



LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY
11th Assembly
Select Committee on Youth Suicides in the NT

Public Hearing Transcript
10.30 am, Monday 30 January 2012
Nitmiluk Lounge, Parliament House

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

Witnesses: NT CHILDREN'S COMMISSION
Dr Howard Bath, NT Children's Commissioner and Convener of the Child Deaths
Review Committee
Mr Adam Harwood, Senior Policy Officer

CENTRAL AUSTRALIAN YOUTH LINK-UP SERVICE
Mr Blair McFarland, Manager

WESLEY MISSION LIFE FORCE SUICIDE PREVENTION PROGRAM
Mr Tony Cassidy, Program Manager

YOUTH MINISTER'S ROUND TABLE OF YOUNG TERRITORIANS
Ms Karen Folkers, Project Officer
Ms Alpha Capaque, Youth Representative
Ms Lauren Moss, Youth Representative
Ms Tylee Wirth, Youth Representative

NORTHERN TERRITORY COUNCIL OF SOCIAL SERVICES
Ms Tess Reinsch, Youth Policy Officer
Ms Christa Bartjen-Westermann, Acting Coordinator Central Australia

**CHILDREN'S COMMISSIONER/CONVENOR OF CHILD DEATHS REVIEW
AND PREVENTION COMMITTEE**

**Dr Howard Bath
Mr Adam Harwood**

Madam CHAIR: On behalf of the select committee I welcome the Children's Commissioner, Dr Howard Bath, to this public hearing into current and emerging issues of youth suicide in the Northern Territory. We have had a couple of attempts and have had to cancel. I thank you for appearing 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 what you will say should not be made public, you may ask the committee to go into a closed session and take your evidence in private. I ask you to state your name for the record, the capacity in which you appear, and any staff accompanying you. If you would like to make a brief opening statement you can do so after that.

Dr BATH: My name is Howard Bath. I am the Children's Commissioner in the Northern Territory.

Mr HARWOOD: Adam Harwood, Senior Policy Officer from the Children's Commissioner's Office.

Madam CHAIR: Would you like to make an opening statement, Dr Bath?

Dr BATH: First I wanted to thank the committee for the invitation to attend this hearing today. I received the invitation as Children's Commissioner, but understood the invitation also related to my role as Convenor of the NT Child Deaths Review and Prevention Committee.

Given I have those two roles I will need to, at times, distinguish between my opinions and the determinations of the committee. The committee is currently considering some research it commissioned and will be making those findings available to the committee when they are finalised.

I will try to distinguish as I go through my response to these issues, and the responses that have been signed off by all the committee members. We need to distinguish that as we go through.

Madam CHAIR: Dr Bath, I should mention all these hearings have been open and accessed by the media. As I said at the outset, if there are areas in your evidence you would like heard in private please let me know. If you have an issue with the media being - they will televise these hearings.

Before we go into questions ...

Mr GUNNER: Michael Gunner, member for Fannie Bay.

Ms WALKER: Lynne Walker, member for Nhulunbuy.

Ms PURICK: Kezia Purick, member for Goyder.

Ms SCRYMGOUR: Marion Scrymgour, member for Arafura and Chair. Peter Styles, the member for Sanderson, will join us at some stage.

Dr Bath, thank you for your submissions to the committee. If you do not have an opening statement we will go into questions. Committee members are interested in the Child Deaths Review and Prevention Committee which you chair. Could you confirm that committee looks at deaths of children up to the age of 16?

Dr BATH: Under 18.

Madam CHAIR: Up to 18?

Dr BATH: I would like to say something.

Madam CHAIR: Sorry. Yes, please.

Dr BATH: I have prepared some notes - I hope I am not too long; please let me know if I am. The first thing I wanted to say is one of the key roles of the NT Child Deaths Review and Prevention Committee, which is made up mainly of subject matter experts from around the Territory - about half of the members are medical practitioners, paediatricians, etcetera; others are researchers and people who work in child protection and education fields associated with the wellbeing of children.

One of the roles of the NT Child Deaths Review and Prevention Committee is to conduct or commission research into child deaths in order to help understand what is going on and to make recommendations about prevention.

When we were reviewing the data the year before last, it quickly became evident that the high rate of suicide deaths, particularly within the Aboriginal community, was extremely concerning, even accounting for the statistical variation we get in the Northern Territory from year to year. We get extraordinary numbers. For instance, in some years you might get five or six young people having taken their lives. Then you might get another year where there are none. That is to do with the statistical variation where there are absolutely small numbers, but relatively high numbers of child deaths.

What we found was that these numbers were extremely high compared with the other jurisdictions - just doing some very basic research. For example, when we compared the hanging deaths - because they were the most obvious and prominent amongst young people - with the published rates for Queensland and New South Wales, youth suicides in New South Wales stand at one per 100 000 young people - one per 100 000 young people in New South Wales. In Queensland, the rate was three per 100 000 young people. In the Northern Territory, the numbers we had for the preceding three years were 18 per 100 000. So, compared to New South Wales where there was one, we had 18. However, when you look at those numbers and realise that of the 20 young people who were identified, 19 of them were Indigenous young people, that translates to a rate of 30 per 100 000, which is staggering compared with what is going on in the rest of the country.

These high rates, though, were not in themselves a surprise, given the preceding studies - there have been a number of studies done over the last few years - but they did indicate the problem, if anything, was getting worse; was not stabilising or getting better. As a result, the committee commissioned research into the circumstances surrounding the deaths of young people over a four-year period; that is, the period for which we had data. We contacted Menzies School of Health Research, and this research was conducted under the supervision of researchers who had done similar research in Western Australia and other jurisdictions. We have made available a copy of that research to the committee. It has had to be redacted in parts because of the ability to identify quite a number of the young people involved.

The recommendations arising from that research are currently being developed by the committee. We are just about there; they are not quite finalised, but they will be shortly. In accordance with the act, we have to make those recommendations and our report available to the minister and, having confirmed with the minister, they will be also made available to the committee as soon as possible.

I just want to make some comments about that research. These are broad comments and I am not going to be touching on specific matters or identifying any specific areas. I understand those researchers will also be appearing before the committee. The first point from that research is the numbers are very high now, but it has not always been that way. The indications are that in the 1980s there was no difference in the suicide rates between the Indigenous and the non-Indigenous people in the Northern Territory, nor were there significant differences between what was happening in the Northern Territory and the rest of Australia. Clearly, now it is the Indigenous population that is most significantly at risk in the Northern Territory. Of the 20 cases that were identified, only one was non-Indigenous. In some of those cases, we do not have enough data to determine whether it was Indigenous or not. So, 19 of the young people were determined to be Indigenous.

The other thing to note is the increase in the Northern Territory has happened for both girls and women, as well as boys. In the rest of Australia, young men are much more at risk statistically than young women. That is not the case in the Northern Territory, where there are almost as many young women involved as young men.

The second point is there are, in all these deaths, a significant number of factors involved. As you know, it is not just one thing that leads to these deaths. However, from this research, there is an overriding impression that many of these deaths in the Northern Territory are associated with a breakdown in family and community supportive structures. Many, but not all, of these young people have grown up in chaotic family circumstances - I want to stress, not all, just a significant number - where there has been poor

attachment, parenting difficulties, intrafamilial conflict, and substance abuse. An accumulation of adverse childhood events seems to be a feature of the majority of these young people.

That is not always the case if we look at the pattern of suicides in the rest of Australia. Adverse events are always associated with the deaths, but not to the degree that that is the predictive situation in the Northern Territory.

The third fact from the research is in a significant number of cases there was weak engagement of that young person with the broader community. For instance, school, sport activities, cultural programs etcetera, all of which help to provide some support and structure for young people at times of emotional distress.

The next factor coming from this research is there are distinct - and I have already alluded to this - differences in the pattern of suicide in the Northern Territory compared with the rest of Australia. I have already mentioned both boys and girls in the Northern Territory appear to be at risk. In the rest of Australia, as we know, depending on what statistic you are looking at, it might be 4:1 or 5:1 boys versus girls committing suicide, whereas in the Northern Territory it is about 40% to 60%. That may not hold for older young people. We are talking about the 10- to 17-year-old age bracket.

The other significant thing is, across Australia and the western world, many suicide events are associated with known mental health problems; most specifically, depression and early psychosis. In the Northern Territory, it is not the common pattern for a young person to be known to mental health services or to be receiving mental health services. That could be a factor of distance and isolation. However, it is quite clear when we look through that pattern that, compared to the rest of Australia, fewer of these young people have been clearly identified as having an underlying mental health issue. I want to stress that does not mean they did not have one, but it had not been formally identified previously.

The other significant thing is across Australia, although hanging as a form of suicide is prominent, many other methods are used; for instance, overdose, substance overdose, vehicular suicide, firearms and poisoning tend to be - there was only one death of that sort; 19 deaths were due to hanging. It was a very specific pattern in the Northern Territory.

The fifth point the research highlights is the danger of copycat events, or clustering. This, of course, is not unique to the Northern Territory and has been noted in a number of places. However, it is a feature where people appear to be strongly influenced by someone else's suicide and sometimes when there are three or four linked in that way. In this age of Facebook and Twitter news travels extremely fast amongst young people, as do rumours and allegations and all types of messy emotional after effects of the deaths of young people.

What has not been highlighted in that research is something that has come to my attention over a period of time, which is the complex after effects of some suicides in the Northern Territory, particularly those associated with remote and very remote communities. For example, we sometimes hear stories, accusations and reinterpretations about the events that circulate for months and sometimes years about the death of a young person. These stories may involve bullying, or allegations of bullying, inter-clan conflicts, sometimes accusations of black magic being involved, and sometimes complex totemic interpretations that it was somehow to do with totems and things. At times, these result in feuds and payback attempts. These dynamics, at the very least, can create unsafe living environments and are very complex to understand and to respond to. These tend to be a feature of some remote deaths in the Northern Territory that may not be a feature of other situations in Australia.

I want to highlight something else that was pointed out by the researchers. Violence and conflict at a family and community level are the context in which many of the suicides occur. The researchers said this:

General family conflict is the most commonly occurring life stressor in the young people's deaths they studied, and conflict between the young person and other family members is just as common. In some cases, the suicides occurred immediately after the young person was assaulted or harshly disciplined.

There was often some association - again I say often, but not always.

I want to make some comment on this, from our other research in our office about what is affecting the wellbeing of children. The first thing I want to say is the presence of family and community conflict is striking in statistics in the Northern Territory. For example, the Night Patrols were established to address

community and individual violence - ostensibly anyway, that was the main function for the Night Patrols funded by FaHCSIA. In the last reporting year, those Night Patrols were operating in an area around the remote communities and the town camps where there is a population of 29 000 adults. In that population group, they responded to 100 000 issues of community and individual violence. We do not have data on exactly what all those issues were, but 100 000 incidents were noted that those Night Patrols responded to. I am talking about here - the NT research that was published quite recently.

Just a few weeks ago, the Institute of Health and Welfare published data on the hospitalisation of people across Australia - Indigenous people. In the Northern Territory, Aboriginal people are hospitalised for assault at twice the rate that Aboriginal people are hospitalised in the rest of Australia. We are not comparing Indigenous people with the rest of Australians; we are comparing what is happening here in the Northern Territory with other jurisdictions in the country with AIHW data - twice the rate of assault.

In the Northern Territory, Aboriginal women are hospitalised for assault at close to 80 times the rate - 80 times the rate - of other people. To put that more starkly, for every 20 people hospitalised for assault - women - a staggering 820 Aboriginal women are actually hospitalised for assault ...

Ms PURICK: Can you say that again? For every?

Dr BATH: For every 20 non-Indigenous women ...

Ms PURICK: For assault?

Dr BATH: The latest data suggests a staggering 820 ...

Ms PURICK: Indigenous women?

Dr BATH: Indigenous women. That is actually hospitalised. As we know, the hospitalisation data is right down the track. That is not who has been assaulted, of course, we know that. Many people do not go to hospitals and get assistance. However, the numbers are just staggering. How many jurisdictions are there in the world where women are hospitalised for assault at a higher rate than men? That happens here. Children and young people are present in most of these instances - they are around, helplessly witnessing what is happening, experiencing the terror and learning how relationships work.

Bruce Perry, one of the researchers in this field, says many children today are 'marinated in fear'. This immersion in violence has terrible developmental consequences for children and adolescents. Where a small child is not given a safe and secure relationship base, they will always have difficulties managing emotions and impulses, especially when under stress. There is any number of research reports that I could cite. One recently I came across last month, published by the Australian Institute of Families Studies, clearly linking exposure to violence with the risk of suicide. It is linked with a lot of other things as well, but it is linked with the risk of suicide later.

The last thing I want to highlight, before I look at some recommendations, is that if we look through the research provided, there is a clear pattern of emotional reactivity. In many cases the young person had a relationship crisis, some overt conflict and, then, impulsively reacted to that event by committing suicide within a short space of time after the stress.

In such cases it appears the young person, when faced with a crisis, had limited social supports available, and did not have the personal emotional resources and strategies to survive the stress. I noted earlier that in most other jurisdictions the majority of suicides are associated with underlying mental health issues like depression, whereas in the Northern Territory a significant number seem to be this reactive, sudden response to emotional stress. That gives us some idea of the approaches we need to adopt in working with kids at risk.

Those are my comments about the research; there are many other interesting facts in there. I want to make a few comments about recommendations if that is okay, and want to stress we will be putting in, as the Child Deaths Review and Prevention Committee, some specific recommendations to both the minister and the committee very shortly.

