LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY

11th Assembly

Select Committee on Youth Suicides in the NT

Public Hearing Transcript

12.00 pm, Thursday, 24 November 2011

Litchfield Room, Parliament House, Darwin

Members: Ms Marion Scrymgour, MLA Chair, Member for Arafura
Mr Michael Gunner, MLA, Member for Fannie Bay
Ms Lynne Walker, MLA, Member for Nhulunbuy
Mr Peter Styles, MLA, Member for Sanderson

Witnesses: SUICUIDE PREVENTION AUSTRALIA
Dr Michael Dudley, Chair Suicide Prevention Australia
Ms Sara Maxwell, Coordinator, Research and Policy Development

NT DEPARTMENT OF EDUCATION AND TRAINING
Mr Gary Barnes, Chief Executive Officer, Department of Education and Training
Mr Paul Nyhuis, General Manager Student Services, Department of Education and Training

Madam CHAIR: We might start. My name is Marion Scrymgour, I am the chair of the select committee. I just have an official statement ….

Dr DUDLEY: Marion?

Madam CHAIR: Marion.

Dr DUDLEY: You are Marion?

Madam CHAIR: Yes, are you able to …

Dr DUDLEY: Michael.

Madam CHAIR: How are you, Dr Michael Dudley?

Dr DUDLEY: Well, thank you.

Madam CHAIR: I just have a short official statement, and then I will get both you and I think it is Sara Maxwell you are with …

Dr DUDLEY: Yes, that is correct.

Madam CHAIR: … invite you both to state your name and the capacity in which you speak. Then, I will invite you to make a short statement before the committee will then commence questions, if they have any questions for you. If you can just bear with me for one minute, I will just quickly read the official statement.

Dr DUDLEY: That is lovely. We cannot see your face at the present time, Marion.

Madam CHAIR: That is probably a good thing that you cannot see my face.

Mr STYLES: Oh, no, Madam Chair, I disagree with that.

Madam CHAIR: I welcome Dr Michael Dudley and Ms Sara Maxwell to the public hearing into current and emerging issues of youth suicide in the Northern Territory. Thank you for coming before the committee today. We appreciate you taking the time to speak to the committee and look forward to hearing from you. This is a formal proceeding of the committee and the protection of parliamentary privilege and the obligations not to mislead the committee apply.

A transcript will be made for use of the committee and may be put on the committee's website. If, at any time during the hearing, you are concerned about what you will say should not be made public, you may ask that the committee go into a closed session and take your evidence in private.

If you could state your name and the capacity in which you appear for the record, I will then invite you to make a brief opening statement before proceeding to the committee's questions. Can you please state your name and the capacity in which you are appearing?

Dr DUDLEY: Okay, I am Dr Michael Dudley, and I chair Suicide Prevention Australia.

Ms MAXWELL: I am Sara Maxwell and the Research and Policy Development Coordinator at Suicide Prevention Australia.

Madam CHAIR: Thank you both. I will just get members of the committee to quickly introduce themselves.

Mr GUNNER: Michael Gunner, the member for Fannie Bay.

Ms WALKER: My name is Lynne Walker, I am the member for Nhulunbuy, the electorate is in northeast Arnhem Land.

Mr STYLES: I am Peter Styles, the member for Sanderson, which is a suburban seat in the northern part of Darwin.

Madam CHAIR: I have to put in an apology for Ms Kezia Purick who is the member for Goyder, but also the Deputy Leader of the Opposition who wanted to be here, but had to go to another meeting she could not cancel. She has asked me to pass on her apologies.

Dr Dudley, would either you or Sara like to make an opening statement?

Mr DUDLEY: Thank you for inviting us, and we are very pleased to be with you talking about this very serious matter. You would have our submission before you. We are very aware that suicide among young people, well, suicide generally in Australia is a very major issue at the present time, and it is an issue of concern because it is the leading cause of death amongst young people in Australia, and it is under reported, and that is relevant to our presentation today.

We are aware the Northern Territory has particularly high rates of suicide and accounts for significantly higher than the national average, and we are aware that while trends in suicide have somewhat decreased since the peak in 1997 nationally, in certain parts of Australia, including the Northern Territory, those reductions have not occurred to the same degree, or at all.

We are talking here about Indigenous people, people in very remote areas, and people from lower socio-economic backgrounds. We know those groups are significantly at risk and, potentially, not as impacted by the National Suicide Prevention Strategy.

We are very concerned about this, and we are aware of the statistics in the Northern Territory. I was recently in the Northern Territory visiting Alice Springs and Darwin and communicating with colleagues there, and I am aware of the very significant numbers of child deaths, presumably by suicide in recent times, particularly in Central Australia, and we are aware there is a need to address this issue comprehensively.

Our statement attempts to address a number of those issues by way of recommendation; we cover a range of issues to deal with the statistics to do with the groups at risk, including Indigenous, rural or remote and young people, and we speak to the policy context briefly and we also refer to some of the recommendations.

We are also particularly mindful of the recommendations made by other groups that apply to the inquiry, in particular we would be recommending and commending the submission made by MAHCA and some of the recommendations it has made regarding policy, research, crisis support and bereavement support, work with young people and so forth, and we are aware of its work particularly in relation to *Suicide Story* and the evaluations that have been done of that and the promising results and potential extrapolations that have been made of that to other settings.

