervention.

The Salvation Army Social Programs

The Salvation Army is one of the larger providers of social programs in Australia, the range of services provided include AOD Detox, Rehabilitation and Counselling Services, Supported Accommodation and Crisis Support for homeless people, Family Violence Services, Counselling, Problem Gambling Counselling, Youth and Family Services, Parenting Programs, Community Support Services, Emergency relief, material aid and Financial Counselling, Employment, Education and Training Programs and Services.

In each of these programs our staff have consistent interaction with, people who have attempted suicide, those who are contemplating suicide and families who have lost a loved one through suicide. Most Salvation Army social service staff have undertaken some form of suicide awareness training and are able to recognise the warning signs and know how to support people who may be suicidal. However they comment on the lack of service options available for people with mental health issues.

Select Committee Terms of Reference

The submission does not provide responses against each aspect of the Terms of Reference, but rather focuses on those areas where we have specific practical experience.

The comments and views provided in this submission have been drawn mainly from primary sources which include the direct experience of Salvation Army social service personnel, feedback received from Salvation Army Officers about their experiences in working with people affected by suicide and most importantly from many families who have been involved with Salvation Army Bereavement Support Programs and those were involved in the Life Keeper Quilt Project. These families speak of their direct experience and we believe this has great relevance to the issues raised by this Inquiry.

This submission will primarily focus on what we perceive to be some of the contributing factors that create a suicidal risk and the importance of providing postvention support as a suicide prevention initiative.

Research demonstrates that those who lose a friend or loved one by suicide have a higher risk of suicide, in fact they have a 9 times greater risk of suicide, (Seguin et al., 1994; Ness and Pfeffer, 1990).

It is our view that providing immediate crisis and ongoing support to those affected by a suicide death, should be a critical component of any suicide prevention strategy, to avoid the issue of contagion and to help friends and families through the grieving process.

Through our work with people who have been bereaved by suicide, the Salvation Army has a keen insight into the devastating affect on families and communities when a person dies by suicide. It has been estimated that at least six people are deeply affected by each death. (Hawkins K. 2006). However the ripple affect of a suicide death impacts on a wide range of people who knew the person who died and includes family, friends, neighbours, fellow students or work colleagues, acquaintances from sporting groups,

clubs or social networks, health professionals and the impact can be felt by up to 100 people or more.

The following comment from a Salvation Army social worker demonstrates the ramifications of a suicide death for professionals and other service users.

> A client in one of our residential programs overdosed on three separate occasions over a period of about two months. Staff performed CPR each time. The last time the client could not be revived. Feedback from other residents was that he had said that he no longer wanted to live. A newly graduated social worker was deeply upset by the incident. More experienced staff managed the sadness within a broader experiential context.
>
> Notwithstanding this, all were deeply affected. The person's former family was contacted by the chaplain who conducted the funeral service which was attended by other residents and staff. The key message was to look out for each other, both practically (amongst injecting drug users) and more broadly to show that we care and assist when people need assistance.

Role of Police, Emergency Departments and general Health Services

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;

Salvation Army employees and Officers have first hand experience in dealing with the various agencies who form part of the first response team in the event of a suicide attempt or suicide completion.

Comments from workers and family members who had experience with police, emergency departments, general health services and mental health services reflect the lack of coordination between the various agencies involved in assisting young people at risk of suicide. There is a need for stronger cooperation not only between the various emergency services but also with other health and human services.

A family member commenting on her experience with the various emergency service systems, states:

> More government campaigns are needed for public awareness and acceptance, youth awareness in schools and more awareness by those dealing with the mentally ill and identifying those presenting as a risk of suicide, such as police emergency departments and general health services. I travelled the dark road and lack of support and understanding situations with my husband for many years and felt the humiliation and absolute frustration in the times of need shown by those involved in those employed in both law enforcement, doctors, nurses etc. No doubt there is more advertising and articles on suicide and mental health issues. A stronger backing of its 'OK to not be OK.' If it saves one life there has been effect. I read an article recently that stated "a life lost to suicide is a loss to the world".
>
> Whilst programs, conferences, support groups etc are readily attended by those personally affected by bereavement or those worried that their loved one may be the next statistic, there is a great need for attendance by police, ambulance, teachers, the clergy and government ministers, hospital and medical staff including both GPs and Specialists. The lack of awareness generally within these groups is frightening. Our own Snr Consulting Psychiatrist was and continues to be unaware of such groups etc. On a recent visit to a Mental Health ward in a major hospital, a response by a head nurse when I was wanting to discuss the increasing number of suicides and lack of understanding of those involved with the mentally ill was that "they didn't care their only concern was that of their own family s welfare". Often there are a number of attempts prior to a suicide complete. Yet these are often dismissed as an attention seeking act.

