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Ms Marion Scrymgour MLA
Chair
Select Committee on Youth Suicides in the NT
GPO Box 3721
DARWIN NT 0801

Dear Ms Scrymgour

I refer to your call for submissions to the Select Committee on Youth Suicides in the Northern Territory. Please find attached for the Committees' consideration a submission from the Northern Territory Police Force.

I thank you for the opportunity to make a submission to the inquiry.

Yours sincerely

for John McRoberts APM
Commissioner of Police

5 October 2011



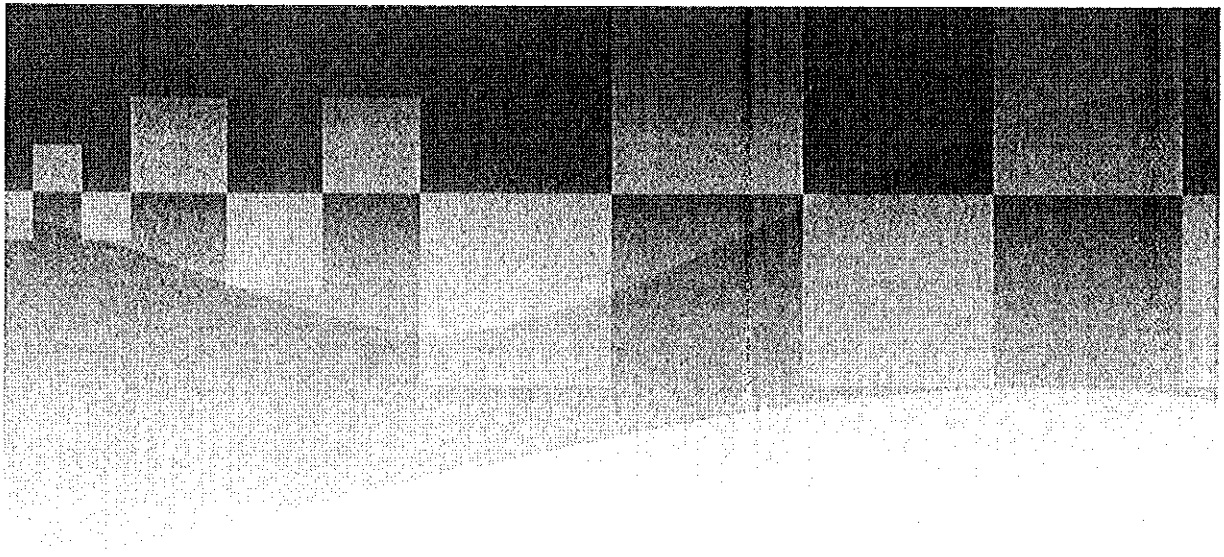
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SELECT COMMITTEE ON YOUTH SUICIDES IN THE NT

NORTHERN TERRITORY POLICE SUBMISSION

OCTOBER 2011



The Northern Territory (NT) Police work in close consultation with key partners in the Departments of Health (DoH), Children and Families (DCF) to respond to issues of youth suicide and suicidal ideation. These agencies agree that strong and continued interagency working relationships and information referral processes are critical. The NT Police are committed to continuing to build on agency and community relationships in responding to Youth at risk and preventing youth suicide. NT Police are often the front line of contact, particularly in remote communities with limited services and all police officers are trained to recognise these situations, provide a mental health first aid initial intervention and to make linkages with and referral to appropriate services. Police Youth Engagement Officers (YEPO), Community Engagement Officers (CEPO) and Youth Diversion Officers in particular, come into close contact with young people in crisis situations.