I will speak to a couple of issues. The first is we all know it is much easier to look at issues to do with suicide after the event than to know what to do beforehand and how to identify people at risk. The risk factors for suicide are many and varied and are shared by many individuals and families in the community. There are so many it is hard to know where to target the intervention efforts. However, given the sheer

number of adverse personal, family and community crises many young people experience, it is evident that the policy focus needs to be on broader wellbeing in the communities - the main policy focus to be the wellbeing and safety of children, supporting struggling families and improving service delivery, especially in remote areas, and improving coordination amongst services.

Everyone would agree with that; the difficulty is it is not specific as a recommendation. There have been many inquiry reports about improving the wellbeing of children and families, which should be supported, but I want to make some specific recommendations or allude to them.

The first is about postvention - postvention, of course, as opposed to prevention. Given the complex after effects of suicide, especially in remote areas but not exclusively in remote areas across the Northern Territory, there is an increased risk for other vulnerable young people to be thinking about the same thing. There needs to be an extremely strong emphasis on robust postvention services across the Northern Territory where issues have been identified that there is a proactive response to deal with them.

The Child Deaths Review and Prevention Committee will be making specific proposals about the scope and nature of postvention services. That is something we want to strongly recommend and the committee will be making recommendations on that. We note headspace in the Northern Territory has been provided with Commonwealth funds to help jurisdictions such as ours develop postvention services. We hope there is some cooperation between government services and organisations like headspace, which is bringing specific clinical expertise to work with young people at risk. Again, the committee will be making specific recommendations about that.

The next point is we need responses to counter the impacts of exposure to violence and extreme stress. The rapidly developing body of neurodevelopmental research has demonstrated how exposure to direct abuse and neglect and community violence has devastating consequences for each developing child. For instance, we know they lose their ability to trust others if they are exposed to this violence. They have an impaired ability to attach, and they lose the ability to trust other people. Cognitive functions are affected. Many children exposed to trauma have difficulty thinking in a flexible way - it is rigid, black/white thinking. They have problems with emotional and behavioural regulation, their self-concept, and it also affects physical health. There is clear evidence exposure to violence affects all sorts of physical health outcomes. What is not as widely known - and should be - is that exposure to trauma and violence leads adults to have an impaired ability to regulate emotions and impulses. The most outstanding developmental consequence of trauma is the loss of the ability to regulate the emotions. What does that mean?

Ellen Shaw for instance, one of the researchers, says the most significant consequence of early relational trauma is the loss of ability to regulate the intensity and the duration of the affects. In other words, how intense anger gets, how long it lasts, is a key outcome over time. Dr van der Kolk and other researchers say at the core of traumatic stress is a breakdown in the capacity to regulate internal states like fear, anger and sexual impulses. What happens? Fear escalates to terror if you do not have those skills to regulate them, irritation becomes rage, sadness morphs into despair. We see large numbers of people involved in reactive impulsive violence, family violence, road rage, shaking of infants, self-medication and self-harm.

Rampant violence is seriously compromising the security and the future prospects of numerous children across the Northern Territory. It is strongly linked with the high rates of assault and family violence, it is linked with a problem of sexual assault, and it clearly linked with a high rate of suicide.

I have just a couple more points - sorry I have taken so long. Some policy options. Clearly, we want to focus on the maintenance of safe and reliable environments for children. A number of research reports like *Growing them strong together* have emphasised that. We welcome legislative emphasis on domestic violence. The Northern Territory is taking the lead in many cases. Excessive alcohol consumption has been the focus of a lot of policy development.

As part of the NTER we have seen increased police presence in some areas which has usually helped, and we see the funding of Night Patrols - all designed to address this issue of safety and violence. However, there needs to be more education in the community about the devastating impact that violence and exposure to violence has on developing children. There is abundant research of how devastating this is, but the emphasis has been more on correctional responses rather than just how bad this is, developmentally, for children. As I said, domestic and community violence occurs at catastrophic levels in the Northern Territory.

The last point I want to make is there needs to be an emphasis on teaching children and young people the skills of pro-social emotion management, given that so many children experience difficulties regulating emotions and impulses. There are programs such as MindMatters and KidsMatter that have been attempted in a school setting to promote emotional competence amongst children and young people, including coping skills for times of emotional stress. The adoption of MindMatters is voluntary for schools across the Northern Territory. At present, only two schools, to my knowledge, are designated as MindMatters schools - two high schools that is. The high schools focus on MindMatters and it is the younger schools that focus on KidsMatter. As far as I am aware, only two schools are designated as MindMatters schools although others have been given training, or teachers, counsellors, and others, have availed themselves of the training. Given the high levels of risk affecting so many children across the Northern Territory, it is imperative that more schools take up programs such as these as a preventive measure.

Finally, I just want to note again that the Child Deaths committee will shortly be forwarding its specific recommendations. I thank you for listening to me here this morning.

Madam CHAIR: Thank you, Dr Bath, for your comprehensive summary and presentation to the committee.

Before I commence, we had the CEO of the Education department before us and there was a long line of questioning in relation to the role of schools and KidsMatter and MindMatters, which has worked in some areas, and why is it not consistently promoted across schools,

I will hand over to committee members. We will go straight into questioning. Michael, do you have anything?

Mr GUNNER: One thing I am definitely interested in - I cannot speak on behalf of the committee - which has come up consistently is points of intervention seems to be really important. When do you have a chance to help somebody? Postvention also seems to be a very clear point of intervention. We have had witnesses come forward with stories about postvention in relation to a suicide, alleged suicide, or a possible suicide, and the time it might take for someone to come in and provide help. We have had some excellent feedback about immediate postvention, and other times there seems to have been a delay around classification.

Your methodology section is interesting - when you got the statistics. When going through the Coronial files you looked at cases where it was clearly determined to be suicide and cases where it was determined to be misadventure or other things, and you included that in the suicide stats. In doing that work and going through the methodology, did anything become clear to you where we need better ways of classification or earlier ways of determining? Did that have any impact at the time on what help was offered postvention?

Dr BATH: Yes, the classification is an interesting point because there is huge debate in the professional literature about classifications and the different purposes for classification. For instance, you mentioned the work of the Coroner. He has a specific focus, a legislative framework, and a reason for doing what he is doing.

Researchers sometimes have a slightly different focus, and statisticians and databases again sometimes have a different focus. It is difficult. The research does seem to suggest that although there are different clusters of reasons, there is also a great deal of overlap of predictions. The general feeling from the research is it is more helpful to combine some of these disparate issues, especially where self-harm seems to be the shared factor. So, it depends where you are looking for the data.

However, when looking at prevention, what we are hoping for is school counsellors, teachers, community workers such as health workers and others, are alert to any signs of self-harm, threats of self-harm, depression, and those known risk factors and are responding to them.

Mr GUNNER: When we are looking at those points of intervention, as the Chair mentioned, schools are a place where we can have an intervention. However, as mentioned earlier, often the people who commit suicide have not had an involvement with the health system prior to committing suicide. We have had other witnesses say similar things. The question is how can we get help for people? At the moment it is clear people are not getting help. That is the question we are asking. You mention, towards the end of your report, that gatekeeper training often helps the gatekeeper but does not necessarily help the young people they are looking after. As gatekeepers, they become much more aware of the issues because they have that training; they are better equipped. That does not necessarily translate, from the studies you have seen,

into helping or directing young people into care. That probably sounds harsher, but how do we better direct people at risk into health services?

Dr BATH: It is extremely hard when you note from that research that, of the young people from remote areas, there was very little warning in many of those instances. Where there are warning signs - there needs to be very good education for young people, for teachers, counsellors, community members such as police, health workers, and others. Programs such as headspace and similar programs are designed to create awareness amongst peers and adults who interact, of some of those warning signs where someone is experiencing stress and, maybe, even contemplating suicide.

There are, of course, other community programs such as the Are You Okay Day which we had recently - again, a community-wide attempt to try to - how can I say? - increase awareness and the availability of counsellors and support. We have known there is a difficulty in the NT about the sheer availability of health workers and mental health workers. That is another key factor - is it not - especially in remote areas, someone can be alert to those warning signs.

Mr GUNNER: So, essentially, you are saying at community-base level and peer-base level is where you are maximising your best chances at directing someone to?

Dr BATH: I think so. Programs like headspace are, at the moment, all we have in that population-level education.

Mr GUNNER: But the key often has been, through the conversations we have had across this table, is there are good programs available. How do you get someone into the good program to lead to the prevention? That seems to be the missing link; that area of they are not getting into that good program to get help. One final question ...

Madam CHAIR: All right, and then I will go to Kezia, then Lynne.

Mr GUNNER: I just wanted to talk a little about your paragraph around schools to make sure I am understanding it correctly because, obviously, schools are a good place of intervention. You are talking here about various couple of studies around performance and stressors, particularly around conflict at home based around success levels. I think what you are saying here, in some respects, is more the support you are given from family in school - that is the critical point, not so much necessarily your success at school.

Dr BATH: Yes. Are you referring to the research that we provided for you from Menzies Research?

Mr GUNNER: From Daniel and Randall.

Dr BATH: Yes, I think that is the Menzies Research, yes. They might be ...

Mr GUNNER: They might be better to ask that of. It is, clearly, a condensation of a quite complicated study around looking at the pressure that goes on with kids at school, and not necessarily assuming it is around success rates at school but around the support that they are given to get through school. It says in here particularly the transition from school, which I was wondering if that was referring to either drop out or completion and, then, the transition from - is that the transition they were talking about, the transition from that point on?

Dr BATH: I think they did focus on that transition, especially from school to community. But, again, it would probably be better to ask the actual researchers for answers on that.

Mr GUNNER: That was an interesting one. This is page 12, a paragraph around support through school.

Madam CHAIR: And I think at some stage we will be bringing in Menzies - actually tomorrow - before the committee, so we will be able to ask more questions. In the meantime, Dr Bath has also asked that this report not be made public either because of the identification of children and other people in the report. So, if members can just bear that in mind when you are quoting that report.

Dr BATH: Thank you for that, because the core of the research is not an issue - the numbers and some of the issues I alluded to before ...

Madam CHAIR: It is the identification.

Dr BATH: The fact is a lot of the discussion is about particular circumstances, clustering, and issues where it is not appropriate to be identifying children and families, communities, etcetera, or give information that might lead to that identification. That is really for the protection of individuals and families that request has been made.

Madam CHAIR: And communities. I had a look at a couple of them ...

Dr BATH: Yes, and communities. Definitely and communities.

Madam CHAIR: ... Dr Bath, and two of the incidents I could easily tell you which communities they are from. So, it is important.

Ms PURICK: Thank you Dr Bath, I found that fascinating, sadly. I suppose the remote is one area, but what I have been hearing and thinking is that there are programs and services for the person at risk, but do you think we have a deficiency in the people who are caring for that program? One for parents, for example? Where do they go? The medical people and the psychologists can help the person at risk and, presumably, the whole family, but what if the parents or the grandparents need help?. Do we have a deficiency in services to help them, or are they just all bundled up together?

Dr BATH: Most of those services are designed - not exclusively but most of them - to work with the care givers and those who are supportive of the young people involved - the ones I am aware of. For instance, headspace would make an effort to be in touch with the caregivers and provide support on a holistic basis.

Many of the young people though, like individuals everywhere, sometimes want these issues dealt with in confidence and that has to be respected as well. However, in remote communities there are so few mental health services there. There are sometimes visiting psychiatrists and some follow-up mental health offered but, generally, we are talking prevention and there are very few services of that ilk available in remote areas.

Ms PURICK: What about in the urban areas like Darwin?

Dr BATH: You hear from people that there are still very few per head of population. Where you are going to get them is in the population centres – with headspace, for instance. We have it in Palmerston and in Central Australia. Although they are making efforts to outreach, it is much harder to reach those remote areas where much of the need is located.

Ms PURICK: To clarify, when you are referencing the exposure to violence or having a violent family background, is the core of the stress and the inability to regulate emotions because the person is being exposed to violence or is part of a violent cycle?

Dr BATH: It was more generally being exposed to trauma caused by violence. Most often, wherever it occurs is within a family or within a home - that extreme violence - but we know there is much community level violence that causes trauma for young people as well. Wherever there is heightened sense of fear and terror involved, whether it is in the home or in the community, it can have devastating effects on a developing child.

Ms WALKER: Dr Bath, I was staggered by some of the statistics you spelt out for us in your opening statement. Most of what we have heard to date - I am talking about the series of public hearings we have conducted - indicate it is predominantly males.

Dr BATH: Yes, in most of the western world and in most of Australia it is predominantly male. Now, it is a little more subtle than that. It is generally thought there are more suicides amongst females across Australia; however, the lethality of the means of suicide means that is chosen. Hanging is a very lethal method, whereas overdose of tablets - the percentage of cases where that leads to death is much lower. Firearms, for instance, is much higher. Given the means chosen, hanging is an extremely lethal means that could have affected that data. As I mentioned, the Australia-wide data suggests many more females attempt suicide than males, but in the Northern Territory we have a significant number of females, unfortunately, who do suicide, and a higher percentage than seems to occur than the rest of the country.

Mr HARWOOD: I should clarify the statistics Dr Bath is talking about is child population, not the overall high-risk age group. You may have had statistics about the 15 to 25 age group, whereas we are talking about the 10 to 17 age group.

Madam CHAIR: Which is still quite a frightening number when looking at 10 to 17.