Police

Many families, who have been bereaved by suicide comment on the exceptional role played by police, including the compassionate support provided by police from the time

of notification through the process of examining the circumstances of the death. One mother commented, 'the police were absolutely amazing, I could not fault their response or their compassionate attention to us at the time.'

However we have also spoken to a number of families, who felt that the Police were callous and unhelpful. A police man was interviewing a mother about her son's accident, where an inappropriate choice of words left the mother of this boy feeling even more devastated. She stated, 'the first words he greeted me with were "silly Mark* eh". He could be forgiven for not knowing what to say, but words not well chosen just the same.'

(*Mark not his real name)

Another parent reported, 'Following a tragedy of this proportion one expects empathy, understanding and support from all the key people who are involved in those terrible weeks and months afterward. But in our situation this was not the case. Because we were not at home at the time there were many questions we needed to ask. The policeman, who attended and was our contact, was uncooperative. We asked him to come out to the house as we needed to have explained to us exactly what had occurred. He refused to come and visit us and insisted we go to the station. We were consumed with grief and could hardly bear to venture outside the house so we found this very hard. I implored him to see us at home as I needed him to give us some information around the site where our son had died. I never knew whether he was not experienced or equipped to deal with a trauma of this type or he simply didn't understand how it was for us. Following a succession of problems a capable senior officer took over and we were asked to make a formal complaint about the issues that we encountered. We will always be grateful for his input. We did receive a formal apology from the police department.'

It is critical that first responders provide sensitive and sincere support and follow up contacts with people who have lost a loved by suicide. One family stated, 'there was no one who offered any sort of assistance. A police chaplain had been on the scene at the time and left his card but we did not hear from him. We would have appreciated a phone call.'

Another comment from a bereaved family, 'after speaking to other families who have lost a loved one to suicide we found there were a lot of inconsistencies in their experiences. The follow up received seemed to depend on the action of the particular policeman who attended. One person told us they had such a compassionate policeman he contacted the every week for months to follow, to see how they were managing.'

From the feedback we received from families relating to the support provided by police following a suicide death, it could be observed that some police appear to have the skills and training to respond appropriately and compassionately, however we believe that providing ongoing training and support to police in this area of their work is critical.

We would also recommend that a support model such as The Salvation Army Hopefirst approach, should be explored to ensure that police are accompanied by someone who

can provide practical and ongoing support to the bereaved family and the community during the grieving process. There is an urgent need for human contact and practical assistance to be provided immediately after a suicide death, particularly in the hours after wards when the police are dealing with the 'crime scene'. One family described the experience of being notified that their loved one had died by suicide. In this particular instance the family were not provided with any basic care and because they were in a state of shock, they were incapable of providing the support they would normally provide to each other.

> We gathered outside our loved one's house soon after his death - or rather we stood around on the street outside. The inside of the house was a crime scene until the police completed their assessment of the situation, whilst the police were perfectly nice and reasonable we felt unable to talk to them or ask them questions about what was happening. We waited in the street for some 3 or 4 hours. During that time no-one spoke to us or offered us a cup of tea or a chair. There had been an ambulance at end the house and I don't understand why they didn't stay and help us with the shock. It was cold and we didn't have coats and we needed basic human contact help and practical support. It seems a small thing to offer a coat or a cup of tea but we needed help at that point because none of us were in a state to offer the support that we would normally provide each other. We needed someone to be an intermediary with the police and help us to deal with our grief and shock. I have since heard of the wonderful work that is done in some other states and in parts of the US where there are teams that attend at this time.

Mental Health Issues

Many people feel there is still a stigma associated with mental illness. One client of Salvo Care Line, who has attempted suicide many times said that "I do not want the hospital system to consider me as part of a group of young people causing trouble in my area. The mental health system lumps us all together".

The mother of a young woman experiencing depression expressed the shame her daughter felt about spending time in a private psychiatric clinic.

> I understand why she died by suicide ... because she had deep depression and this was the third episode, she felt shame about spending time in a private psychiatric clinic she could see no solution to living with depression than ending her life. What I fail to understand is why my lovely daughter had such deep depression and why I could not find help for her and why the mental health system was so difficult for me to navigate.
>
> I have thought since she died and in cases similar to hers where she would not engage with health professionals although she gave an impression she was,

where she did not have the energy for life, the trust and felt herself there was a huge stigma about depression as a family member and her carer I was the best hope she had and maybe if I had been directed to specific support for myself we could have navigated the mental health system better.