The main issues arising in this submission are the:

- Identification of the need for an increased, high level focus on youth suicides. As elevation of the issue as a standing Agenda item on the Community Safety Working Group agenda (informed by local Interagency Tasking Coordination Groups.), would be a positive step;
- Recognition that better coordination of early intervention programs and services is required for improved case management for youth at serious risk of self harm.
- Recognition that development and expansion of culturally appropriate responses and resources aimed in particular at young Indigenous people and remote communities is important;
- Need to build on and expand current successful youth focus programs in remote and Indigenous communities;
- Ensure Youth services are mapped to identify service and funding gaps;
- Recognition of the need for continued support of current short-term funded initiatives to enable the level of resources dedicated to programs within police and other key agencies to continue.

NT Police note that the Terms of Reference for the Inquiry are focussed on Youth between the ages of 17 and 25 years. The NT Police response and engagement activity is not age specific and recognises that education, diversion and referral activity by NT Police Officers is as important for children and the 26 to 45 age group as well as young people aged 17 to 25.

In regard to the key aspects of the Select Committee on Terms of Reference the following comments are made:

a) Proposals to access Commonwealth funding programs

(Including the National Partnership Agreement on Mental Health targeting suicide prevention, intervention and youth mental health, with a particular emphasis on Youth between 17-25 years of age)

NT Police are aware that the Council of Australian Governments (COAG) process currently being finalised should lead to future improved coordination of partnership funding for all programs. This is particularly critical for funded initiatives for youth at

risk and youth focussed mental health programs. A stronger focus and improved coordination of preventative and support services, as well as increased funding is essential for services that respond to suicides.

It is considered that a comprehensive Youth Services mapping exercise, to identify all youth-related funding provided by the NT and Australian Governments, would help ensure proper planning and delivery of services and help identify service gaps and unmet need. The information would also assist in evaluating the funding model, setting priorities for service funding and informing joint funding decisions on service delivery for youth at risk.

The current low level of resources and services particularly in youth engagement in remote areas is recognised by NT Police. It would seem more appropriate to allocate funding for suicide prevention to a few critical services with specific skills in this area and encourage other youth at risk services to link more closely and refer to these specialised services for counselling and support.

Major services used by Police for youth referrals include Beyond Blue, Life Line and Headspace. NT Police consider an expansion of their services into remote and Indigenous communities, in partnership with and supporting the work of some very good but small local services, is necessary. See further comment at section c) below.

b) The adequacy and appropriateness of youth suicide prevention programs, including in schools

(Services targeted at Youth aged 17-25 years of age with particular emphasis on Suicide Prevention education and awareness in School; and the adequacy and appropriateness of suicide prevention programs aimed at 17-25 year olds)

NT Police understand that critical early intervention approaches are required to avoid future issues of self harm and abuse. Training for Government staff to the level provided to police recruits would provide staff with skills to more effectively engage with young people at risk. Feedback from NT Police practitioners, including school based YEPO, is that all Government workers could benefit from training in programs such as ASSIST, particularly those working in remote communities. Other feedback from YEPO and school students indicates that increased access for young people to counsellors may reduce potential harmful outcomes.

The NT Police response to this vulnerable age includes the co-location of 22 YEPO in key urban and regional centres between schools and their local police stations. They provide a range of supports to the school system, particularly focussed on young people offending, those seriously at risk of suicide or with issues of self harm. Where possible in remote communities the YEPO provide support for the Drug and Personal Safety Awareness programs delivered by DET and the NT Police Early Intervention Pilot Program (NTEIPP – refer to section 7 below).

Another area of concern linked to youth suicide and other forms of self harm is the multi-media area and the increase in cyber bullying and cyber offences associated with social networking such as Facebook. The YEPO liaise with schools and families to raise awareness of these issues.

c) Services for high 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)

NT Police agree that for service delivery to be more effective there needs to be strong partnership arrangements between youth services and agencies with a mental health focus. The Katherine Region Interagency Tasking Group (ITCG) chaired by the Commander of the Northern Command has agreed to improve cooperation and information sharing and work together to avoid a silo effect. Some agencies still have barriers based on client confidentiality and privacy issues which need to be resolved.