Mr HARWOOD: However, the disparity between the males and females the member for Nhulunbuy was talking about is more about the high-risk population of 15- to 25-year-olds where there are more males than females, whereas we are talking about maybe 10- to 17-year-olds where there are not as many females but much more than what normally would occur in Australia.

Ms WALKER: Sure. Of course, the other big unknown factor is the attempts we never know about which do not present at hospitals, do not present through a counsellor, and are contained within a family, a community or with that individual. That is very difficult to measure but all the indicators are it is rather important. Would that be correct?

Dr BATH: Absolutely. There is national data collected on people admitted after suicide attempts. I have not quoted any of that because I do not think it is all that reliable, and it does not give you a very clear picture on actually what is happening. It seems to be a fairly subjective thing.

Ms WALKER: The other comment I want to make- and you may hold a view about it as well - perhaps when we are talking about engaging with kids at school through programs like MindMatters and KidsMatters to help build that resilience and emotional wellbeing, is that many of the kids who are at risk are not at school and, therefore, fall outside of those parameters. I believe what we need to focus on as well is aggressively running programs that we engage children back to school and, particularly, youth because they are so incredibly vulnerable in their self-esteem at that age, and their sense of worth if they do not have the capacity to read, write, gain employment, and are destined to be on the circuit of welfare dependency.

Dr BATH: I could not agree more. The data on school attendances is very depressing in how it is turning out, in the remote areas in particular. In the Northern Territory we have some exemplary programs and you can point to some programs that have been in the Tiwi for instance, and some of the football academies ...

Ms WALKER: Clontarf.

Dr BATH: Clontarf is doing some fantastic work but, overall, we are tending to see a bit of a disengagement over time. Again, it is older versus younger. There are some improvements with some of the younger ages in attendance, but a great concern to everybody is the number of teenage kids who are deciding to drop out of school. We know that the fewer community mechanisms like schools, sporting events, sporting activities, etcetera, the kids are engaged - they are protective measures for those schools; they give them some structure and some purpose. It is just an indication if more kids are dropping out that they have less of that structure to fall back on in times of stress.

Ms WALKER: And also highlighted at risk in your report are teenagers who are parents themselves ...

Dr BATH: Yes.

Ms WALKER: ... and simply ill-equipped to deal with those responsibilities. I know in the last couple of years we have had the Families as First Teachers Program operating, and it is parents with parenting skills with looking after their children. I was talking to Congress, Marion, in Alice Springs about a program they have that young parents, or any parents, can opt into from an early stage of their pregnancy through to well into that little one's life.

Dr BATH: That is Early Maternal Visiting program ...

Ms WALKER: Yes, yes.

Dr BATH: ... a very encouraging program.

Madam CHAIR: I will ask a series of questions and then I will hand to other members. Dr Bath, your Child Deaths Review and Prevention Committee – you said you had medical practitioners, researchers, child protection and education people. Do you have any representative from the police or Coroner's office as part of that?

Dr BATH: Both of those.

Madam CHAIR: So, they both come in?

Dr BATH: Yes.

Madam CHAIR: How about a community representative or ...

Dr BATH: We have people who are representative of community organisations.

Madam CHAIR: Okay.

Dr BATH: NGOs, for instance, out in the community.

Madam CHAIR: Okay, so are they just seconded when you are looking at different things ...

Dr BATH: No, there are usually ...

Madam CHAIR: ... or is there a full-time position for an NGO?

Dr BATH: Yes. We can, we have the capacity to – coopt is not the word ...

A member: Have an advisor.

Dr BATH: Have an advisor - appoint people as advisors to the committee. So, we have availed ourselves of that opportunity from time to time.

Madam CHAIR: Just like, I suppose, other members of this committee, I have been quite astounded at all of the evidence, as Lynne said, that we have received so far of women - the rates of suicide or completed and attempted are certainly high amongst young men, rather than young women. That is certainly something we have not had evidence of, and is actually quite frightening. It is frightening even when it is among young men. Reading this report, you talk about the gaps in services. You were part of another report which looked at the *Growing them strong, together* in child protection. However, this report shows children or young people are still falling through those systems we need to have in place to ensure children are going to grow strong and are going to be protected and we build resilience - strong families. What do we need to do? You have put forward some policy decisions, but when you look at the substantial money going into remote communities with the intervention, you talked about policing and the other positions - why are we not making a difference? I tried to look through this committee plus the *Growing them strong, together* report. We have millions of dollars going in, why is that money not making a difference? Is it because the community is missing in all this?

Dr BATH: I need to clarify one thing. Most of the research we receive is a little out of date. In other words, the research I quoted from the Australian Institute of Health and Welfare dates to 2008 because that is the latest national data available. Much work has occurred since then. It would be really good to get hospital data for instance, for last year; however, it is just not available. We have been digging around for it; my office has been digging around. It is hard to find it for the last financial year – 2008. We would really hope there has been some change since then.

The FaHCSIA data published last year, 2011, on community safety is very interesting. They interviewed a large number of people living in Indigenous communities and found that some of the smaller communities were feeling safer; however, they had not reached the larger communities where there is still a feeling of being unsafe around the community.

This is for Indigenous people living in communities. Some of the communities that did feel better were communities that had a new police presence - they did not have one before. So, although many of the people in remote communities are a little ambivalent about having the police there, generally they feel it makes the community a little safer and there is somewhere to go for a person who has been assaulted for instance, in addition to the new safe houses in some of those communities.

All those measures contribute to community safety but it still reactive; it is not preventive. I hope some of the latest data we get - if we can get the 2010-11 data it might, hopefully, show some changes. The current data we have paints a very bleak picture on community safety and violence.

Madam CHAIR: Is that data from hospitals or from clinics?

Dr BATH: It is technically called hospital separations. This is people who have been admitted to hospital for assaults. We do not yet have the data for people who have been assaulted or who have turned up in clinics for treatment for assault.

Mr HARWOOD: They may have been referred.

Dr BATH: They may have been referred from those clinics, yes. We know from the data that the vast majority of people who are assaulted do not report it to anybody. This hospital data is about the hardest level of data you can get in relation to assaults.

I have focused on assault because that slips under the radar. We often talk alcohol related to assault, but many assaults occur without alcohol being involved at all.

What I have been concerned about, as Children's Commissioner, is that children are growing up exposed to this on a daily basis. How can we expect a 5-year-old to sit in class as a Grade 1 kid when they are coming from a circumstance of violence and returning to one afterwards? They have other things on their mind; coping with that rather than listening at school. So, it has devastating effects right across the board, including the problems around school engagement.

Madam CHAIR: Dr Bath, something I have discussed with this committee and with other people who have come in is the issue of post-traumatic stress, particularly in relation to young Indigenous kids in communities. We do not do enough in this area, not just with the young person but also the families, because if you look at those families - those mums and dads - they are dealing with, as you said, those layers and layers of trauma and no one is tackling any of that and dealing with it.

Dr Bath, you said that, with women in the Northern Territory, 82 times or 20 times - and that equates to 820 women being assaulted in the Northern Territory. Is that Indigenous numbers - just purely Indigenous numbers?

Dr BATH: The numbers that I was citing were a couple of sources. One is about less than a month ago the Institute of Health and Welfare published documents called *Indigenous Health Australia*. This compiles data on Indigenous people for all health hospital admissions. I have just simply taking out of that the admissions for assault. What it is suggesting is in New South Wales, as you are aware, there are more Indigenous people in New South Wales than in the Northern Territory - considerably more. The data indicates that around 600 Indigenous women in New South Wales are admitted for assault into the hospitals across New South Wales. In the Northern Territory, it is over 1700 in the five public hospitals we have here.

Madam CHAIR: And that is for a higher age group?

Dr BATH: No, that is for Indigenous women.

Madam CHAIR: What age group was that? Did they give an age group specifically?

Dr BATH: I would need to go through and look at the definitions, but I presume it would be any female - any Indigenous female.

Madam CHAIR: Okay.

Mr HARWOOD: We can provide those statistics if you want them.

Madam CHAIR: Would you? That would be good if we could get that from you.

Dr BATH: The number that I mentioned about the 82 times rate, is from Northern Territory hospital data. I think it is called Hospital Admissions 2008 or something like that – that is the latest.

Madam CHAIR: That is NT hospital data?

Dr BATH: That is just from the Northern Territory ...

Madam CHAIR: Oh okay.

Dr BATH: ... which is indicating that disparity of rate in admission to the hospital.

Madam CHAIR: Are we able to, with that data, determine or see whether alcohol was a contributing factor?

Dr BATH: Not from that data. There is other data and, again, we have tried to look at that. You get various rates in the involvement of alcohol in assault. I was looking. For instance, last year, Bob Beadman put out some. He was suggesting between 60% and 68% of all domestic violence assaults - I think the domestic violence was around 67% and general violence was about 60% - where alcohol was involved. The federal data is suggesting it is around 40%. I think it depends on who collects the data, and what criteria they use, for instance. There is variable bits of data on to what extent alcohol is involved.

Even the 60% data is suggesting that about 40% of the cases are not related to alcohol. Clearly, it is there as I have said. In fact, it is probably the main factor that we can do something about in the short term. That is why I guess there is so much policy attention on alcohol. It is clearly very significant, both a cause and effect of the problems. But, it is not the only one.

Madam CHAIR: One of the biggest areas, since we have been taking evidence, Dr Bath, is the role and the importance of schools in the education, not just of the young people - and also providing that safe environment for young people - but also families. It is that schools should be seen as belonging to communities and for families to be part of it, which is where KidsMatter and MindMatters is something that we have certainly been keen to - and we have - talk to the department about.

The review touched on - and I notice the child deaths review commissioned did not touch or go into detail much - or very little - in lifting the importance of schools in trying to prevent suicide or to educate communities.

Dr BATH: Are you talking about the Menzies research?

Madam CHAIR: That is the research you commissioned.

Dr BATH: We commissioned that, yes. Remember that research is looking in detail at some deaths that occurred. They made some comments about the schools, but I was making comments myself about the schools. You feel for them in a way.

As I mentioned, they are getting kids in at five years old, 60% of whom have multiple developmental disadvantages right at the beginning. However, we also know in regard to exposure to violence, many of those kids are dealing with trauma-based issues and post-traumatic stress issues. So, how are they going to be attentive to their teachers in that particular environment? Schools also have this external pressure around NAPLAN scores and doing well academically, yet, at the same time, teachers are coping with kids experiencing overwhelming stresses.

My view is, ultimately, schools in the Northern Territory, unfortunately, are required to focus as much on social and emotional health as on academic achievement. You do not want to put more stress on teachers and schools; generally, they are doing a fantastic job given the stresses they are all under. However, ultimately, we have to put more emphasis on encouraging schools to take up programs like MindMatters to meet the developmental needs of those kids.

While they are dealing with emotional stress, fear and terror, they are not going to be learning the lessons they need to in schools. Both have to happen at the same time.

Madam CHAIR: Thank you, Dr Bath, for appearing before the committee and providing the information. We will ensure the submission is for committee deliberation only and not for publication. We will talk to the Menzies researchers when they appear before the committee tomorrow about that. If we could get that information about young women it would be really good. Thank you both for appearing before the committee so thank you.

The committee suspended.

CENTRAL AUSTRALIA YOUTH LINK-UP SERVICE (CAYLUS)
Mr Brian McFarland, Manager.

Madam CHAIR: Blair, how are you? It is Marion Scrymgour. How are things?

Mr McFARLAND: Good thanks, Marion. Thanks for your help lately.

Madam CHAIR: Are you in Alice?

Mr McFARLAND: I am, yes. I am actually home sick. I sprained a muscle in my back on the weekend gardening, so I am actually home sick.

Madam CHAIR: Thank you very much for taking this time to give evidence to the committee. I apologise on behalf of the committee for being late, particularly since you have hurt your back. We might get straight into it. I have just a quick, short official statement to read. That is just to welcome you on behalf of the select committee to this public hearing into current and emerging issues of youth suicide in the Northern Territory. Thank you for coming before the committee today. We certainly appreciate you taking the time to speak to the committee and we look forward to hearing from you.

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 will say should not be made public, you can ask the committee to go into a closed session and to take your evidence in private. If you could state your name and the capacity in which you are appearing for us for official purposes, Blair.

Mr McFARLAND: My name is Blair McFarland. I am the Manager of CAYLUS, Central Australian Youth Link-Up Service, at Amattjere Council, Alice Springs.

Madam CHAIR: Thank you, Blair. Before I invite you to make an opening statement, sitting at the table with me is Michael Gunner, who is the member for Fannie Bay here in Darwin ...

Mr GUNNER: Hello.

Mr McFARLAND: Michael.

Madam CHAIR: ... Lynne Walker, who is the member for Nhulunbuy ...

Mr McFARLAND: Yes.

Ms WALKER: Hi, Blair.

Madam CHAIR: ... and Kezia Purick, who is the member for Goyder and the Deputy Leader of the Opposition.

Ms PURICK: Hello, Blair.

Madam CHAIR: I have an apology for Peter Styles, who is the member for Sanderson. Would you like to make an opening statement, Blair?

Mr McFARLAND: Yes, the opening statement, basically, just covers the CAYLUS basic position in relation to suicide. That is you can approach suicide in a lot of different ways. CAYLUS, particularly, works on the prevention side of things, a strategy that has been very successful dealing with petrol sniffing in the region. As part of that, we have been promoting youth programs as a friends-based approach, including that resilience of people in remote communities.