Name Withheld

Depression, anxiety, self-harm and suicide ideation are major health issues for disengaged young people.

The ability to easily access mental health services is a high priority and requires urgent attention, particularly the issue of 'after hours' crisis services for young people.

Targeted programs and at risk groups

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;

There is a need for greater public awareness around the risk and protective factors for suicide and particular for those human service agencies who work closely with people who exhibit risk factors. The list below outlines some of the known risk and protective factors associated with suicide (Barry & Jenkins 2006; Commonwealth of Australia, 2006; Rickwood, 2005).

Risk factors for suicide	***Protective factors for suicide***
Individual • gender (male) • mental illness or disorder • chronic pain or illness • immobility • alcohol and other drug problems • low self-esteem • little sense of control over life circumstances • lack of meaning and purpose in life • poor coping skills • hopelessness • guilt and shame	**Individual** • gender (female) • mental health and wellbeing • good physical health • physical ability to move about freely • no alcohol or other drug problems • positive sense of self • sense of control over life's circumstances • sense of meaning and purpose in life • good coping skills • positive outlook and attitude to life • absence of guilt and shame
Social • abuse and violence • family dispute, conflict and dysfunction • separation and loss • peer rejection • social isolation • imprisonment • poor communication skills • family history of suicide or mental illness	**Social** • physical and emotional security • family harmony • supportive and caring parents/family • supportive social relationships • sense of social connection • sense of self-determination • good communication skills • no family history of suicide or mental illness
Contextual • neighbourhood violence and crime • poverty • unemployment, economic insecurity • homelessness • school failure • social or cultural discrimination • exposure to environmental stressors • lack of support services	**Contextual** • safe and secure living environment • financial security • employment • safe and affordable housing • positive educational experience • fair and tolerant community • little exposure to environmental stressors • access to support services

Salvation Army youth services work with young people who engage in serious self harming, suicidal ideation and /or attempted suicide. The issues impacting on young people are many and varied, it would be fair to say however that the key presenting issues for many young people include;

- Severe diagnosed and un-diagnosed depression and/or other mental health issues.
- Disconnected from their community and family
- Engaged in unhealthy peer relationships
- Drug and alcohol issues
- Lack of employment
- Sense of alienation
- Lack of hope for the future

There is a need to provide extensive follow up support to people who are at risk or who have attempted suicide and to help them to develop personal resilience. Often people presenting with suicidal ideations or who have attempted suicide express a sense of futility and/or feeling overwhelmed by their situation. Their issues are often multiple and complex and can include alcohol and or other drug dependence, homelessness, social isolation, financial complexities and mental health issues. The issues rarely stand in isolation and it appears to be an accumulation of events that leads them to suicidal ideation or attempts.

Homelessness and community services need to be resourced to provide programs and counselling which will help people to develop coping skills and personal resilience. Where this is provided lives can be turned around, as shown below:

> A young man presented some time ago very close to suicide and over the past two years has gone from living in his car alone feeling worthless, to now having his own place and actually has his child in his custody. It has taken over two years but he has got there with support and competency based social programs, with one on one support.

The Salvation Army suicide prevention and bereavement support programs are called Hope for Life, because we recognise the importance of 'hope' in building resilience and in particular for people experiencing any sense of loss or disadvantage, whether this be loss of a job, loss of identity, loss of finances, loss of freedom or lose of a loved one. There is a body of work that focuses on Hope Theory. Richard Snyder (2002) defines hope as 'the perceived capability to derive pathways to desired goals and motivate oneself via agency thinking to use those pathways.'

According to Snyder, there are three components associated with hope:

1) having goal-oriented thoughts;

2) developing strategies to achieve goals; and

3) being motivated to expend effort to achieve goals.

Many at risk young people, have developed a sense of hopelessness and helplessness that results in pessimism and can ultimately lead to depression.

Helping to instill a sense of hope by giving young people an opportunity to envision a better future is an important ingredient in building personal resilience. This can be achieved through programs that help to build individual and community capacity through skill development, social and economic participation. In addition positive role models and peer support programs can provide positive encouragement and constructive feedback to help individuals to become focused on goal achievement.

Impact of Drugs and Alcohol

The Salvation Army has a keen insight into the impact of alcohol and other drugs (AOD) as a significant risk factor in suicide. We deliver a range of AOD services across Australia and work with people who have a dual diagnosis, people with serious alcohol addictions as well as poly drug users. We know that drug and/or alcohol misuse are significant risk factors. Concerns have been raised with us by many parents about the effect that excessive use of alcohol has had on the emotional health and well being of their child and has resulted in suicidal ideation.