We are aware that that is not the only initiative, obviously, going on in the Northern Territory suicide prevention; we have Annual Life Awards as part of our association annually, and we have a number of Indigenous winners from the Northern Territory who are doing exemplary work in various parts of the Northern Territory, and the information about that is on our website.

In terms of recommendations, it is hard to know, but I would be saying in summaries that the Northern Territory is dealing with the pointy end of suicide prevention; it is dealing with the groups at highest risk and we are aware that suicide is a complex matter; it is a matter that involves individual, situational, social and illness variables, and there are many different domains that need to be considered in addressing the problem. There are many different points that might provide leverage, but we are certainly aware that it is going to be important to have an approach that picks up on Indigenous suicide and particularly addresses that, and that is where Suicide Story is likely to be relevant. We are aware of the need to invest in postvention to reduce contagion and to address things like suicide threats and community distress.

We think considering schools is very important. We have been involved in some liaison with schools throughout Australia and we are aware that they have enormous potential as prime sites for prevention. There are national and international models of how that might be done effectively, a number of different models, but they are in a state of flux, but there are certainly models of how suicide prevention can be done effectively within the United States, for example, and other sites that we are aware of.

We have been heavily involved in trying to improve suicide statistics through the National Committee on Standardised Reporting of Suicide and we are aware that in the Northern Territory there are some unique statistical problems with data collection in relation to remote areas, in relation to Indigenous identity at death, the identity of young children, and we would welcome the input of the Territory into the National Committee on Standardised Reporting of Suicide, and input to the coroners groups that are considering this currently, so statistics might be improved and we would be very happy to liaise further with the inquiry about that.

We also would be particularly underlying the potential importance of gatekeeper training as a way forward; that is focussing on those in communities or migrants who have agency – youth workers, teachers, pastors, and so on - people who have clout in those settings and the need for their education to do with suicide prevention training.

The actual Suicide Story that Laurencia Grant and her colleagues from MAHCA are promoting is embedded within suicide prevention workshops and culturally appropriate transmission of that information. We would be strongly recommending that gatekeeper training would be a useful way forward to promote suicide awareness, help seeking, and stigma reduction throughout communities in the Northern Territory.

Thank you.

Madam CHAIR: Thank you.

Dr DUDLEY: Was that a question?

Madam CHAIR: Yes, thank you, Dr Dudley. What we might do, and we thank you for your submission, because I know there are committee members who are quite keen to go through – have got some questions for you - so I will proceed to Michael Gunner and then Peter Styles who both have some questions for you.

Dr DUDLEY: Yes, thank you.

Mr GUNNER: Thanks, Dr Dudley. In your recommendations, you talk about considering schools as a prime site of prevention and overcoming the tyranny of distance in NT communities. We agree about schools and probably the family setting as well, but we do have challenges in the Territory around attendance rates, particularly as you go regional, so some thoughts you might have around getting to those kids who are not getting to school.

We have also heard evidence from MindMatters and Lifeline around the importance of schools voluntarily approaching them for awareness campaigns in schools or mental health first aid training. So, just some thoughts around voluntary versus compulsory, and accepting the evidence of other witnesses around voluntary, to what extent can you encourage, if that makes sense; thoughts around kids who are not getting to school and thoughts around kids getting to school.

Dr DUDLEY: Yes, look, thanks for those questions. Do you want to have a go? Either of us might respond.

Kids not getting to school is a prime concern. I guess this requires quite active engagement with school counsellors and mental health services to try to see if there are ways of picking up on individual kids' needs, and actually systematically following up. I am aware in some remote communities in Australia there are successful models that have actually trialled outreach approaches to pick up on following up kids who are not able to get to school. I believe some of those have taken place within the Northern Territory.

We would be encouraging the documentation of those kind of programs and obtaining information about their evaluation. I am relying there on sources like ABC *Four Corners* and so on for some of that information. However, schools approaching Lifeline or MindMatters as a way forward – I believe that is of value because that would provide an opportunity to scope preventative activities which could then be actually recorded, trialled, documented and evaluated. What we are lacking here is models on the ground that might be transposed elsewhere.

Rather than imposing stuff from the top down, a grassroots up approach also makes a lot of sense. Rather than a stick approach, a carrot approach with schools nominating how they could, potentially, undertake improvements and saying: 'This is what we think we can achieve' - in fact nominating their own influence, and making that an individualised thing and evaluating them against their own baselines. That sounds a really sensible approach to me. Do you want to comment on that, Sara?

Ms MAXWELL: I agree with what you said. Regarding schools coming forward to nominate or to look for input, the proposals on suicide prevention at different levels through the Department of Education and other measures, can increase the demand from schools. If they are shown they have a role to play in suicide prevention, those that may have been reluctant to come forward in the past may have doors open for them to approach MindMatters or Lifeline, or whoever is available, to come into the schools and provide

programs. So, not just to rely on schools, but go into it themselves what they may need and what they may want - considering what encouragement and information could be given to them to increase demand.

Mr GUNNER: The other question that I had, a follow-up to that in some respects. Preference, obviously, is that we identify early at school, or within the family, if people are at risk. Or, at a later date, tragically, possibly the police are the first times they are going to come across someone who has training who might be able to identify somebody at risk.

The best programs we have seen working are probably from school communities like Mt Theo or Ski Beach where they have a good, active community program going - community driven - where they identify people at risk. But, when we seem to get the broader communities or bigger communities, especially in Darwin - and this is something that became clear during our first hearings in Darwin – it seems almost an accident that someone goes from the general community and being identified, into service programs.