So, part of our recommendation is that, rather than try to deal with suicide after the event, or put in resources after the event, a strategy would be to make sure that every kid in the Northern Territory has access to the support provided by a good youth services as a preventative measure. But that would also kick in should there be any attempted suicides. The youth workers on the ground can, and have in my experience, played a very important role in relation to being a conduit between visiting purposes who might be called in under an emergency setting, or also just being there and the type of person in the community who has the mandate to look after kids. So, part of my submission is to give a push to the idea of ensuring that all kids in the Northern Territory have access to a good youth program.

The other part of an approach to suicide that we think is on a preventative side is to ensure that alcohol is not as available as it usually is. We think if you scratch a lot of the problems in the Northern Territory, particularly in Central Australia, you do not have to scratch very deep before you run into alcohol as a major contributing factor to crime, to people being gaoled, to family dislocation, and impoverishment - all of those things. One of the big things about alcohol is, because it is a legal drug, the government has the ability to turn the tap down on it and reduce the damage it is causing. Over the years that has happened and the Territory it is doing very well with that. Alice Springs, in particular, is doing well with that because of the operation of a community-based group here that was negotiated for the removal of two litre cheap wine from everywhere except the two takeaways.

These measures, whilst not directly contributing to suicide, create a safer environment; a safer setting where people are growing up and less chaos and craziness that comes from alcohol abuse.

They are the two positions I am proposing for the committee's consideration.

Madam CHAIR: Thank you, Blair. I will open to questions from members of the committee.

Mr GUNNER: Hello, Blair how are you going? I want to hear more about your second recommendation around the youth and communities measure - we received your submission in November last year. Are you still worried about the Commonwealth commitment to youth and communities? Where is that at?

Mr McFARLAND: Yes, we are. On one level we think possibly they will continue some youth and community type funding which would be great. However, the issue is partly, because of the nature of the funding round, it has already started to happen and services on the ground that are tied into that funding cycle are losing people because people are looking for more long-term work. They can only assure people contracts until June and people are already starting to move away from remote positions - community and youth worker positions and look for other work. The agencies on the ground are now trying to recruit for five months in a remote community, which can be quite tricky.

On one level we are worried about that overall big picture issue of a funding cycle resulting in the wheels constantly falling off programs and programs having to re-recruit and perhaps be lucky and retain people with corporate knowledge. However, more likely they will get new people and those people with corporate knowledge will go on to other jobs.

This issue is even if the Commonwealth tried to refund it there is the problem of continuity. I do not know whether your committee can make any recommendations to do anything about that or whether it is just the nature of the beast.

Mr GUNNER: We have interesting Commonwealth funding - how to access it and how to leverage it. We have an interest in the area.

Mr McFARLAND: Good. I would endorse doing something about that funding cycle because that is one of the reasons people say money is put into remote programs which do not work or ask for the results? One of the reasons it is hard to get results is because of the build and bust cycle - programs get going and then they fall over and you start again. Everyone is new; everyone is rediscovering the glorious wheel. It would be very fruitful if you could do something about that on a structural level.

Mr GUNNER: What funding cycle is this run on at the moment? Is it annual, biannual or triennial and how often does it come up?

Mr McFARLAND: It is a three year one. Most of the funding that came up through the youth money was three year funding. That is coming to an end in June and we are entering into that zone of will there be funding, will there not be funding, will it be the same level or not? It provides a level of uncertainty and is counterproductive.

Another aspect of the youth funding is one of the things we push - and you may have noticed this - we believe youth services are so good that every kid in every remote community should have access to one. If it was an inoculation and did all the things youth programs did you would line every kid up and hit them up in the arm with it because youth programs - I sent you the stuff before - unfortunately, I do not have it with me because I am home; however, there are very clear indications that participation in youth programs decreases the risk of suicide, decreases the risk of substance abuse, increases school attendance, improves health, reduces chronic illness, reduces obesity and generally improves wellbeing and social engagement with the wider community. All of these good things come from youth programs. Getting the

support for Aboriginal kids in remote communities, surely, would make sense to provide this level of support to every kid because, at the moment, what is happening is the youth funding has gone to some communities and not others, and some communities have two or three or four programs coming to them, funded by YiC, but other communities just do not get anything whatsoever.

What we are proposing is that is the model to be adopted; that youth programs should be considered essential for kids in remote communities for all those reasons I said, and that would guide funding. Instead of the people in the youth program going: 'Oh, this is a nice submission; we will fund this', and 'This is a nice submission, we will fund that'. Instead of that, if they took a look at that model of every kid deserves one, then they would then be able to do a mapping exercise of the Territory, work out where the gaps are, and fund accordingly.

At the moment, because they have no plan, because there is no overall strategy like that one I have proposed, the funding is ad hoc. The same amount of money could be distributed differently, and it would go further.

Ms PURICK: Blair, it is Kezia. Just a general question. To your knowledge, do all the communities in Central Australia sell Opal fuel? Are there some places that still sell unleaded, or is it pretty blanket Opal.

Mr McFARLAND: All the communities sell Opal fuel except Laramba. Laramba does not because the town only 20 km is Tilmouth Well Roadhouse which has refused to go on to Opal because there is so much traffic to and from because there is so much there and, partly, because Laramba has not had any really serious sniffing problems. That community still does not have Opal, but every other remote community has Opal. There are a few places in the region where roadhouses are refusing Opal and sell standard unleaded, and that is contributing to petrol sniffing.

Ms PURICK: Like the ones on the highways, those roadhouses?

Mr McFARLAND: Yes and Mt Dare and Maryvale Station and also Urandangi Roadhouse just near Lake Nash ...

Ms PURICK: Oh, yes, I know that one.

Mr McFARLAND: ... and [inaudible] Roadhouse. Interestingly, Rabbit Flat refused for years to sell Opal, and there were ongoing sniffing problems at Balgo, the next community up the Tanami from there. When Rabbit Flat closed, the sniffing pretty much stopped overnight.

Ms PURICK: Overnight. Fair enough. Thanks, Blair.

Ms WALKER: Blair, it is Lynne Walker here. Just further on that theme of Opal fuel, in your submission notes there was a 94% reduction in petrol sniffing in the area that you service. Given that Yirrkala in northeast Arnhem Land is part of my constituency, and having seen the very positive effect of Opal fuel up there for the last two years, we, obviously, know the benefits of it. In your submission you make a recommendation that the Northern Territory government should advocate to Western Australia, South Australia and Queensland governments to have them roll out Opal fuel as well for their remote communities. What sort of evidence do you have that people are going across borders to obtain the fuel for sniffing?

Mr McFARLAND: In a sense, it is not so much - well that was out of a statement when Rabbit Flat was selling fuel and Balgo was sniffing and, then, Rabbit Flat closed and the sniffing stopped. That was evident. Possibly, it is beyond the brief of your committee, but I guess there are two things in the Territory. We have really seriously bad sniffing, and we have developed some very good mechanisms to dealing with it. We think it is a shame that the lines on the map pretty much define where those really powerful strategies all come together to provide those really quite stunning reductions that we have seen through a combination of Opal, the DFOC Act and the Territory's *Volatile Substance Abuse Prevention Act*, and diversionary activities like good youth programs. They have had really outstanding success in this region using those three.

I guess what we would like to do is to export the models to Western Australia, South Australia and Queensland so they can pull together a similar trifecta for their remote communities that are affected by petrol sniffing. I guess the issue for us is not people who are running small amounts of petrol backwards and forwards, it is more that in the Territory we have these major tools which are lacking from the repertoire of tools in those other places where there is still sniffing.

The other day I was talking to a substance abuse worker, a Territory health substance abuse worker in Tennant Creek, who had recently been working in Mt Isa. He said that often they would be sitting inside a rehab facility looking at the gate where kids would be sniffing and there was nothing anyone could do about it. If they were doing it 150 km west in the Territory, they would have been able to call the police and police would have taken those substances away; there would have been a response to that sniffing. However, those in the rehab facility had to look on helplessly while those kids sniffed outside. It is a shame because that is the way it was in the Territory eight years ago. We have come a long way and exporting what we have learnt to those places can really help them.

Ms WALKER: Yes, thanks for that.

Madam CHAIR: The committee can ask our minister to advocate to other ministers, or even push that nationally, Blair.

Mr McFARLAND: That would be great.

Madam CHAIR: That would be a good thing. You talked about the youth and communities funding. When I looked at your submission, Blair, I noticed many of the communities are in Central Australia. I have not heard of this program in the Northern Territory; however, it looks like something worthwhile for the Top End not just Central Australia. Did you say it expires in June this year? Perhaps it is something the committee can, through the Northern Territory minister, write to the federal minister to see if we can - long convoluted process but that is how it goes.

In your submission you talk about a floor price on alcohol. When we were in Alice Springs we did not have an opportunity to talk to Dr John Boffa, quite an advocate for floor pricing. What evidence can you provide to show introducing a floor price would decrease consumption rather than merely contribute to the amount of money those with alcohol addictions spend, Blair?

Mr McFARLAND: The evidence is there; the evidence is international. Unlike Dr John Boffa, I do not have all these things at my fingertips, but there is international evidence which shows a very clear way is to reduce consumption. One of the things I have in my phone is a chart of consumption in the United States where one line is the price and the other line is the consumption. As the price goes up consumption goes down.

Ireland is thinking about doing the same thing. Scotland is looking at doing the same thing. It is a strategy that really works and a very simple one to enact but is open and sound. It reduces the amount of alcohol in the system. I hear what you say about people spending more money on the same amount of alcohol. The evidence seems to indicate the people who have such serious alcohol problems - the ones we are trying to target - are spending every cent they can get on alcohol. They usually can only get \$20 at a given moment and that is - increasing the price affects that particular group substantially, and that is the group we are trying to reduce the alcohol affect on.

It is a tool that works and it is working internationally. If you want, I can pull together a briefing paper and send it up demonstrating it does work. The World Health Organisation recommends it. It is a given in the area of alcohol and other drugs unless you are talking to the liquor lobby, who will argue about it. The truth is there, the evidence is there, and it makes sense.

Madam CHAIR: That would be good if you could provide that to the committee. One last question and I will hand over to Lynne Walker.

Blair, years ago we saw dual usage of volatile substances and illicit drugs. and/or a combination of three, alcohol being part of it. Many young people were swapping back to petrol because it was a lot cheaper than illicit drugs and alcohol was. Is that still the case or has the program – are you seeing a reduction in the petrol sniffing but also the dual usage with illegal drugs and alcohol?

Mr McFARLAND: I guess marijuana use, particularly, was always on a different trajectory to petrol sniffing. One of the factors that causes substance abuse - one of the main ones, and it is the same with crime - is opportunity. By reducing the availability of petrol, instead of a drug being available in every car - and the only thing you needed to access infinite amounts of it was a 1 m long piece of tubing. By eliminating that from the equation, people are not using drugs so much. It is the same people who were, even during the bad petrol sniffing days, still buying and smoking ganga when they could get it. But, ganga is harder to get, vastly more expensive and, because it is an illegal drug, you could have sniffer dogs and

police and a whole lot of actions by the state to reduce its availability. Some people say: 'Oh, there was no point in bringing in Opal because now everybody is smoking ganga'. That is not really true.

I wish there could be a study that looks into it seriously. Anecdotally, I do not think that is true, and many people in the streets do not think that is true. They think there is the same boom/bust cycle with ganga as there always has been, but the boom and bust are a little further apart because there is the distributors who have been affected because sniffer dogs are stopping people who were smuggling it through the Pit Lands, and it is making inroads into Mintubi, one of the major supply zones. There is a reduction of the amount of marijuana that is out there. It is still a problem, and it is still being smoked in a lot of remote communities but, because it is expensive and it is hard to get it, it is occasional rather than going on all the time the way petrol sniffing used to be.

Does that answer the question?

Madam CHAIR: No, that is fine. I will hand to Lynne Walker.

Ms WALKER: Blair, I just wanted to ask you if you could describe for us what your organisation's relationship is with schools and education in the communities where you operate. We have heard on a number of occasions through these public hearings about the value in programs - I do not know if you have heard of them, you probably have - MindMatters and KidsMatter that operate in a few schools in the Territory, which are about emotional wellbeing and assisting kids to build resilience - knowing that the kids who are perhaps most at risk are likely disengaged from school and, therefore, not in that sphere. You have a working relationship, collaboratively with education and schools?

Mr McFARLAND: Well, not really. Occasionally we have partnerships around particular issues. One of the reasons why we are putting our energy into youth programs is because that is where kids do go. As you know, there are serious issues of getting kids to school, whereas the issue with kids and youth programs is getting them out after it is finished. Kids are breaking the doors to get into youth programs. In CAYLUS, we have gone 'Well, let us try to put resources where people are and where people want to be'. We think those programs that happen in schools are very good. It is great they are in there. It is almost like you can test the theory that these programs do well on kids when the kids do turn up at school, and you can demonstrate that supporting kids and supporting their resilience does have really good effect.

But what we are trying to do is provide that resilience, not just for the kids that go to school, but try to put those resources into the youth programs because that is where the kids are really going to. The Education Department is a tricky organisation to deal with. It is extremely difficult to find anybody who can make any decisions. They are very much running along a particular trajectory that does not seem to be successful - certainly by us. The education department has made decisions that have been very counterproductive to what we thought should be happening in particular locations and there does not seem to be any effort into doing anything about that. It seems they have their own agenda and do their own thing. It is a big bureaucracy and we are a small organisation.