An example of good practice of a coordinated approach from the Katherine ITCG is the recent identification of the lack of information available to service providers coming into contact with youths self harming. In response to this need an approach was made to DoH Tamarind Adolescent Mental Health Service and it has agreed to provide monthly professional development sessions in Katherine. Sessions for staff will include recognising self-harm, vicarious trauma and boundary issues and information will be provided on cannabis and alcohol abuse and forms of self harm with clear links to mental health problems.

Specialised mental health services are limited outside Darwin and Alice Springs. Police in the Katherine area have noted that clients within the region are often more comfortable with services provided locally rather than having to travel to or wait for services available from Darwin. The lack of housing availability in major urban communities such as Katherine as well as in remote communities is considered a barrier to services to being established regionally.

The NT Police Youth Development Units in Darwin and Alice Springs note the significant shortage of appropriate youth focussed programs in remote communities that are able to provide early interventions and responses to self harm. Development of a culturally appropriate response and resources to help strengthen families and provide information about suicide for people living in remote and Indigenous communities is critical. There are very good urban focussed mental health programs such as Beyond Blue, Lifeline and Headspace but it is considered that some of their resources and programs do not fully meet the needs of remote communities or the staff working with them. Other localised responses such as the Mental Health Association of Central Australia and other programs delivered by Wurli Wurlinjang and Sunrise Health Services are examples of strong local culturally appropriate responses. These services may be further strengthened by partnering with the previously named key national providers who are seeking to extend their role in the Territory.

Police at Nhulunbuy have reported on the excellent work undertaken by the voluntary suicide awareness group run by the local community at Yirrkala. The Yolngu group, led by Ms Gayli Marika Yunupingu, recently won a national award for their work. They have been operating independently for approximately three years without funding support. NT Police attend monthly meetings and support the work undertaken by the group in the community. It is suggested that the reason for such success is due to the local people doing the work on the ground constantly. It has been reported that in the Arnhem region "between January 2007 and December 2008 there were 143 attempted, threatened or completed suicides among 9500 people. Ski Beach has one

of the world's highest suicide rates; six Yolngu took their lives in a population of only 400. NT Police responded to more than 30 attempted or threatened suicides at Ski Beach as well.¹ (See further data at Attachment 1.)

The Community Youth Development Units (CYDUs) are youth related programs with which NT Police has considerable involvement and supports. The CYDUs, funded by DCF, operate in nine different communities across the NT and most work within very clear culturally appropriate practice models. All are community controlled and provide local responses to problems. They also provide case management support to young offenders for NT Police clients on formal Youth Diversion and are contracted to work with youth at risk within a community development framework. The case work can extend to working with young people with mental health issues and they provide linkages to appropriate, specialist services. For example, the Tiwi Islands Youth Development and Diversion Unit (Tiwi YDU) has been involved with the Tiwi for Life Mental Health Team (MHT) that was established in 2002 following the high rate of suicides in that community. The Tiwi MHT operates with a clinical psychologist providing a visiting service from Darwin with four community based Tiwi Mental Health Workers. The team-led engagement with the elders devises ways to tackle problems, focussing on social and emotional wellbeing.

The Tiwi YDU has had considerable success in running a Family Intervention Program based on Skin Groups. Without this program many disputes would have ended up in the formal justice system. Police are often part of the process and make referrals to the YDU who then coordinate interventions along Skin Group lines. The YDU also undertakes formal case management support for Youth Diversion Clients. (*See recent study commissioned by the Federal Court "Solid Work You Mob are Doing". http://www.fedcourt.gov.au/pdfs/rfts_s/solid_work_report.pdf*).

d) The response and policies of agencies such as police and 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)

NT Police work in close cross-agency collaboration with key agency partners to identify behaviours among young people that may escalate to self harm. Improved interagency coordination and reporting could be achieved with increased support and direction and an increased focus at a high level of Government, with elevation of the matter as a standing Agenda item on, for example, the Community Safety Working Group (CSWG). The CSWG is a cross-agency group, informed regionally by local Interagency Tasking and Coordination Groups.