We seem to have good service programs in the general community, but how you actually get someone from here to here seems to be that difficult threshold question. You talked at the end about gatekeeper training. I am wondering is that something that goes to that point about identifying people in the general community who might be at risk?

Dr DUDLEY: Yes, okay. Sorry, I just want to be sure we have your question correct. It is really not just about the high risk end of the spectrum, but also those in the general community and, picking up more broadly those who are at risk. Is that right? You are thinking of the urban …

Mr GUNNER: Yes, people in the general community who are at risk. We have Darwin here, the population of Darwin ...

Dr DUDLEY: Yes.

Mr GUNNER: Take me; I am walking around the general community. How do I go from being a member of the general community of Darwin to being identified at risk and getting the help I need? We have seen small programs in the communities like Ski Beach and Mt Theo are really successful programs, but they are small communities. What seems to be more difficult is in Darwin, some of the answers we received were if you are at a homeless shelter we might realise that you are at risk, or if you …

Dr DUDLEY: Yes, okay.

Mr GUNNER: … are at certain points of intervention but, generally, there seems to be …

Dr DUDLEY: Yes.

Mr GUNNER: Yes.

Dr DUDLEY: That is a really good question. Thank you for the question. This is tricky, and I do not think there is any general agreement about how this ought to be done. Within a schools-based approach, for example, there have been approaches that have actually relied - at least overseas - on screening people to pick up whether they are at general risk of suicide. That, then, relies on the fact they are identified and, effectively, referred and services can pick up those who are in distress.

We know that nationally, in Australia, probably one in four or one in five people have a mental illness at any given time, and community-based surveys support that information. The problem is that most of those people will not get to a service at all. We are also faced with the problem, but there is a problem with the number of people available to actually do that kind of counselling. We are not only relying on specialists, but we are also relying on generalists like nurses and GPs and so on to be skilled up to be able to do that kind of work.

In just taking that a step further, with Mental Health First Aid and similar kind of approaches, there is some evidence they can work to educate people in community settings to pick up on whether people are at risk. I know those programs have been employed both in the general community and also in Indigenous settings. There is information on the Mental Health First Aid website about that. There are also other general approaches that may work in more specific settings or specific communities. You are talking really, I suppose, about general community awareness. We do have national days – there is 'Are you okay Day' and so on - where people are actively encouraged to look out for each other, and we are involved in

promoting that and promoting World Suicide Prevention Day. There are also opportunities to consciousness raise amongst people about the issue of mental health.

Mental health is still stigmatised. We are in discussion with our partners in coalition to try to work out how we can effectively raise consciousness about suicide at a national level, and extrapolate international data into this country and use that data in controlled and responsible programs to actually raise awareness.

Sara, do you want to say something about this?

Ms MAXWELL: Yes, just to elaborate on what Michael has been saying. The stigma and discrimination that still exists around mental illness, and suicide particularly, is stopping people coming forward for help. It is also stopping other people recognising and approaching people who may be at risk. So, broader public health strategies that can address those issues in the longer term are definitely needed. It will not be an easy win, but something that will require years and several different levels of strategies to address that. Also, as Michael has said already, gatekeeper training can have more instant effect. The more people that are in the community who are trained to recognise risk, the more likelihood of people getting help when they need it. So, yes, very much what Michael has just said.

Dr DUDLEY: Yes.

Madam CHAIR: Can I just …

Dr DUDLEY: Just one other point I could make, and this might touch on another question that you might ask, but the cunning of any mental health is something that is now very much on the national agenda, and this is incredibly relevant to the Territory I would think, with the tyranny of distance. I do not know to what extent you have comprehensive Internet access there, I do not know enough about this, but I would think there is a need to ensure this is as widely available as possible and people can tap into various programs and initiatives that are going to be addressing them over the web which are already available or being currently developed.

Madam CHAIR: Thank you Dr Dudley. Before I transfer to Peter Styles, I want to let committee members know, and also Dr Dudley and Sara we have about 10 to 15 minutes, so if we can keep the questions succinct and the answers the same, it would be good because there are a number of people who have questions.

Mr STYLES: Basically for Sara, a couple of things we have heard in evidence so far is that roughly 60% of people here who complete suicide have not had any contact with any mental health service providers. Is that your finding as well?

Ms MAXWELL: Yes, in terms of that exact number and it does vary depending on what population you look at but, yes, I would think that is pretty average.

Mr STYLES: The other thing they have all spoken about is the need for early intervention and awareness training. Can you tell me what type of things you may be able to help us with in the Northern Territory given that in schools, in MindMatters and things in high schools, some schools in remote areas only have perhaps 16% to 30%, so the schools are difficult places to get the broader message out? Is there anything that could be done, and I know you have done some work in the Kimberley in Western Australia and North Queensland that may be able to help us address our inability to raise awareness to a level that would reduce our suicide rates.

Ms MAXWELL: In terms of the Northern Territory, we do not have that much experience of the programs there, but what we have been looking at more recently is what we can do on a national level to raise national awareness but also have focused particular geographic and demographic target strategies that can reach those people who are not reached by traditional means or, as you say, may not be in schools or other settings like that.

So, there is no easy answer really, but a variety of different strategies. So, go through things that might be through traditional media, also through community gatekeepers and developing the demand, and that the impetus within communities to increase their own capacity to bring this to their community members.