In our experience, people are more likely to express their feelings of hopelessness and their suicidal ideations/attempts, when they are intoxicated or under the influence of drugs. In these instances it is critical to support people to remain safe and link them in with appropriate services when sober.

The Salvation Army AOD and homelessness services work with people with suicide ideation, which stems from an underlying depression often associated with past trauma. The individual often uses substances as a form of self-medication in an attempt to block unwanted thoughts and but at times is under the influence of these substances when they attempt to or complete suicide.

Circumstances of high-risk groups.

The Salvation Army strongly supports the funding and resources of targeted programs and services to support people at risk of suicide, but it needs to be recognised that suicide prevention is an issue which needs to be understood by the whole community and we need to be more proactive in ensuring that all members of the community are encouraged to undertake at least basic gate keeper training in suicide awareness.

Bereavement Support Services

The Salvation Army Hope for Life program has an intentional focus on providing training to care givers in the area of bereavement support for people who lose a loved one by suicide. The deep sense of anguish and loss and the myriad of emotions that people experience, the constant questioning Why? and What if? makes suicide grief different from other grief. It is critical that people in this situation are provided with practical support and opportunities to share their grief. Training provided to community organisations, members of the clergy, teachers, health and welfare professionals will raise awareness of the grief journey and enable community volunteers and

professionals to provide appropriate support to individuals and families. The Salvation Army and several other church groups also provide opportunities for families and friends to celebrate the life of their loved one through Healing and Remembrance ceremonies.

Telephone Counselling Lines

24 Hour Telephone Counselling Lines are an essential part of the support network need to provide immediate crisis responses to people at risk of suicide. In our experience, a high percentage of callers include people who have previously attempted suicide. In the majority of calls the counsellor is able to diffuse the situation and contract with the caller not to proceed with suicide. One person had a noose around their neck saying goodbye to the counsellor on a mobile. The counsellor encouraged the caller to step down out of the noose and was able to prevent the suicide death.

Suicide Prevention Awareness Programs

Suicide prevention training programs perform an important function in raising awareness about suicide within the community and must continue to be adequately funded and actively promoted. Many of the people who have lost loved ones by suicide, tell us, if only they had understood more about the myths and facts of suicide or had known how to recognise the warning signs, they may have been able to intervene more directly to support their loved one.

Specialised Community Support Services

The Salvation Army provides a range of community support programs and services to support people who are at higher risk, including

- Disadvantaged young people
- Homeless people
- People with Drug and Alcohol addictions
- Families in financial crisis
- Rural families and farming communities impacted by the drought.
- People with gambling addictions

Some of these people may be experiencing mental health issues but overwhelmingly the issue confronting most of the people we work with is a deep sense of hopelessness and often a sense of worthlessness. The role provided by community services and church agencies throughout Australia in providing a place of safety, community connection and a place where people can rediscover their worth, should be factored into suicide prevention strategies. Many of The Salvation Army social programs and community centres endeavour to provide a place of belonging for everyone. When people who are struggling with suicidal tendencies feel like they are a valued part of a community, they are given strength and hope to continue living.

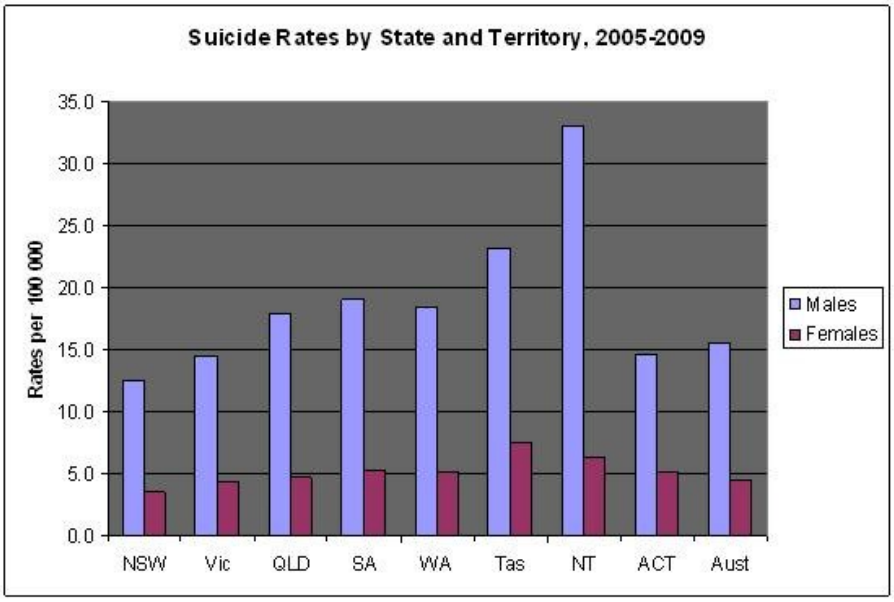
Accuracy of suicide reporting

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 under- reporting on understanding risk factors and provision of services to those at risk).