NT Police is a member of the NT Suicide Prevention Coordination and NT Child Deaths Review and Prevention Committees and is a signatory to the NT Suicide Prevention Action Plan. NT Police recently implemented new internal Child and Infant Death Guidelines to ensure all investigations are reported to the Superintendent, Major Crime Division. As a result deaths are reported to the NT Child Deaths Review

¹ www.theage.com.au/national/saving-the-yolngu-people-20091106-i28q.html

and Prevention Committee of which the Commander Crime and Specialist Support is a member.

In addition to the role of the YEPO based in the schools, other NT Police responses available from across the organisation include:

1. Coronial Investigation Unit (CIU)

The role of Police in the CIU is to respond to and investigate reportable deaths on behalf of the Coroner. The CIU report suicide deaths to the DoH. Suicide clusters or increases in community suicide rates, when recognised by the members of CIU, are also brought to the attention of the Coroners Office which contacts the DoH to initiate a response.

2. Front line Police

All officers are provided with a range of ongoing training programs and support in the mental health area. This is underpinned by officers having an understanding of key legislation including the *Mental Health and Related Services Act* and *Care and Protection of Children Act*. Associated policies and procedures are outlined under various NT Police General Orders including the Police Code of Conduct and Ethics, and Mentally Ill Persons, and the Custody Manual.

Initially all police recruits are trained in Mental Health First Aid. This course is jointly delivered by the Negotiation and Conflict Resolution Unit and Top End Mental Health. The Mental Health on-line course is available to all police officers. Some officers, particularly those in remote communities, also access training programs targeted at the non-Government organisation sector such as ASSIST. Other specialist contacts and support include access to and use of the NT Alcohol and Drug Information Service (NT ADIS) number (refer to NTEIPP in section below.)

It is the role of police to provide mental health first aid and facilitate access to appropriate services however; further training and availability of culturally appropriate information for distribution would be of value. This is particularly important for those working with remote and Indigenous communities where there is limited access to services and supports.

3. Negotiation and Conflict Resolution Unit – Emergency Operations Division

This specialist NT Police Unit provides training and support to front line officers in crisis situations. This includes delivery of the training for Recruits, and intervening in crisis situations requiring specialist support. The Unit is investigating possible distribution across NT Police of the recently published *Resource Access for Those Touched by Suicide* (RAFTTS) from Lifeline Top End. This resource would assist police to provide support to families as part of their investigation of completed suicides.

4. Child Abuse Taskforce (CAT)

There are strong linkages between child sexual abuse and youth suicide. The CAT provides a central intake for assessments and management of incidents of child harm or exploitation and is jointly managed by NT Police and DCF (CAT). All reports received across the Northern Territory filter through the CAT office in either Darwin or

Alice Springs. Any reports of child self harm received by CAT are referred on for appropriate support.

5. Youth Diversion Units (YDU)

Darwin and Alice Springs YDU provide support and oversight for the Youth Diversion Scheme and have Territory wide responsibilities. Youth Diversion client assessments will sometimes identify potential for self harm with immediate referrals to specialised services for those at risk.

6. Community Engagement Police Officers (CEPO)

The Federal Attorney-General's Department recently funded eight CEPO for remote communities for the next two years. In June 2011 the CEPO were deployed to specific remote communities throughout the NT at Wadeye, Maningrida, Lajamanu, Alyangula, Ali Curung, Yuendumu, Ntaria and Papunya. Their role is focused on relevant areas of concern and intervention strategies including responding to community violence, supporting victims, Youth Diversion, crime prevention - including non-coercive early intervention, intensive interventions for serious and persistent offenders and conferencing and restorative programs and processes that involve local people. The CEPO will also be involved with diversionary programs including education programs developed by NTEIPP (refer to section 7 below) and the Drug and Personal Safety Awareness Program both which target youth.