Mike, I do not know whether you wanted to elaborate on any particular aspect.

Dr DUDLEY: I believe there are various examples of this, such as workforce initiatives which pick up on people in blue collar jobs, and other areas of the workforce, that have been developed by Aushill and provide a quite excellent example of how people can be aware of mental health issues in the workforce among their colleagues, and can either self identify and have a potentially supportive environment in which to do that, or ask their colleagues whether they are doing alright and get ways forward to ensure their colleagues get help. So, there are also national initiatives that point to how that can occur.

Ms WALKER: I have a question, the submissions that our committee has received, and much of the evidence that we have heard to date, has tended to focus on issues relating to Indigenous youth suicide in the Northern Territory, so I would be interested if you could provide us with an overview of the key issues and the incidents relating to non-Indigenous youth suicide in the Territory. I should preface that by saying I come from a mining town where, in the last 12 months, we have seen two young men, non-Indigenous, take their lives.

Dr DUDLEY: Okay, I must say that I realise in the Territory recently I had a limited time and had a bird's-eye view, but not an in-depth intensive on-the-ground view of this, but your question is incredibly important and the point is well-taken.

There is a substantial overlap between Indigenous and remote suicide and there are some common risk factors, but remote communities that are non-Indigenous have risks as well. It is to do with dearth of services and to do with young people who do not have work opportunities. There is an issue of confidentiality, there is an issue of problems with men in remote areas and, as you said, mining and fly-in fly-out programs where people do not feel particularly well-anchored; there are many, many challenges in this area and they are tied up with rural or remote issues generally.

I cannot give you specific stats for the Northern Territory, but we know that nationally, the more remote you are, the higher your suicide rate is. The suicide rate is principally amongst men, and principally amongst young men, and youth are not excluded from that. We are dealing with the issues of isolation and the kind of things we just talked about, sometimes access to methods - firearms included; it remains in accord with rural areas as well.

There is a range of different issues to do with economic issues, lack of services, the issue of identity of men, gay and lesbian, bisexual, and trans-gender type issues are relevant in rural communities and there is a range of other issues that are covered in our rural position statement which is on our website.

I am sorry that I do not have specific information – specific statistics about that locally - but I think that there is certainly a need for exploring and extending programs that have been provided to centres for rural or remote health in other states that may provide value to this; outreach departments, call lines for people in distress in rural communities. These have been trialled in Broken Hill and in Queensland etcetera.

Madam CHAIR: Thank you, Dr Dudley. We just have one more question from Peter Styles.

Mr STYLES: One of the things that stood out as we travelled throughout the Northern Territory, particularly in the regional and remote areas, is that in Aboriginal culture and in language, there is no word to describe suicide, and it is an issue they have been grappling with for several years now. The recognition factor that someone will take their own life does not seem to be there. Has that been your experience in your travels northwest of Western Australia and Queensland?

Dr DUDLEY: It is difficult to own the problem and sometimes the language problem is an issue of identifying people who are deceased and so on. There are particular unique issues to do with payback and suicide threats that are done in the context of frequent death by suicide and so on. We are hearing from our Indigenous informants that they feel the need to acknowledge this problem within their communities to be able to get the problem accepted as a problem by their Elders, and to actually take community responsibility for it. This seems to be a need for a community-by-community approach.

I am quoting the words of Valda Shannon, who is one of our Indigenous award winners this year for the Life Awards. The fact there is a need for communities to actually name this problem, to actually accept that it is their responsibility and it is no one else's responsibility, and to apply all potential community remedies - both remedies that could imported but also obtain a local approach or local authority to actually address your problem effectively. That is often quite a challenge because these communities may be impacted by many different groups that come in and go out. Some of these communities are significantly served by many different services that do not necessarily connect up with each other. Part of the problem

is actually ensuring that all the people who come into town actually are more effectively drawn into these overall strategies. The rationale for people being there is part of the problem.

Madam CHAIR: We have run out of time. I thank you, Dr Michael, and also Sara. We will make a transcript of this discussion available to you. Once you have had a look at it and there are no problems with it, that transcript will then be put on the website. I thank you. If we have any further questions or we may want to follow you up, we will do so through the secretariat. I thank you for your submission and also making yourself available to appear before the committee today. Thank you.

Mr STYLES: Thank you.

Ms WALKER: Thanks very much.

Dr DUDLEY: It was a privilege to have been with you. Thank you very much.

DEPARTMENT OF EDUCATION AND TRAINING

Madam CHAIR: On behalf of the select committee, I welcome to the table Mr Gary Barnes, Ms Karmi Sceney and Paul Nyhuis and Andrea Adlam from the Department of Education and Training. Thank you for coming before the committee today. We appreciate you taking the time to speak to the committee, and look forward to hearing from you today. This is a formal proceeding of the committee and the protection of parliamentary privilege and the obligation not to mislead the committee apply.

A transcript will be made for use of the committee and may be put on the committee's website. If, at any time during the hearing, you are concerned that what you are about to say should not be made public, you can ask to go in a closed session and your evidence to be heard in private. I will ask each of you to state your name for the record and the capacity in which you will appear. I will then invite you to make a brief opening statement before proceeding to the committee's questions.

Can you please state your name and the capacity in which you are appearing?

Mr BARNES: It is Gary Barnes, the Chief Executive of the Department of Education and Training, and then …

Ms SCENEY: Carmelita Sceney, Department of Education and Training and Senior Indigenous Adviser.