Sometimes, we can work our way through the levels of bureaucracy but often we do not. We try to do things we can achieve, and changing the Education Department in a fundamental way is not one of the things. We are trying to provide support for children who are not going to school, support for all kids, and also the kids who are too cool for school and too old for school - the ones who are 16 to 30. There is a very vulnerable mob of people out there who will go to youth programs if they offer activities for older youth. We have been supporting a computer room throughout the region as a way of engaging that older demographic and find it to be very effective. Yes, we are trying to work in with schools and ensure youth programs talk to schools and do not run in competition with home activities on school nights. We try to work with school discipline techniques being used. If they can be transferred to the youth work program that is another thing we try to do.

We support the schools but we do not have much influence on them. We try to turn our energy into providing support where the kids go anyway, even if kids are not at school.

Ms WALKER: Yes, okay. It is disappointing to hear the relationship is not always a positive one. You mentioned some of the decisions schools or the education department make are disappointing. Can you give us a couple of examples of where that has happened?

Mr McFARLAND: Yes, at one stage a few years ago Mavis Malbunka was running an outstation mostly for Arrernte girls and Hermannsburg school had a secondary school teacher sent out to run a school at the outstation.

Madam CHAIR: Is it Ipolera?

Mr McFARLAND: Yes, Ipolera, you may remember. There is a building at the school, and the school principal at the time was really supportive and very happy to send this person out there. When the head teacher was out there that gave Mavis a structure. Mavis would take the kids and was accessing welfare referrals and that sort of thing. Because she had the infrastructure of the school and the teacher could occupy the kids with educational activities, they were there, they were fed, they were getting support and getting an education.

That was working really well but the Education Department decided the numbers did not add up, partly because kids would go there for a few months then go away, then other kids would come. It was a pretty well-used facility whilst it was operating, particularly for girls and was a crucial piece of the jigsaw at that stage.

However, the Education Department further up from the principal said: 'No, you cannot send that teacher there any more'. That teacher was not allowed to go any more and the kids had nothing to do and became unruly. That became a little more a management issue and the people at the outstation started complaining so Mavis closed the program down. If that school had continued there would have been enough structure to not have had all those implications and Ipolera might still be going.

Ms WALKER: How long ago was that, Blair?

Mr McFARLAND: That was about five years ago.

Madam CHAIR: Many of those children were in the care of FACS?

Mr McFARLAND: They were, that is right. FACS was distressed when Mavis closed it down because they had nowhere to send the young girls and at that stage there were still much (inaudible). It was a real issue.

Ms WALKER: Thanks for that, Blair.

Madam CHAIR: Kezia?

Ms PURICK: Nothing.

Madam CHAIR: Michael?

Mr GUNNER: Nothing.

Madam CHAIR: There are no further questions. If you could provide that information on the floor price to the committee, Blair, that would be good. We might ask the Secretariat to follow up on that. I thank you for taking the time to speak to us even though you are at home sick. I hope your back gets better; there is nothing worse than a sore back.

Mr McFARLAND: It has been my pleasure, Marion.

Madam CHAIR: Talk to you soon. See you.

Ms PURICK: Thanks, Blair.

Mr McFARLAND: Thank you very much, everybody.

The committee suspended.

WESLEY MISSION LIFEFORCE SUICIDE PREVENTION PROGRAM
Tony Cassidy, Program Manager

Madam CHAIR: I have an official statement to read to introduce you, Tony. If you have an opening statement I invite you to make it, and we will proceed to questions. On behalf of the select committee, I

welcome you to this public hearing on current and emerging issues of youth suicide in the Northern Territory and thank you for appearing 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 obligation not to mislead the committee apply. A transcript will be made for the use of the committee and may be put on the committee's website. If at any time during the hearing you are concerned what you will say should not be made public, you may ask the committee go into closed session and your evidence be taken in private.

If you can state your name and the capacity in which you appear.

Mr CASSIDY: Tony Cassidy, Manager of Wesley LifeForce Suicide Prevention Program.

Madam CHAIR: Thank you, Tony. Michael Gunner is the member for Fannie Bay, Lynne Walker is the member for Nhulunbuy, and I am the member for Arafura. I have to apologise, Kezia Purick, the member for Goyder, was to be here but had an urgent doctor's appointment and asked me to pass her apologies on to you - she had to attend this appointment. Nevertheless, you have the three of us and we are keen to hear your evidence and ask questions. Would you like to make an opening statement?

Mr CASSIDY: Yes, I will make a statement similar to the submission we put forward to the select committee. First, the Wesley Mission welcomes the opportunity and initiative of the Northern Territory government to look into youth suicide. It is a tragedy affecting all communities, all of Australia where, as a national program, we are involved in multiple communities in metropolitan, rural and remote Australia. Youth suicide is an issue right across the board.

Wesley Mission started in suicide prevention nearly 50 years ago with the introduction of Lifeline through Reverend Dr Alan Walker, and Wesley LifeForce has been in operation for 20 years providing suicide prevention training and, more recently, developing suicide prevention community network groups. These community network groups really help address the issue of community ownership and take up of the issue, particularly for youth.

Thanks for the opportunity to speak and put forward our take on where things are, particularly in the Northern Territory. I am happy to answer any questions that arise.

Mr GUNNER: The committee is interested, and I am taking a particular interest, in opportunities of intervention to help prevent. We have heard much evidence around how, at the community level, it is successful, and at the peer level it is successful. They are probably the two best areas to get into. The family is a starting point, but often the people we are talking about do not have a family environment that is helpful ...

Mr CASSIDY: Or they are not comfortable going to the family.

Mr GUNNER: I am interested in the three educational programs - community liaison, community suicide prevention, and to hear a little more about how you work with the community to provide that safety net to try to prevent ...

Mr CASSIDY: There are a number of different education programs around suicide intervention you would be aware of: the ASIST program, SafeTALK, suicideTALK and so on. The Wesley LifeForce approach to that is keep it simple; very much the KISS principle that if we are expecting individuals with no training to be able to intervene we have to provide the information at a level they can take on board and recall when the time comes because it is not a frequent occurrence where they need to recall this.

We use the SALT strategy in our training, which is see, ask, listen, tell or take. It is about identifying there is an issue, asking the person about suicidal intent and being very straightforward. We are very proactive in saying it must be a question you ask if you suspect it because, generally, as the research indicates, suicide is not necessarily a 'want to die', it is a 'want to end pain'. Asking the question helps them to release that pain without following that path. It is very prescriptive in regard to asking about suicidal intent.

Then we look at listening to what is affecting them, what is happening, then taking them to the appropriate help. We are not training counsellors, we are not training people to be counsellors rather, we are training them to identify and get people to the right help.

Mr GUNNER: You put that under the heading gatekeeper training?

Mr CASSIDY: We call that gatekeeper training. The gatekeeper may be a mate in school, it may be a soccer coach, it may be a psychoanalyst - it varies. We get people from all walks of life through our training programs.

Mr GUNNER: So, it is as much about training here in the classroom as it is about training the teacher.

Mr CASSIDY: Absolutely, and it is as applicable to all levels.

Mr GUNNER: Then, would the community do liaison, particularly the supporting element. Do you ...

Mr CASSIDY: With community liaison, I guess Wesley Mission goes back to Lifeline in regard to this area. Lifeline Darwin or Lifeline Top End I think it is called. When that was being established, Wesley Mission supported and continues to support, the organisation through providing the telephone counsellor or telephone crisis support supervisors. If there is a crisis call, quite often the telephone counsellor in Darwin will contact a Sydney-based supervisor to help them through that process and walk them through the process. That is part of the general community support work Wesley Mission does.

Wesley LifeForce have presented numerous times to local Rotary groups including the Sunshine Group here in Darwin, talked in regard to how community groups like Rotary, Lions Clubs and so on can get involved in helping support programs or development of programs around suicide prevention. Rotary, as a case in point, has a very strong ethos around mental health and a drive for mental health, mental wellbeing, so they are very receptive to what we talk with them about.

In regard to supporting actual projects within communities, a lot of that is done through the community networks program. It is about getting the community networks developed. We also support the programs that are operating with those, however we will be able to do that.

Mr GUNNER: So, you see it as very important that the community taking the first step and, then, you get in behind them and help them?

Mr CASSIDY: Absolutely. When I was looking at the next step with the community networks, when we look at developing a network we actually initially host a training workshop to try to get an understanding of who has an interest in suicide prevention in the community. We then approach the key stakeholders, such as if there is Lifeline centre or Anglicare and those organisations in that area, to say: 'We are interested in presenting this to the public as a committee to be developed, a network to be developed. What do you think?' We try to get their feedback and, quite often, that will help us identify who the drivers may be for a network. It will help identify whether the network concept, that model, would work in that community. Quite often, you go into a community and they might say: 'Oh, we have something going but it just does not seem to get anywhere, it does not have any outputs'. We know if we are going to do something here, we have to more or less adopt that group into it, but give them some resources to be able to do something and have some clear outcomes to help generate that capacity building within the community.

Ms WALKER: Tony, there seems to be a plethora of NGOs out working in this area of suicide prevention and postvention. How does your organisation find its way into communities, or how do they find their way to you?

Mr CASSIDY: That is an interesting point. There is a plethora. I learn of new projects, new programs every week, I think, is something else ...

Ms WALKER: And we certainly have through the hearings that we have held.

Mr CASSIDY: Yes, you would find all sorts of things coming across the table.

Ms WALKER: Yes, that is right.

Mr CASSIDY: Importantly, we try to identify through the process of looking at the data that is available. As inaccurate as that may be, it is the only solid data we have from the Bureau of Statistics and the National Coronial Information Service. So, we look at the actual numbers and ask: what are the high risk areas? Where are the communities that may be in need of something like this?

We then approach the communities themselves, and often it is talking because Wesley Mission, being part of the Uniting Church, talks to other Wesley Mission centres in other states. We talk to Uniting Care and Uniting Church in other states, and we talk to those people in a position where they are seeing this happen, seeing what is going on, and asking them what is being done from a prevention point of view. So, we are talking to the ministers of local churches asking what they see being done from a preventative point of view. Sometimes they say this and this. Lifeline has training happening every other week, or it may be a varying number of projects. As you say, there are so many there. We find the majority of times ministers are not aware of what is going on, which for us immediately raises a flag that this is an area where a network could have a good opportunity. The networks we develop are not service providers so they are not about delivering another program into a community; they are about the community taking ownership of what is already there and ensuring it is put out as available for use.

The Top End Suicide Prevention Network does a very good job of getting the message out that these services are available if you find you are struggling. That is probably how our network programs are different to every other program. Certainly, our training program is different because it is Australian developed as opposed to the ASIST training, which is probably our most direct competitor in the field, although there is plenty of room for all the training. It is Canadian-based then adapted, whereas our program is Australian-based and can be modified to suit the audience. We delivered to ozHelp in Canberra the week before last - all their staff and modified the content to be suitable for their environment of working with men in a working site with apprentices and that type of thing. It is about being able to tailor the program for your audience.

Ms WALKER: That is critically important in the Territory where we have such cultural differences when dealing with Indigenous communities.

Mr CASSIDY: When we are looking at Indigenous communities from one area to another there are quite large differences. I have found that in the short time we have been working the Territory. Also, Darwin to Palmerston, you have differences there that ...

Ms WALKER: The socioeconomic differences.

Mr CASSIDY: ... come up. If you cannot address those things in whatever you are delivering, you are not really getting to the heart of the problem.

Ms WALKER: I first met you through the Galupa Marn Garr Suicide Prevention group when Gayili Marika was being recognised for her efforts. As part of our hearings, our committee went to Nhulunbuy and sat out at the Causeway and met with that group. Can you give us some background as to how that network was established because it is very highly regarded? The community is very impressed with what it heard. When we held a public forum later that afternoon at Yirrkala, a couple of people commented on the good work that group does in being effective.

Mr CASSIDY: That came about by accident, which is often how these things happen. I know Gayili and the committee. The ladies of that community had been working for a number of years on how to prevent suicide with no funding as far as I am aware, occasionally needing space or something - the Causeway, for example - being made. We found out about her work through a training workshop we did in Darwin. One of the people ...

Ms WALKER: Not through the statistical data screening you do?

Mr CASSIDY: Not through the statistical data side of it. Basically, the Wesley LifeForce networks program is funded through the National Suicide Prevention Program. That is limited to, I guess, the previous agreement where the networks in the Territory were developed. We were able to develop 10 networks nationally. We have 21 networks operating nationally now - that is over a five year span of developing them. It is not a fast process and there are many communities we look at. When we are looking at the communities we not only look at the data of the numbers and so on, we also have to look at how we can best service the community and how we can manage it to get the most out of the government spend, basically. It does come down to that as well, as a consideration.

With Gayili's group, it was actually brought to light at one of our workshops here in Darwin that we were running for one of the networks here. One of the people attending said: 'Oh have you heard about this group over at Ski Beach. They are doing all this work, they have nothing. Perhaps you can help them out somehow'. We thought okay we will see what we can do, basically saying maybe we can just provide a few funds to help them get some bits and pieces, or whatever we can do. We spoke initially to Gayili I think - I

am just trying to recall - probably about three months prior to the network part of the development process. It was a fairly quick development so, once the decision had been made - keeping in mind, we had already earmarked the 10 vocations with that funding contract. So, we had to take this case to DOHA in Canberra - Department of Health and Ageing – and they then approved their work be developed and provided the funding to do that. It was above our normal contract agreement in regard to development.