We know that according to the World Health Organisation, over 1 million people die by suicide each year and that in Australia the recorded deaths by suicide estimate that between 5 and 6 Australian dies each day by suicide. The Australian Bureau of Statistics, Causes of Death Report, states that, 'suicide continues to be a major public health issue. In terms of leading causes, Intentional self-harm or suicide, was ranked 15th of all deaths registered in Australia in 2007. Males accounted for over three-quarters of all suicide deaths in 2007, resulting in a ranking as the 10th leading cause of death of males. (ABS Catalogue 3303.0. Causes of Death Australia, 2006, released on 18 March 2009).

Suicide is one of the highest causes of death for young people. In the 2009 ABS data, suicide represented 19% of all deaths for males between the ages of 15 – 19 and 15.9% of deaths for females in the age range. In the age range 20-24 years, suicide accounted for 24.2% of deaths for males and 17.2% of all deaths for females.

According to ABS data, in the five years between 2005 and 2009, the Northern Territory has had the highest rates of suicide.



Source: ABS Catalogue 3303.0 Causes of Death Australia, 2009

Suicide in Indigenous Communities

Whilst we know that rates of suicide in Indigenous communities have been increasing since the 1970's and that suicide rates amongst Indigenous people is estimated to be

three or four times that of non Indigenous Australians, it is difficult to gain accurate data on the rates of suicide.

In fact, it is commonly accepted within the suicide prevention sector that death rates are much higher that the recorded data released by the ABS.

Consequences of under reporting

One of the most obvious consequences of under-reporting, is that the extent of families impacted by suicide is seriously underestimated and the true social and economic costs of suicide are not taken into account.

If the data is inaccurate the to address this serious social issue is seriously compromised. In particular, this restricts the ability to:

- Identify and address the underlying causes of suicidal behaviour;
- Develop appropriate suicide prevention strategies;
- Provide timely postvention support for families and communities.

Conclusion

This submission has drawn heavily on the experience of Salvation Army Officers and employees who daily endeavour to provide support people who are struggling with the pain of hopelessness. It is unacceptable that so many young people within our community die by suicide and we all need to take on the responsibility of preventing suicide, by becoming informed and vigilant in being able to recognise the warning signs and intervening to save lives. We need the support systems within the community to work collaboratively to provide wrap around supports to people in crisis.

The Salvation Army Hope for Life respectfully makes the following recommendations that may be helpful in ensuring that appropriate programs and initiatives are developed within the Northern Territory to raise awareness about the impact of suicide and to ensure that young people at risk receive timely and responsive support.

Recommendations

1. Develop specific resources to help to inform parents about the issues of suicide and how to refer their children to appropriate support.

2. Provide and promote Bereavement Support Training throughout the community, particularly targeting health and welfare providers and emergency services personnel recognising that suicide postvention can also be suicide prevention.

3. Develop a First Response Postvention Support Program working closely with the Coroner's Office to provide immediate support to individuals, families and communities following a suicide death.

4. Provide specific training and support to members of the clergy as potential first response support teams alongside police and emergency services.

5. To increase the accessible of information and resources in remote areas, explore the provision of suicide prevention web based training courses, counselling support and resources and make these available through schools, health services and government offices.

6. Resource community support services to develop capacity building and resilience programs to support people who are socially isolated and/or disconnected young people who have limited family or personal support networks.

7. Develop better connections and protocols between health workers inside the hospitals and the mental health teams in providing 'wrap around supports' to people who are feeling suicidal.

8. Ensure that joint protocols are developed between mental health services and community support services.

9. Develop and fund early intervention programmes for teenagers and school children which focus on the value of life, peer support, self soothing and resilience.

10. Fund specific programs which focus on building hope (e.g. social and economic participation, peer support programs, mentoring and positive role modelling through sport, recreation, music mentoring), to provide young people with an opportunity to socialise especially during difficult times. Recreation and social activities play an important part in helping young people through periods of mental and emotional crisis.

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