Mr NYHUIS: Paul Nyhuis, General Manager Student Services with the Department of Education and Training.

Madam CHAIR: Gary, if you do not mind, before I invite you to make an opening statement and committee questions: Michael Gunner, Lynne Walker, Peter Styles and you know me. I have to put in an apology for Kezia Purick. She was trying to race back here, and she could come through the door any minute. She had to go to a meeting and wanted me to put her apology. Nevertheless, you have a good four here. Please proceed with your statement.

Mr BARNES: Thank you, Madam Chair. It is very important that you have provided the opportunity for me to come along and provide some supplementary information. I apologise for not being available at the previous meeting to which I think Paul represented the department.

I did want to make some opening observations and, then, would be very happy to take any questions the committee might have. Obviously, the issue of youth suicide is one that very much concerns the Department of Education and Training, the largest service provider in the Northern Territory and one that provides services in all but one of our very remote Indigenous communities. Even in that community, which is Wadeye, we provide a range of services in support of Catholic Education.

Unlike the rest of the country where youth suicide rates have plateaued and, in some cases, have fallen, the Territory is atypical insofar as the suicide rates of young people continue to grow. It is something that, as a large service provider, concerns us greatly. There is a large body of evidence around the country around youth suicide and the role that Education departments play. Obviously, there is the opportunity for us to learn from other jurisdictions. However, we are an atypical jurisdiction insofar as where most other jurisdictions have a small tale of disadvantage in children who are living in home situations where the opportunity for them to feel helplessness and, sometimes, hopelessness is evident. Those sorts of home

and family situations are more prevalent by a vast magnitude in the Northern Territory and there are a number of indicators to suggest that.

What we do know through the literature and what is working elsewhere is that the solution around youth suicide is one that involves multiple players – parents, the broader family support network that the child is growing up, in and around the community, and what the community's aspirations, hopes, and future is, as well as all of those services that intersect with a young person on a daily basis.

There seems to be three major causes for youth suicide. One is where the child has some type of mental incapacity, or some type of mental illness and, as many of us would know, the medical profession is very loathe to diagnose specific mental illnesses for young people because there are severe dangers in doing that because it locks them into a label early in life but, undoubtedly, the fact of the matter is that at any given point in time, just as in the general population, there will be a significant percentage of our young people across Australia who are in that phase where they have some form of mental illness or incapacity.

The second area, of course, is the environmental area which is a major contributor to young people getting to the point where they have had enough and see things such as taking their own life as a viable option; and it is those environmental contexts which bring people to the point where they are helpless and hopeless and are looking for a solution.

The third category, obviously, are individual incidents which prompt a response of that order, and those individual incidents, if you look at the data, are expanding. Where in the past everyone agreed that the death of a close family member, abuse or incidents of abuse or physical violence, all those things were triggers. We now have a range of other things that are creeping into the psyche of our young people, such as incapacity to deal with rejection, incapacity to deal with the on-set of puberty and the things that brings with it. So, I believe the range of things which fall into that latter category are expanding.

The overlay for us is these things tend to happen at ages and stages across children, and we know about these things. When puberty does come on board, and for some people that can happen as early as Year 5 - 10 years of age, and in that age range when kids are dealing with changes to their chemical balance, the hormonal balance, it is a period where we need to be particularly aware; communities need to be aware; parents need to be aware, and also service providers; also where there is a change to structured support, and typically that is where kids have folk around them.

So, what can we do, as a department, that we are not already doing? I guess the critical thing here - do you want to say something?

Ms SCRYMGOUR: I was just going to say that is part of what we wanted to hear, and then we can ask some questions and explore that.

But before we do get into these questions, Gary, I do want to thank Paul and Eva who came last time and provided evidence. There were some questions we had flowing from this, and I suppose they were more high level, policy decisions we want to get into. So I thank you Paul and I thank Eva for appearing; I believe that is was good and the information you provided was good and it is what we want to hear, but because I am conscious of time as well, Gary, and members have questions.

Mr GUNNER: I think Gary can answer the most important question, which is what I am interested in, is: what else can the department do? That is the last thing you were saying, and I would be interested in hearing the next 10 words.

Mr BARNES: Okay. The most effective …

Ms SCRYMGOUR: I have more questions …

Ms WALKER: Let the man speak, please.

Mr BARNES: The most effective strategy for preventative, or measure for preventing youth suicide, is the explicit teaching of resilience in young people. It is more than just generic health and wellbeing strategies. There is a body of research and I do not think our current curriculum anywhere across the country deals with this as effectively as it should. We have a one-off opportunity because next year the Australian government, through ACARA, is launching the health and physical education curriculum. It is in development at the moment and there are some very strong messages that this committee and my department have been sending, and could send, in the development of that curriculum; it is explicit teaching

of resilience. Every piece of evidence I have seen says we should not be talking about suicide, particularly teachers; not skilled to and, in fact, it triggers a reaction that is adverse.

But, teaching about resilience, what to do - and as early as preschool, transition, and Year 1 - about what to do when you get to a problem situation, how to push through it, what to expect, that this is normal, here are the strategies for dealing with things that are inevitably going to come your way. Teasing, bullying; it is really important, and it is even more important now that kids' social network is no longer contained in a face-to-face environment. The capacity for kids to be resilient in a face-to-face context is one thing, but their capacity to deal with, and demonstrate, resilience when you have people at the other end of the phone texting, sexting, putting a raft of derogative comments on Facebook; we need to teach kids about this new social media and how they can be resilient in the face of different dynamics. I need to teach my staff who work around this as well, because it is a new phenomenon, and all the training we give to kids, teachers, and other people in the workforce has always been around that dynamic.