I went out there - I cannot think of the date it was now, sorry, I have gone a blank. I went out and met with a number of the community members. There were also local police, ambulance, and other service providers at the meeting. It was similar to what we do at any meeting: a public meeting talking about the advantage of the network, how it may work in that area, in that community specifically, and what we could bring to their group. Knowing already that they have had a group operating, we were more concerned about being able to support and grow that group's work and what they are doing. I believe, without sounding conceited, we have been able to give them a profile that they did not previously have through attaching them to the networks model.

Ms WALKER: Without a doubt, that would be true.

Mr CASSIDY: That, in itself, is probably the most successful of the Indigenous groups. But, I think it is successful because it has someone like Gayili driving it. It is how we identified those people in each community we go to is probably the hardest thing in the development process, because you have people who have a great heart for it, but whether they are able to devote the time and the effort into it as well, it is always difficult.

Madam CHAIR: In the Wesley LifeForce, your program - that is an important, people like Gayili – what strategies do you have in place so her wellbeing is sustained on the ground?

Mr CASSIDY: That is actually something we are looking at, particularly with Gayili at the moment, because we feel she is quite at risk of burning out herself through the efforts. We have been trying to talk to her and the other committee members and Br Murphy, in regard to who could take on some of the tasks that she is doing, trying to find – we are really trying to develop a succession plan for her so she can start handing over some of those tasks she is doing as the driver of it. It is an issue in that network specifically.

Madam CHAIR: It is a major issue in all our communities. You get one or two people who are just so dynamic and drivers like Gayili and, unless there is some development of support structures, I suppose, to make sure their wellbeing is supported ...

Mr CASSIDY: Absolutely. That is probably something, I guess, in relation to all of our other networks we have not really come across that to the extent that we have in Gove. Mainly because the majority of the people involved in the other networks are service providers, so they are already getting their support, they have their own processes for getting that support in place. Whereas, we need to look at that for Gayili probably as an ongoing thing. We are looking at succession planning for her, specifically for Gayili. But it is a concern. I guess one thing - and it is highlighted very particularly in our workshop - is that self-care is paramount, because you cannot do anything if you are not looking after yourself as well. We spend quite a bit of time on that in the afternoon saying you need to care for yourself; you need to ensure you are getting the debriefing or the support you need and so on.

I do not know how that can be done for Gayili specifically. I met her in Darwin a couple of times with her family and spent some time with her at Ski Beach as well. She has much support around her in regard to the community supporting what she is doing and understanding what she is doing. A couple of people in town support her quite well. I cannot think of the nurse's name now, but there is a particular nurse who does quite a good job of supporting her. We have touched base with them and one of my staff, Yvonne Toepfer, who has worked most with that group, has a relationship with this nurse as well to ...

Madam CHAIR: So she can go to a clinic ...

Mr CASSIDY: ... look at where she is at. Yes, there is some form of support there, but the succession plan is what we are looking at.

Madam CHAIR: I missed going out there, unfortunately, but I was on the end of the telephone. Even in parts of my electorate people talk about this program and what is happening in East Arnhem. It is a model people are looking at.

Mr CASSIDY: Yes, and the real success of this is that it is community. If Wesley LifeForce went in there without Gayili's organisation being there already and working already - if we went in there saying we wanted to develop a network, we would struggle in that community. We would probably be looking at the service providers in Nhulunbuy. That alone would alienate some of the community in regard to how they react and how that works. It is community ownership. I firmly believe if we are going to address the issue of suicide, and youth suicide particularly, it has to be community based; it has to be capacity building within community to give them the understanding they are in control of this not an organisation coming from wherever.

Madam CHAIR: Tony, I want to ask about the SALT strategy.

Mr GUNNER: Yes, go for it. I want to talk about it as well.

Madam CHAIR: If you look in the context of East Arnhem and some of those communities, even other communities, trying to get communities to know what the warning signs are and being. I would not call it scared, people just do not want to - I am from the Tiwi Islands and amongst my mob for a long time it was if we do not ask or talk about it then it will not happen.

Mr CASSIDY: Yes.

Madam CHAIR: It was like it will go away, but it did not go away. What we saw was an increase in the number of young people killing themselves.

Mr CASSIDY: Unfortunately, particularly with youths, in part it is recognition; they do it to get attention. It is not attention-seeking behaviour, but they are not getting through to the people they want the attention from in one way, so they try a different way and it is generally threatening. It is not completing suicide, but we need to be careful. The schooling system says do not mention suicide in school. Whether that is right or wrong the research is not clear. We are on the path of it is better safe than sorry and say: 'Okay, that is the way we are doing it'.

It was raised with me today that in some communities the kids are already seeing it constantly, so why would you not address it? Again, the research is not there to support necessarily the right or wrongs, but there are programs available for schools that do not talk specifically about suicide but talk about resilience building and that type of thing.

Madam CHAIR: Yes, and emotional and social wellbeing which is MindMatters and KidsMatter, which we talked about.

Mr CASSIDY: Yes, and that is what we need to be looking at. Okay, we cannot talk about suicide, but there are other things we can talk about that may help to stem it at that level.

From the point of view of the SALT strategy, in the training, we actually look at behavioural signs, risk factors, protective factors, so we talk about quite a number of different influencing points before we look at the strategies as an intervention strategy. We try to give the background of what to see, what you may notice, what may be happening, before you are at that point of, okay, there is an intervention required here.

Madam CHAIR: And is that broader education done only in your sessions, or do you open it up to the ...

Mr CASSIDY: Specifically, it is in our workshop. It is open to everyone - the workshop and seminars that we do. What we have found is our delivery methods is not the best for the Indigenous population because it is very much a PowerPoint, person standing in the front delivering this workshop content. That is something we are working on in regard to how we can make this more accessible for the Indigenous population. That has been brought about through our work with the Indigenous networks here in Darwin and at Gove, and also in Dubbo in New South Wales. It is a case of trying to educate on what to notice, what differences, what changes, how you can see that.

That information is not new information, it is just how we put it all together, I guess, makes it slightly different.

Madam CHAIR: It has been interesting when you talk to families or communities when a completed suicide happens. People start – I suppose that is when the people do the post-mortem on what could we have – am I using the right word? I could not think of another word. When they reassess the whole situation, then they look at: 'Oh, well, these signs were here but we did not or could have done ...

Mr CASSIDY: I think they call it psychological post-mortem. Yes, they do look for that. That is one of the issues with grief around suicide; that it has the added factors ...

Madam CHAIR: It is not Michael talking about postvention ...

Mr GUNNER: And they are given a memorial service?

Mr CASSIDY: Yes. I guess there is added dimensions to the grief in regard to suicide grief which makes it different. We know people cross the street if they see someone they knew whose son might have suicided to avoid talking to them. It is not just the grief that they are feeling for the loss of their loved one, often there is the grief of what did they not do, what did they see they should have noticed, or ...

Madam CHAIR: The guilt.

Mr CASSIDY: The guilt and everything on that, but also the grief of a bit of alienation from community as well happens. That is where the memorial services that we run - and we have only run them in three locations at the moment, but we do support the networks that we have such as Galupa Marngarr to have a memorial service where they are. They are about bringing the people together who are going through that grief with people who have been through it, so they can see there is a way through. It helps. We get 400 people to the Opera House each year pretty much, for the memorial service in Sydney. The same people are coming year after year, because it is their one time they catch up with friends. That is the feedback we get is: 'We come here every year because these are our friends. We can only talk to them about this. There is no one else we can talk to about this'. Which is quite an interesting way it occurs.

Madam CHAIR: Thank you for that.

Mr CASSIDY: That is all right.

Madam CHAIR: I do not know if we have any more questions. Do you have any more questions either of you two?

Mr GUNNER: It is something you can talk about forever I think. In going through the community hearings, you get a lot of inferences and a lot of things and some effects. There is no one answer, that is, obviously, very clear.

Mr CASSIDY: Yes.

Mr GUNNER: I wonder if there are areas where there are several answers around how you deal with grief and postvention; do you talk about it in the school or not talk about it in the school? We have had different witnesses appear with different stories about the importance of talking. One of the more interesting ones was the Darwin Community Arts person who came ...

Madam CHAIR: That was good. She was quite good.

Mr GUNNER: Yes. She had a play that had toured Scotland based around the ...

Ms WALKER: Wales, it was.

Mr GUNNER: Wales, that is right. A long way down was a (inaudible) road. They adapted it for the stage. There had been a cluster of suicides in Wales - about 18 or 19 young kids had died. They found that no one was talking about it but, through the play, people got an opportunity to talk about it. It was an interesting one where you can understand why there is a reluctance to give it credibility at a school level by talking about it, yet it was important in giving people the ability to relieve the pain they were feeling because someone has been lost.

Mr CASSIDY: There is a similar play a lady on the south coast of New South Wales delivers to schools and school groups. What I found most interesting was, at the World Suicide Prevention Day event in Nhulunbuy, they had the school deliver a play around it. This is the students saying: 'This is happening; this is how we see it'. It has not been noticed and taken up and dealt with necessarily. It is saying they were there and they have left. They are going to present it at a conference that is coming up in Nhulunbuy for the East Arnhem communities in May - the school is putting together an activity there. I do not know

what it is based on, I do not know what it is, but it is theirs; they own it and they have to deliver it. That is as important as them doing something - they own it and they have that.

Madam CHAIR: Sometimes that is where people working in this area - whether it is right or wrong - often underestimate the resilience or ability of young people to work through. We need to put those support structures around, but we should not ignore it either. We should ...

Mr CASSIDY: I guess that is the thing.

Mr GUNNER: You cannot ignore reality; if it has happened, it has happened.

Mr CASSIDY: That is right, there is the reality but there is also ...

Madam CHAIR: I have seen whole communities shut down. The school – no one gets into the school to talk to these kids about what has happened, but everyone looks at that empty chair and no one bothers telling the kids why that chair is empty.

Mr CASSIDY: And they are not dealing with it necessarily.

Madam CHAIR: When you talk to kids outside school - in these small communities it is family. They are talking about it out there but they are not talking about it in here. Giving kids - building their resilience or ...

Mr GUNNER: Their coping skills

Madam CHAIR: Coping, to work through.

Mr CASSIDY: That is where the MindMatters program helps because it goes into schools and tries to develop the school's capacity to deal with that. Often you will find the schools do not know how to deal with it so rather than deal with it we put it aside. This is my own personal assumption not the Wesley Mission assumption.

Madam CHAIR: This morning we had the Children's Commissioner saying the same thing regarding schools and giving teachers those skills.

Mr CASSIDY: The more programs that are training the teachers, the principals, the school counsellors or whoever - the Black Dog Institute recently introduced a program to be delivered by the Phys Ed teacher around resilience, mental wellbeing and general health wellbeing. It mentions suicide briefly, but it is more about general wellbeing. We need to be aware there is not the research or the support to say which works better and we need to show caution. It is similar to when we report suicide; caution has to be shown in everything we do because we do not know enough about the influencing factors that go into suicide as a whole. It is such a wide scope. We do not have great initial data and there is not that constant clear image of this works because the quantitative data shows these numbers have dropped.

Mr GUNNER: Even the hardest data is soft.

Ms WALKER: In identifying those causal factors.

Mr CASSIDY: Yes. We are looking at a program the Wollongong network started that is being run through our New South Wales networks where they have made prevention and postvention packs for the police to deliver. When the police go to a house to say someone has completed suicide or someone attempted, they have these packs of information to give to the family. How can we evaluate the effectiveness of those packs? We cannot talk to the families; we have privacy issues. We are looking at how they help the police in their job. Again, it is soft data because it is not saying it is helping the people it is designed to help? It is asking is it helping the police to get the message through to these people of what is available. The police will get their responses from families and so on that, anecdotally, they can include into that evaluation. But it is not something we can easily evaluate based on the quantity of impact.

Madam CHAIR: But given that it is so critical, though, in resource distribution and funding, why, in your opinion, is it not funded to look at what works and what does not work? How do we pick up the ...

Mr CASSIDY: You could pick one area and, then, there would be three areas that are not being looked at. It is not something you could easily say: 'This needs to be - we will encompass as a whole'. If you look

at the education programs now, our program, the ASSIST program, the Suicide Story programs, are all about educating individuals on how to intervene.

How do you educate communities on how to build the resilience or build the capacity so interventions are not required? There is always another area you can look at in regard to suicide prevention. It is just something, and you need to ask what services are out there, what is having an impact, or what appears to be having an impact, and what is the basis of those that are working, and how do we adopt that throughout other areas.

It is in the National Suicide Prevention Strategy as well as the Northern Territory's strategy - it is a whole-of-community approach. It has to be government, community, and service providers all working together to address the issue.

Madam CHAIR: What is the magic bullet for all of that?

Mr CASSIDY: If I had that, I would not be sitting on this side of the table.

Madam CHAIR: If everyone had that! That seems to be a constant thing. I believe everyone has the right intention, everyone wants to do something, but it is just trying to get all of these systems to come together and talk.

Mr CASSIDY: For me, it is the community ownership of it. If I look at our networks program - and my background is not in psychotherapy or psychology or anything like that; I am not a counsellor or I have not studied that area. But, for me, it is the community ownership. If a community owns something they see as having an impact, then that would develop their own resilience as a community. People will get support behind that and work with that.

Ms WALKER: I certainly recognise that. Tony, we are towards the end of our inquiry and we will be drafting a report and recommendations to parliament. From your perspective, what do you think are some of the key things that government could and should be doing in this area?

Mr CASSIDY: Well, from our perspective, certainly development of the community networks across the Northern Territory Indigenous communities. It is a climate that is difficult to understand, from externally. So, from Sydney, it is hard for us to understand the scope of Indigenous communities, what is involved.