7. Northern Territory Early Intervention Pilot Program (NTEIPP)

The devastating effect of alcohol and drugs cannot be underestimated in cases of suicide and suicidal ideation. A recent study in the NT reported that in 71% of suicide cases,² alcohol and drug use was recorded. The NTEIPP is an Australian Government initiative, funded under the *National Binge Drinking Strategy*, until December 2012. The program aims to reduce binge drinking related harms for young people under 18 years. NTEIPP works with a harm minimisation model, with a particular focus on partnerships to develop community ownership. The program conducts workshops with police, health and community services and young people. The brief intervention focussed workshops provide a framework for early engagement with young people in conversations around alcohol and the impacts of binge drinking including links to self harm.

A practical engagement tool is provided to participants, being the NTEIPP (glow-in-the-dark) wrist bands. These bands feature the NT ADIS hotline number to act as a referral point for young people. NT ADIS has 60 trained alcohol and other drug counsellors available 24/7 to provide health assessment, referral, information or immediate crisis support where necessary. Interventions may include young people at risk of suicide, or those seeking additional information or support for issues relating to self harm and suicide. NT ADIS counsellors are well trained in suicide prevention methods and depending on a range of different factors will refer to mental health support services. NT ADIS systems have trace functions that can enact as part of their mandatory procedures where they believe a person's life is at risk.

² The search to Identify Contagion operating within Suicide Clusters in Indigenous communities, Northern Territory, Australia. Leonore Hanssens PhD Student Charles Darwin University Paper presented at the "Aboriginal Suicide Prevention & Capacity Building Workshop" Suicide Prevention Australia 12-14th June, Alice Springs, 2007

e) The accuracy of suicide reporting

(The factors that may impede accurate identification and recording of suicides and attempted suicide rates (and the consequences of any underreporting or understanding risk factors and provision of services to those at risk)).

The Australian Bureau of Statistics record and report on completed Suicide statistics from data supplied by the Coroner's Office.

All suicides are reported to the DoH, Mental Health Services by the Coroner's Constable attending the deaths. The DoH shares information with the Coroner's Office of any mental health history within Government services. This informs the Coroner in determining the cause of death. Such information is kept confidential and use of these statistics alone would be inaccurate due to the fact that on many occasions a death may be determined to be death by misadventure rather than suicide.

Improved recording and coordination of local data and information sharing to enable services to identify issues of self harm and respond to those situations is important in remote and regional communities in particular. NT Police is aware of the significant under reporting in some communities, partially due to the issues of client confidentiality. The ITCG process in some regions is assisting to break down those barriers and enable agencies to work more effectively to ensure improved client focussed outcomes.

Data that can provide information on imitation or suicide contagion, or a cluster of suicides, is invaluable to NT Police and other key agencies. Attachment 1 outlines NT Police involvements with Suicide Attempts based on PROMIS (Police Real Time Management Information System) and Case Note entries for the last five years from 2006/7 to 2010/11. While this is not a fully comprehensive data base, as it only relates to those cases that police have been called to, it does confirm the current serious situation in relation to youth suicides and suicidal ideation. The high rate of Indigenous male youths in the 15-25 age bracket in particular is noted. Of concern is the almost similar rate of suicide attempts for young Indigenous women in the same age category. Increased Police involvement in responding to suicide attempts by younger children is also noted.

Summary

The role of NT Police working with key partners (and often alone) in responding to youth and broader community suicide and suicidal ideation will continue through all aspects of the police service delivery programs. Data on police involvements with suicide attempts highlights the ongoing need for NT Police to respond, intervene and provide referrals. Youth are clearly a very vulnerable group and the issues could benefit from evidence based research to ensure the most effective specialist services and supports are put in place. Government and non-Government agencies could also benefit from research that identifies and reinforces a holistic approach to education, training, diversion, support and treatment options for young people at risk of suicide or self harm.