So, the No 1 thing is we can skill our teachers and change the curriculum to be explicit around the teaching of resilience within the context of health and wellbeing as part of that HPE syllabus. The second thing we need to do is ensure there are ample opportunities for young people to gain access to our counselling service. They are the people who are the conduit to people who are professionals in the health care arena who can help.

We have a trained psychologist and we have counsellors. I do not think we have enough, and they certainly do not get the opportunity - because much of the time they are dealing with pointy end situations - to do the proactive stuff that is required particularly in the upper primary area. The reason I gave that bit of context was because the onset of puberty happens in Years 5 and 6, not when the kids get to middle school, and yet that is where we have concentrated the counselling and guidance service, so that is very important.

We do not have access to those people as thick and fast as we need it in the bush and I think we have enough staff in our schools - and we have recently done a survey of our staffing numbers versus other jurisdictions that cater for remote Indigenous schools and we very generously came out and that is despite some scuttlebutt in the past about the fact that we staff on the basis of attendance, rather than enrolment. We actually staff on effective enrolment and our staffing numbers are better. The problem we have with our staffing is the balance of staff in the bush. We probably need, in some of those places, less teachers, more social workers, more counsellors, people with that dedicated expertise to ensure the kids have the wellbeing and strategies so they can take advantage of their schooling, but deal with their home situations. So, freeing up staffing in the bush is something I would be looking at doing so we could have a mix and balance. That will take some political will - industrial will - to do that.

Madam CHAIR: Peter.

Mr STYLES: Gary, how do you see the situation in the bush? I have spoken to many bush teachers who I have known over the years. As you are probably aware, I spent quite a few years associated with education and schools. There is much talk about the curriculum - great curriculum; the problem is first you have to get kids to school. There is a shift in some of the teachers I have been talking to - and this is quietly; obviously, they do not speak publicly about this, but when they are with friends they will say: 'What we are looking at is trying to look at the curriculum, but there are so many other things we need to do in remote and regional areas of the Territory before you even worry about reading and writing. There is a whole of education and it is about getting kids comfortable and lowering their anxiety levels before they go to school'. That – and again you have raised it – deals with physical bullying, mental bullying, cyber bullying, all that sort of stuff. They are some of the issues we really need to do. That comes back to welfare teams and what you are talking about, counsellors and things like that.

This may sound like a funny question because I know what the answer is to it. When you say we need more counsellors - we need many more teachers, we need more of everything - realistically, what sort of increase do you see in the requirement for building counselling and welfare teams, first of all in urban areas and, then, let us move into regional areas? There are two questions there in relation to building welfare teams, so we can look after kids right from Transition and make them feel comfortable all the way through.

Mr BARNES: I have not done the figures exactly, but we are talking in the order of probably around 20 to 30 FTE. I believe there are efficiencies we could look at. In an agency, some jobs become less important over time, and some are seen as more importance. However, it is not a couple. That would almost, I have to say, double where we are currently at. I agree with you in terms of, you have to adopt an holistic approach to education of young people, no matter where it is, but particularly in the bush.

These young people in our remote Indigenous communities are coming to school not ready to learn, and our ADI data which my minister, Dr Burns, has talked about, indicates very clearly we need to concern ourselves with coordinated effort and working with community and families about what happens in the first four years before they move into preschool.

When they are at school, we cannot adopt an approach that says: 'You are here with us from 9 am until 2.30 pm - or 8 am until whatever the hours happen to be in the various groups - 'That is it, folks, over to you'. That is not what education should be about. It is opening the schools up as a place for community learning. It is about coordinated and joined-up, working with the community, understanding what they need. It really is about creating a vision for what these young people are going to become. In some cases, kids cannot see what is at the end for them. It is this game, I guess, of working with communities to ensure that kids have choice in life, have jobs, that they can see the steps they are taking are moving them in that direction, and giving them something to aim for.

Some of the things we have done have been incredibly successful in the urban environment and we are pushing into the remotes. That is things like the Clontarf program which re-engage and, I dare say, save kids from a fate that we would not want to think about. We are doing the same with girls at the moment, with young Indigenous girls. We have started off our own girls' academies at Nightcliff, at Sanderson, at Dripstone. We need to do more of that work that rounds out the individual. Teachers cannot be the ones who do all of it, although we need our teachers to understand that their job is not just about the curriculum or literacy and numeracy; it is about social outcomes, them teaching resilience, and them hooking up with families and working together.

Mr STYLES: I will have my turn later.

Madam CHAIR: Do you have a question, because I have a series.

Ms WALKER: Just a quick one, Gary. I put it to Paula and Eva when they appeared. It was around the use of mobile phones in schools and kids taking phones to school. Their answer was that individual campuses can make their own decisions around that. What is the capacity or the will of DET to come up with a system-wide policy about students having mobile phones in school, knowing that they are devices which are so often, as you have already mentioned, at the very source of what causes kids angst - taking photographs and posting them, sexting and texting and bullying?

Mr BARNES: I believe we will need to review the current policy. That policy is a couple of years old and the whole game has moved quickly. It may need to be an age-specific arrangement. However, I do think we need to go back and have a look at it. Other jurisdictions have recently done that. Queensland, I know, has just brought out a new policy around social networking, around cyber bullying and around the use of mobile phones in schools. Victoria, I believe, has done likewise around the social networking.