I was just now talking to Bronwyn Henry, at the Department of Health, and we were talking about what communities would be beneficial from a network. Just talking to her, obviously, she has an understanding and they have an understanding of the local need and what is happening where and so on. If I am speaking to someone in Sydney they would give me totally different areas, based on the numbers alone. So, it is about the government supporting that area of looking at how can these communities be developed, where can they be developed.

To be quite honest, it is actually quite a low-cost program in regard to developing a community network. It has shown to be effective. That would probably be an outcome I would like to see from the inquiry: support of the programs that are working with the youth and getting them back to good mental wellbeing.

Madam CHAIR: Any other questions?

Thank you. We had the Darwin Region Indigenous Suicide Prevention – they gave evidence.

Mr CASSIDY: They did mention they were coming.

Madam CHAIR: They were fantastic. We will certainly follow up. I have not heard of the Top End Suicide - because we looked at headspace in Palmerston. It is good to know there is that network in Palmerston, particularly for the rural area. I will let Kezia know; she will be interested.

Mr CASSIDY: They are very different networks in how they operate. Even Darwin to Galupa Marngarr is different. That is probably the secret of our model.

Madam CHAIR: Yes, they have all been adapted for different areas.

Mr CASSIDY: The fact they are coming independently to present to you shows how it works. They have that ownership where they see themselves as their own organisation as well, which is what we are striving for.

Madam CHAIR: Again, it gets down to there are dynamic people involved in these areas and they are driving that at a community level, which is important.

Tony, thank you for taking the time to talk to us and give evidence. I hope you did not come up only to give evidence to the committee; I hope you are here doing other things.

Mr CASSIDY: We always do what we can when we are in the area. I have many meetings to keep me busy.

Madam CHAIR: Thank you very much for coming, we really appreciate it. A transcript will be made available if you want to check it and it will be uploaded to the website.

Mr CASSIDY: I appreciate that. Thank you for the time and thanks for the questions. It is great to see it is being looked at because it is an issue.

The committee suspended.

YOUTH MINISTER'S ROUND TABLE OF YOUNG TERRITORIANS

Project Officer:	Ms Karen Folkers
Youth Representatives:	Alpha Capaque
	Lauren Moss
	Tylee Wirth

Madam CHAIR: How are you, Tylee? My name is Marion Scrymgour. I am the member for Arafura and Chair of the inquiry into youth suicide in the Northern Territory.

Ms WIRTH: Hello, Marion. How are you today?

Madam CHAIR: I am very well, thank you, and it is nice weather. Where are you?

Ms WIRTH: I am in Katherine.

Madam CHAIR: Is it overcast like Darwin at the moment?

Ms WIRTH: Yes, it is beautiful.

Madam CHAIR: Yes, it is nice. I was on the balcony; it is nice at the moment. On behalf of the select committee I welcome. We have at the table Lauren Moss, who we are very familiar with, Alpha Capaque, Karen Folkers and you, Tylee.

I have to read out a very short official statement for recording purposes. I welcome you all to the table to give evidence to the committee. Thank you for taking the time to speak to the committee today. We look forward to hearing from you all.

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 course of the hearing, you are concerned that 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.

I will ask each of you to state your name for the record, and the capacity in which you appear. Then I will invite you, if you want to, to make a short statement before proceeding to the committee's questions. Before I hand over to you, I will just quickly introduce ...

Mr GUNNER: Michael Gunner, member for Fannie Bay.

Ms WALKER: And Lynne Walker, member for Nhulunbuy.

Madam CHAIR: And me. I have to give an apology for Kezia Purick, who is the member for Goyder and the Deputy Leader of the Opposition who had to go to an appointment which she could not get out of. She has asked me to express her sincere apology; she did want to be here for your session but she had to go. Mr Peter Styles, who is the member for Sanderson - an apology for him. Would any of you like to make an opening statement before we question you all?

Ms MOSS: We had not really thought about it. I guess I will just start by saying this 2011 was the second year I was on Round Table and youth suicide is something that has come up on Round Table for the last two years. And mental health is certainly something that has been discussed consistently on Round Table since it started in 1997. It is a really important issue to young people in the Territory, so glad to be joining you.

Ms WALKER: As members of the Youth Round Table, each member takes on some kind of project during the year to investigate and, then, present at the end of the year. So, there were two members presented on suicide in 2011? Is that correct?

Ms MOSS: That is correct.

Ms WALKER: And one of them was Emily Osborne from my electorate?

Ms MOSS: Yes.

Ms WALKER: Are we able to obtain copies of those presentations?

Ms FOLKERS: Yes, they are just in the process of being finalised. The final copies should, hopefully, go up around mid-February. We are just doing some last-minute checks over them before they get uploaded publicly. So, it is in progress, but we will definitely keep you in the loop.

Ms WALKER: That would be really helpful. As our Chair will tell you, we are getting towards the end of our program in gathering information, and are next going to actually prepare a report and recommendations, and it would be really good to see what came out of those too.

Madam CHAIR: It would be good if we could try to get an embargoed copy just for the committee and for our deliberations prior to that ...

Ms FOLKERS: Okay, sure.

Madam CHAIR: ... because we would not want to miss, as part of our drafting process, views from the Youth Round Table. If it is left to the last minute or we have to wait ...

Ms FOLKERS: Yes, that is not a problem. I will run that past Vicki Shultz, who is the manager of the Office of Youth Affairs, so ...

Ms WALKER: We would regard them as confidential documents.

Ms FOLKERS: Of course.

Madam CHAIR: And we would not let them out until the Youth Round Table said it was okay - once you have agreed to have it for publication - it would be just for our purposes.

Ms FOLKERS: Sure thing.

Mr GUNNER: This issue, too, is about the level of awareness of suicide. Obviously, now, as being a member of the Youth Round Table, having had people done presentations on it, being involved in it, and interested in it, you probably have a very high awareness. In some respects, what do you think is the general awareness of suicide? Have you found a change in the last year or so in your attitude towards, or knowledge, or understanding, of suicide?

We have heard a lot of different witnesses talk about, in some respects, that you should not talk about suicide post it occurring within the school environment. There have been different witnesses say different things, to the extent to which we should discuss suicide, or not discuss certain aspects of it. In some respects, we are interested in your general awareness of suicide - or what was your general awareness?

Ms CAPAQUE: My name is Alpha from the NT Youth Minister's Round Table. With awareness, I was aware of the effects of suicide. We had one occasion of that when I was in high school. But, that is one of the things we usually talk about: that no one is talking about it. The shame factor was one of those. With the people, it is not really something that is very easy to talk about with your peers, and even with parents. People say that we have counsellors at schools, but no one really goes to them for something as sensitive ...

Mr GUNNER: They do not want to talk about it?

Ms CAPAQUE: Yes.

Mr GUNNER: They do not want to talk about it if it is a friend or someone who has passed, or are you saying in the general school community they do not feel comfortable?

Ms CAPAQUE: This is just a student from school, I do not personally know. There was that sense of loss but no one can grasp what has really happened. It is important that we talk about it. It is a real issue and it is important we are comfortable and know who to approach, whether it is us having the problems or whether we notice someone. That is another thing, we have friends and we think they might be having problems but we do not know how to approach that. We need more information on the proper way or what is the appropriate way to deal with that.

Mr GUNNER: Even though it is not officially talked about, you still talk about it with your friends or peers. You are aware of it but are not sure how to do something about it. Where do you go, how do you ...

Ms CAPAQUE: Yes, how do you deal with it? We know it is there; the teacher told us or maybe at home if you are close enough to your parents you talk about it or you talk about it with your siblings, but as a whole - how does it affect you as a whole.

Mr GUNNER: Is headspace a good option coming into Darwin from what was there?

Ms MOSS: Yes. I sat in on your headspace session and am the rep for headspace on their national youth group. It is a fantastic service and it is free, which is the big thing. To look for help and call psychologists or psychiatrists, without a GP it is \$200, or to go to a GP first it is \$70 out of a young person's pocket if they are willing to go.

headspace is a brilliant option and is really great, particularly in the Top End. I do not know about Central, but they are promoting their service in schools as a friendly place to go so. It is definitely a good option. However, when you think about places like Katherine, where Tylee is, where they do not have a headspace centre, or Tennant Creek.

Mr GUNNER: Is it because it is free that it is attractive? Is there something else headspace offers that makes it a comfortable option as opposed to a school counsellor where people are saying they are feeling shamed and do not want to talk to the school counsellor?

Ms MOSS: Many things I have heard from young people, particularly about school counsellors, is everyone can see you go. That is what I hear repeatedly. Counsellors are always located in a place where people can see them go and there is stigma attached to that. headspace, particularly here in Palmerston, is quite discreet so people cannot see you go there ...

Mr GUNNER: No judgment.

Ms MOSS: Yes, there is no judgment and that is the big thing. They know it is easy to go, there are no barriers to going there and no one has to know. There is now the online service as well which is even less embarrassment.

Ms WALKER: We are saying there is no Headspace in Tennant and Katherine and the reality is, in the Northern Territory, with a small population spread over a huge geographical area with physical challenges

getting to places, how workable do you think it is for youth in remote and isolated places to get online and access those services through cyberspace?

Ms CAPAQUE: They have more access with Internet because no one can get to them personally to - they deal more online. I do not know.

Ms MOSS: I am a big massive nerd so I am really biased, but it gives us a better reach to marginalise young people who cannot access services normally. There are infrastructure problems in various places but there are also many places across the Territory where, even if young people do not have computers they have access to computers, and that has to be part of the way forward.

Ms CAPAQUE: They have telephones - hotlines.

Ms MOSS: Yes, that is how that service operates. It is half online and the other 12 hours it is a phone service, and there are so many phone services available.

Mr GUNNER: Online in a chat room, or do they do Skype-type stuff, or is it straight chat?

Ms MOSS: It is chat. So, it is chat room, it is anonymous. The same thing on the phone, so you have children's hotline, Kid's Helpline, and Helpline, and all those things. The only problem with those being that they are only free from a landline. They are not free from your mobile phone so, if you have no credit you cannot ring them.

Ms WIRTH: Can I just comment on that?

Madam CHAIR: Yes.

Ms WIRTH: Sorry, I am having a hard time hearing everyone, so I do apologise if I am repeating anything. In relation to phone services and Internet services, I have had quite a bit to do with the communities on the western side of Katherine - Lajamanu, Kalkarindji, and Yarralin - and they have huge issues out there with the phone boxes often not working, Yarralin does not have reception at all, most people do not have access to any Internet facility, often mobile phones are not working, they often do not have access to a landline, and a lot of them are disengaged from school, so they do not have access to an Internet there either.

Madam CHAIR: Tylee, does some of your work - you work with Katherine West Health Board, do you, or have you done any work with them?

Ms WIRTH: Yes, Katherine West Health Board we work closely with them on the Healing Pathways project, which I am currently employed with. But, I used to work for Families and Children's Services and also for Corrections, and I supervise Lajamanu and Kalkarindji.

Madam CHAIR: So, if you had an opportunity - if any of you had an opportunity - to say regarding youth of the Northern Territory whether they lived - because there are access issues even in Darwin, believe it or not, for a lot of young people. You four, as young people, representatives of young people, what would you say to government or to the parliament what we need to do, what needs to happen in trying to get this access, looking at these gaps in these services so that young people could get access to services, get access to Internet cafés in Lajamanu or Yarralin? What do we need to do? What does government or the parliament need to do in trying to deal with what is an increasing rate of suicides across the Northern Territory - both completed, but also attempted? Yet, there is also this number we do not know about; that is, people who do not access the system. In other words, they have attempted but they have not gone and seen a doctor, or they have not got a clinic down the road so they suffer in silence.

Ms WIRTH: It is really a difficult issue, particularly when you are looking at the remote regions. Even in Katherine, it is really hard to get professional staff here; it is really hard to keep staff. It is difficult to access the communities during the Wet Season, as I am sure you are aware, so there are a huge number of issues there. Even in Katherine - mind you, the communities which are up to 700 km away, it is worse for Borroloola. We are not keeping professional staff here, and the services that operate in Katherine are not at full capacity.

We do not have specific youth services for mental health, and people in the Katherine region have to travel out of their home environment to access the help they need. Mind you, the people in the remote communities, be it a small population, we do have high suicide rates out there. These people only have

clinic staff, which is often not very many and they are not special mental health trained, they are often just nurses who are doing a fantastic job - I do not want to discredit that by any means. But, that is the reality of the communities out there.

Madam CHAIR: In communities like Yarralin and Lajamanu that you are dealing with, are there school counsellors in those schools?

Ms WIRTH: Not that I am aware of. I have not had a lot to do with the school, so I may be wrong. I know that there is a high turnover of staff in the school. I am not 100% sure but I would think not.

Ms MOSS: Can I just add to that? I do not think it is just about what the government can do, we need to be upskilling communities. Just to build on what Alpha said earlier, a massive issue is that young people do not know how to deal with what happens when one of their mates tells them that they are not feeling okay. That has certainly been my experiences. Young people are connecting with each other, but they do not quite know what to say, they do not quite know what to do, and they certainly do not have the skills to deal with something when it goes wrong. That is my personal experience. Going back to Michael's question earlier, my awareness has increased tenfold in the last two years about youth suicide and how to deal with it. However, I would never have had that level of increase in awareness if I had not been involved in Youth Roundtable or the youth mental health services I am now involved in.