It is a vexed question because these are the communication tools with which students are familiar, comfortable, and they are almost an extension of their own individuality. What we would need to look at is, maybe, how those things are used, when they are used, and for what purpose - and being stringent around that - because I tell you if it is a blunt approach to banning things, then sometimes that just makes a smarter mouse.

Mr STYLES: Can I just jump in with my question there.

Ms WALKER: Sure.

Mr STYLES: Gary, what would your view be if someone came along and said: 'Here is a bunch of post office boxes for your school and each child can have one, or you can rent one, or whatever'. 'Your mobile phone, when you get to school, goes in the post office box, you have one key and you cannot get it cut, put that around your neck and that is it for the day. When school is finished you go to your mobile phone'.

You are not banning mobile phones. You are just taking them out of the classrooms and preventing the ability. What are your views on doing something like that, because of the flow-on effect of all that cyber bullying and that sort of stuff?

Mr BARNES: That is the stuff we are going to have to think about. Some schools already do that, as you might be aware. The kids forfeit their phone upon entering the class and they pick it up on the way out. We also have many issues with mobile devices, social networking that happens during the break period. In fact it happens more in that space. We also know our teachers are using social networking as a very good

tool to share information, particularly with senior secondary kids. It has almost become a de facto learning management system where they can post information they want kids to access and respond to, and for calling tutorials. So, as I said, we need to give thought to this. However, I am not opposed to – the last thing you want is for kids to be distracted in meetings. In fact, the last thing I want at meetings I run are for people to be distracted by mobile devices. I believe we can get - and I know all people bring them along ...

Madam CHAIR: Politicians have short attention spans too, Gary. Whilst we might have a go at young kids, politicians also have a short attention span.

Mr BARNES: I will shut up then, Madam Chair, and let you ask your series of questions.

Madam CHAIR: We have that Youth Forum coming up soon and I believe it would be good to try and test some of that with young people, particularly in relation to this.

You can take some of these questions on notice if I could, Michael.

How many school councils are there for each level of schools across the Northern Territory, both urban and remote?

FTEs, and you have already answered part of it. Does the department consider this to be sufficient? You said, no, we could do better, and I believe you have answered some of that, in part, but I would not mind getting that across, if that could be provided to the committee. If you want, that would only be used for the committee as part of our deliberations, unless you do not want us to make that public we would keep that…

Mr BARNES: It would be better if that were for your deliberations, as opposed to being on the public record.

Madam CHAIR: That is why I said to you if you want it just for committee, for our deliberations; and when you provide that information, if you could state that. I also put that to the Police Commissioner because he provided us with some statistical information, which was an attachment to the Police submission; so we have kept that just for the committee.

Mr STYLES: I imagine it would make your life a whole lot easier.

Madam CHAIR: The last one was the MindMatters and KidsMatter, which we have taken evidence on. The department's position that it is voluntary in terms of schools rather than there are benefits from this program. Would the department look at rolling this across schools in the Northern Territory?

Mr BARNES: Some jurisdictions, with the permission of MindMatters and KidsMatter, have taken some of the critical elements of those strategies and resources and mapped them across their curriculum, so as to embed them into their standard curriculum offerings; and they do have some really good materials around explicit teaching of resilience. So, it is something I would be very keen to do with the permission of those particular program owners, because there will be IP considerations.

MindMatters and KidsMatter, if we were to get trainers and other people on board would take a long time to roll-out, because they are very particular programs, and their sequenced etcetera. I would rather spend my energy on skilling our teachers in that day-to-day contact and how they structure that up. There would be nothing stopping schools, as they all do, because some schools prefer different approaches; one school may want positive behaviour which has elements of that included as well, to do the whole program. But, I would like to get every teacher realising that they have responsibility for the explicit teaching and wellbeing of kids, and build it in half year by half year around the things they must cover off on.

Because, again, all the research shows if you can build resilience in these young people when they hit these critical points in their life, or when critical events happen, they have the strategies to work their way through it, and those strategies started here overnight or if you have got someone that comes in and rolls out a program that runs across six or 12 months; it has to start all the way through. So, I am not opposed to either of those; we use them now and we will continue to use them.

What I do want to see embedded in our curriculum, and in the Australian government's curriculum, are some very deliberate strategies; almost like that cyclic curriculum where you have to go back and re-teach and teach again so it becomes a characteristic of the way in which a young person deals with crisis points in their life, and/or contextual factors. Without those strategies it just keeps coming down on them.

Mr GUNNER: We have talked a lot today about prevention and the importance of schools in prevention. One thing I want to touch upon is postvention and, obviously, schools have an important role in that. Do you think it is critical we have a procedural manual? Currently, a principal can go to the shelf and, if you have cyclones, bomb threat, fire, they have a procedural manual; they know what to do when that event happens. Do you think it is important we establish a formal procedural manual for when suicide occurs, so they can pull that off the shelf and go: 'Right, I know I need to call this person, cancel that class, call the department, get these people in', whatever it happens to be, so we can handle postvention for students or ex-students in schools?

Mr BARNES: Michael, it is a two-step approach and both need to be structured. The first one is how the principal reacts, and the second one is what our counsellors and guidance officers do in that second stage because they will have responsibility for a broader strategy for dealing with the young people who are directly impacted, for ensuring the significant networked others are dealt with in a different way. The one thing we know about suicide is it runs in patterns and the biggest link to future episodes of suicide is the relationship and the nature of the relationship with the young person that has committed suicide, and then how to engage families and community.

Do we need a structured approach? We certainly do. There needs to be a checklist of things the principal and/or the school leader does, and then the counsellor and the guidance officer do, but those things also – while you can create a linear list of things and one might follow the other, you also need to have the flexibility to deal with different events differently because it will pretty much depend on the trigger, as we talked about those categories earlier.

Should we have one of those? Absolutely.

Mr STYLES: Are they called critical incident plans, the ones that are already in place? Secondly, in relation to your quote in relation to the numbers of counsellors, I have asked that question across the board and received the same answer from many people. What does not happen though is it does not get back and is attributed to you, because this is a bipartisan approach, but I just want you to know if you hear it out there that we need twice as many counsellors, you are not saying anything that has not already been said publicly in this forum.

Mr BARNES: Yes.

Mr STYLES: Because it is out there and people are actually talking about it now, about the numbers of counsellors, nurses, and coppers and all those people who form welfare teams.

Mr BARNES: Yes, and one of the things as Chief Executive I have to do is juggle the number of human resources I have into the right areas and, at the moment, that is certainly a priority area. As well, we are creating more, from within, attendance and truancy officers etcetera. At the moment, this is a priority for us because we cannot just stand on the sidelines.

Mr STYLES: We are double the national average.

Madam CHAIR: I was going to invite Karmi, if she wanted to …

Mr BARNES: Yes.

Ms SCENEY: The other thing to think about is how we join up services because it is not just the Education department. It is really important that government, non-government, and specifically our Indigenous medical services – our efforts should be about the joining up of all those services and inclusive of the community, before and after, because we all know, in our context, we have not really ascertained the impact of our constant mourning in sorry business and what that impact is on young people.

We talk about celebrating our deaths, but we do not celebrate our life in home communities, so I think it is really important that there be some work around that. If our home communities are constantly in mourning, what impact that has, and are we just celebrating the death. In our own home communities that seems to be the only thing we have.

The other thing that is really important is that I do not think that everyone understands how access to broadband and telephone – rolling out telephone services - in home communities every man and his dog has a mobile; they are constantly on it 24/7 - I can tell you from my own family in remote communities - on

that Facebook, texting constantly. You will have an argument in that home community and it spills over into where your other family and, all of a sudden, you have a problem with family here. How we manage that, and educate our mob around that as well.

Madam CHAIR: You are so right, Karmi. One of the things we have to avoid, Gary, is - schools are important, but we also have to ensure there are other services, organisations, and departments that should be working with schools to deal with some of this stuff; it should not be just seen as schools are the only - you are responsible to fix all of this stuff.

Yes, we have great opportunities because that is where the kids are all the time. Let us target that, but let us not allow these other services to walk away from their responsibility as well. That is important. That was going to lead me to what relationship the department has with the Department of Families in dealing with – because there are some kids - and I know this would probably fall into your area, Paul, with young children with challenging behaviours, I suppose. Just what work is done with Student Services but also bringing the Department of Families and communities with some of the resources - what is that gap in our regions with that? You can either answer that now or take it on notice, or we could write to you about that.

Mr NYHUIS: I am happy to provide a quick comment, Madam Chair. There are a number of groups that are working across some of those issues. There is the directors and the Child Safety Network Group that is looking at some of the recommendations around the Bath report, etcetera. Some of the offshoots of that are looking at some of these exact issues: youth disengagement, behavioural issues, and students with disabilities. There is much of that disadvantage in that subgroup of our students where, as Gary said, looking at a holistic approach and some wraparound services which are absolutely critical. I believe there are some things happening in that space. Certainly, the coordination which I have heard both Karmi and Gary say, is absolutely paramount, because you have resources and services out there but, sometimes, just the connection and the coordination of those would have a greater impact.

Mr BARNES: Just two follow-up things on that. From the beginning of next year, we have eight coordinators out in eight remote communities. We are funding those coordinators, along with a Department of Children and Families providing money as well. It really comes down to active case management and early identification of kids at risk. I believe the critical thing is skilling people up to identify a child at risk. The Children and Families legislation allows for identification of kids who might be at risk due to having a mental illness, or those things that might be triggers. I do not think people understand that we can identify those kids and bring them to case management conferences.

It is not just about the kids you think are subject to physical, emotional, or sexual abuse in home environments; there is another category under the legislation where you are genuinely worried about a young person. Your counsellor might have looked at them and said, yes. As well as pursuing the individual circumstances through the medical profession, we also, as a group of service providers, should be sitting and looking at a case management approach for that young person as well.

It will come down to a will to do that, and I feel there is a real will to work across agencies. Everyone is thoroughly sick of situations where healthcare services are doing one thing, education another, Children and Families another, the feds coming in and playing the space, and no one talking to each other. I have a real sense - and we are feeling it through what we are doing in the attendance and truancy space - that everyone is now willing to treat kids as individuals in family circumstances.

Madam CHAIR: We really have to go, and you are probably having to go too. There are a series of questions we have, and one of them was those FTE's. We will write to you, Gary …

Mr BARNES: Absolutely.

Madam CHAIR: We will contact you at a later stage to come back. So, thank you very much for appearing.

Mr BARNES: Thank you for making the time available.

Ms WALKER: Thank you.