Many young people do not have those experiences and we all know youth suicide happens. Most of us have probably been affected in one way or another but we do not know how to talk to each other. You recognise the signs, you know something is going on with somebody, but you do not have the skills.

Mr GUNNER: That is a really critical point and where MindMatters goes to in the sense that while the evidence we have heard is at peer level, the community level is the most important level. So, not elder down if that makes sense – one on one - to identify someone who is at risk and help them get the help they need. We have heard youth do not know what will - they see it and do not know what to say, or they might not identify it anyway and instead of helping they are teasing or something. An area of need seems to be help, training and guidance. How to talk to someone you know when you suddenly realise that person is in trouble.

Madam CHAIR: MindMatters does not talk about suicide; it talks about wellbeing and resilience.

Mr GUNNER: Not recognising someone is going to commit suicide, but recognising someone is in trouble.

Ms MOSS: They include safe talk now, which is a few hours of talking about recognising the signs. It is not as involved as the ASSIST weekend program, but they are starting to look at the signs.

Madam CHAIR: Lauren, this project taken on by the Youth Round Table, were you part of that research?

Ms MOSS: I have not been, but I have been talking to Dion and Emily about the process.

Madam CHAIR: All the evidence to the committee so far has said the rate of suicide amongst young men is quite high. However, the Children's Commissioner, who also convenes the child deaths review - he looks at deaths of babies to young people up to 18, and the numbers coming through that - and what he has looked at in national reports is that, in the Northern Territory, unlike elsewhere, it is not the number of deaths or suicide by young men it is amongst young women, and the trend is increasing at an alarming rate amongst young women in the Northern Territory. Did this project pick up any of that amongst young women, or talking to young women?

Ms FOLKERS: The reports were not biased to just men, but their research had flagged that the issue was predominantly young men. I would have to have a better read, but I do not recall anything specific about the increase in young women. I do not remember reading that in either of the reports.

Ms MOSS: No, I do not recall that either.

Madam CHAIR: Some of the statistics he gave us this morning were quite frightening. It is alarming when you hear about it with young men, but when you think here, for young women, it was 20 times the rate. For every non-Aboriginal young woman it is 20 times that.

Mr GUNNER: He said it was three in 100 000 in Queensland, six in 100 000 here, but when you take out the Indigenous and non-Indigenous element, it is 20 or 30 times the rate.

Madam CHAIR: Some of the submissions and information that we have been able to get access to is quite substantial. Unfortunately, because most of it is highly confidential we cannot make it available to the Youth Round Table or anyone else to have a look at. Otherwise, it identifies communities but also individuals.

Ms FOLKERS: We will definitely have another look and let you know if there is anything.

Madam CHAIR: And it would be good to get some feedback, or whether you wanted to, in an e-mail form through the Office of Youth Affairs, make some recommendations to the committee before we do our report. Lauren and that young lady from your electorate were at headspace and organised with those young men in Palmerston. I thought that session was fantastic that you, Kezia and I had with those young people down there. Services and us older people can comment, but it is always good to have young people comment on it.

Ms WALKER: Can I just ask a question? I know the Youth Minister's Round Table has been operating for a number of years. I know people who have been on it from my electorate speak very highly of the experience and the opportunity to be a voice through to the minister and government. How representative is it of Indigenous youth, knowing that Indigenous people are overwhelmingly affected by youth suicide in the Northern Territory? Are there Indigenous members on the Youth Road Table?

Ms MOSS: Yes, there are. The staff at Office of Youth Affairs really do try extremely hard to make it demographically and geographically representative of young people in the Territory, so there are a number of us from a whole range of backgrounds – yes, definitely including Indigenous.

Madam CHAIR: A melting pot of culture.

Ms MOSS: A mini melting pot.

Ms WALKER: Given that communication and opportunities for various sectors of our community, including youth - how important is it to have a voice - can you think of any other channels where youth may have a voice around these issues? I guess I am thinking, coming from a remote area, how people in those remote areas may have a voice. Maybe there are those channels there that I just do not know about.

Ms MOSS: There are a number of youth advisory groups that exist around the place. I know Alice Springs Town Council is talking about having a youth advisory group. They have a group at the moment that does some stuff with other organisations - Harmony Crew. City councils have one, Roper Gulf Shire have one called Roper Gulf Voices, I think, which goes up and down.

There is a gentleman at Amity who has just started up a youth advisory group with some of the youth from urban communities. So, there are other channels that exist. They tend to feedback to those organisations and I do not know where it goes from there. But, yes, there is Multicultural Youth NT and groups like that.

Ms WIRTH: Unfortunately, they are not across the board. It depends, often, who is on the shire and who is in that community and who is working in that community. I know Ngukurr currently has quite a good youth group going but, on the west side, I do not know of any over there. It is fairly dependent on who is employed at what time.

Ms MOSS: Yes, I agree with that. Also, it is quite often that you have somebody who really drives it and, then, they leave the community. Then, it just falls apart.

Ms WIRTH: Yes, absolutely.

Madam CHAIR: We have talked about Darwin and our remote communities and we know just how hard it is with getting the services and resources out there. With the Youth Round Table being representative you said geographically and demographically, how about our regions? Regions like – well, we met that young lady from Nhulunbuy. You have places like Tennant Creek, Katherine, regions and rural regions. They often get left out. The reality is suicides do happen - completed suicides in our rural areas as well as in town. Do you have representation from those regions?

Ms MOSS: Yes, we do. We have members from Tennant Creek, Utopia and Yuendumu. I am trying to think where else.

Ms FOLKERS: This year we have two boys coming in from Ramingining. We also have Yirrkala. We have a returning member, Emily, this year. We have a Tennant Creek member and an Alice Springs member who are all part of the 2012 team. We have quite a representation. However, on that note we are bound a little with our budget and it is really difficult to get people in four times a year from the remote communities. It is an expensive exercise and it is hard for them if they are working to negotiate time off work. It is great this year because we have quite a broad range but it is a constricting factor at times.

Madam CHAIR: Where do you sit at the moment, you are in the Department of ...

Ms FOLKERS: Children and Families.

Madam CHAIR: They have a big bucket; they should be able to give you some more money. We will have to talk to the minister because it goes to the heart of building the capacity and resilience of communities. If you look across the child protection system - all of it - it goes to the heart of that. If we look after our young people we will have better outcomes and, as a parent, less headaches.

Can we get - not names - but where your representation comes from and select ...

Ms FOLKERS: Minister Knight has signed off on the 2012 members so I can give you a copy. We have done a small bio of each person on the Round Table so I am happy to send that through to you if you want?

Madam CHAIR: Yes. Tylee, is there anything further you wanted to ...

Ms WIRTH: I have a couple of things from my talks with community members, etcetera, which I would not mind bringing to your attention.

Generally, there is a lack of youth-specific services in Katherine, which I am sure you are aware of. It has also come up that there is a lack of services to help support family members after a successful or attempted suicide. Often after the event there is trauma that follows and often siblings - there is not enough support placed around the siblings and we see in this region, within a short amount time, often there are people within the same family group and kinship system that do it within a short period of time and that is really devastating to see.

The regional services are a big issue. I spoke to a psychologist who - he is not based here but has done much work in this region and is creating locally developed resources which seem to be having quite a bit of success around those culturally appropriate and culturally acceptable ways of looking at psychological issues. He brought to my attention widespread hearing loss within the region, also within the general Aboriginal population, is attributing to all the emotional and psychological stress that contributes to depression and often suicide. He found there is a high amount of hearing loss in the present population.

Madam CHAIR: I might know that psychologist.

Ms WIRTH: He has much experience in this region, much experience with Indigenous people, and is a really good resource to tap into definitely.

In relation to the phone, I will repeat the phone services and Internet access on remote communities - it is really difficult. Even in town they have quite a transient lifestyle and may not have access to those services. We do not have Internet cafes people can go into, we do not even have a drop-in service so it is really hard if you are feeling that way. It is the hospital or the police, which is quite daunting and there is quite a stigma attached to that.

Madam CHAIR: Katherine used to have an Internet cafe and also a drop-in centre. What has happened with that - and a gymnasium?

Ms MOSS: The YMCA has a gym.

Madam CHAIR: Yes.

Ms WIRTH: No, there is no drop-in centre. There may be at the backpackers. There may be Internet connections there and a couple of computers, but that is not appropriate for use - particularly the youth we

are talking about. It is not culturally appropriate. I certainly would not feel comfortable walking into a backpacker café. That is the only one I am aware of. There is a computer in BP and that is not really an appropriate service, or not really an appropriate place - if you have money to be able to access that service which, often, they do not. So, that is more concerning.

The health clinic on the communities are doing a great job, but that is all that is out there on the community. There is also often two police situated in each community, and there is a lack of outreach out into those communities. The general youth I talk to (inaudible) can be quite (inaudible) . They either connect or disengage completely. I do not have a lot of information on that, but the information that I am getting is that kids are not into talking with counsellors and there is a stigma attached to that. Often, the school-based constable - I know the school-based constable here has done a great job, but that position is currently vacant.

Madam CHAIR: Oh, is she not there anymore?

Ms WIRTH: No, she has gone to the Domestic Violence Unit, so that is a big loss. I know they are having difficulties recruiting to that position. It is quite difficult to keep up with the relationship with specific people. She was well-known in the community and did a fantastic job, but there is great difficulty recruiting because there are two positions for non-qualified positions, and psychologists and mental health professionals.

In relation to the online services and phone services, it is also really important to remember the language barriers there. Often Indigenous speak their language in the communities; English is not their first language. It is quite intimidating, even if they do have access to a telephone, to make that phone call.

Also out on the communities, my experience in helping is there is an awful lot of self-harm, particularly in relation to Indigenous women of all ages. I think there is a cultural aspect for that which I cannot talk completely to because I am not over the issue. But, I know there is an awful lot of evident self-harm. Again, I can only speak in the west regions, that is where most of my time is being spent. But, I have seen a lot of really devastating health self-harm in that region.

Madam CHAIR: We are actually going to Katherine ...

Ms WALKER: Next week, Monday.

Madam CHAIR: Oh, is it coming up that fast? We are in Katherine next Monday and, hopefully, we will get some of these organisations, Tylee, to come before the committee and give evidence and talk as well.

Ms WIRTH: I have sent those details around to my network and encouraged people to be part of that, so I really hope that you guys get a strong turnout for that.

Madam CHAIR: Good. I am going to use some of my contacts down there and tell people if they do not come I am going to talk about them in parliament.

Ms WIRTH: Make sure you drop in a see us at KRAHRS.

Madam CHAIR: At KRAHRS, yes. I am very familiar with all those organisations down there; I spent about eight years in the health sector.

Ms WIRTH: Oh fantastic. We have good coffee.

Madam CHAIR: We will be around there.

Ms WIRTH: Oh, great.

Madam CHAIR: No worries, thank you. Hopefully we can touch base. Are you going to be in Katherine next Monday?

Ms WIRTH: Yes, I will be.

Madam CHAIR: We might see you again. We will let you know where we are.

Ms WIRTH: Definitely. Fantastic.

Madam CHAIR: Did you want to add anymore, Lauren?

Ms MOSS: I did. I want to build on what Tylee was saying about supporting the people who are left behind, particularly in school settings, as well as family. That is what I have heard from other young people, particularly in smaller communities; that quite often the community is grieving and they do not forget, but the young people are trying to cope with this too. You have many adults grieving who are not thinking about those young people in those terms.

Supporting the organisations that currently exist and do this work. Even if we are thinking about extending our reach, maybe providing facilities where services from Darwin and Alice can actually provide those outreach services in communities.

Also, just expanding our understanding and definition of self-harm is something that has appeared to me over the last year. My project was actually on body image and eating disorders. Speaking to a psychologist actually really opened my eyes up that they saw an eating disorder as self-harm. I know a mother who relayed to me she was turned away from a youth-specific health service because her child, having an eating disorder, was not self-harm. They said they could not see her unless her child was self-harming and she already had a diagnosis. It was an early intervention service and because her child had a diagnosis she could not be seen there.

There is a whole spectrum of mental illness from prevention through to acute, and there are certain services like headspace, an early intervention service, that cannot provide that service beyond early intervention. Once you have a diagnosis you get into parents having to pay and financial pressures - and that is where a massive gap is.

Ms CAPAQUE: We talked about stats earlier and I have a question about that. Do we know the cause of suicide? Is it alcohol, drugs, or is it boredom?

Ms WALKER: There are multiple factors. We had Dr Howard Bath here this morning talking about a whole range of factors: familial dysfunction, alcohol, sexual abuse, depression.

Madam CHAIR: The layers of trauma upon trauma that young people ...

Ms CAPAQUE: It is important we understand and tackle those issues because we cannot ask: 'Are you okay?' and have them say: 'No, I am not'. We have to know why they are not okay in order - I am thinking we talk to someone who has researched suicide, we have talked to people who have attempted already or people who have lost someone, but what about the people who thought about it but got over it and managed to put themselves in a better place.

Madam SPEAKER: Or are not in a better place and have no one to talk to. They are also concerning because there are many out there. All members of this committee have electorates and people who we know where suicide has been - in one community in my electorate we had 16 funerals in one week and those 16 funerals were young people who completed suicide. You have to draw the line and say enough is enough. What is happening out there? Why are these young people falling through the gaps? If we have tripled the money going into the agencies to deal with this issue, what is happening with that money? Is it making a difference? Do we have the appropriate support services on the ground? Are we bringing in schools as an important part of that and are we talking to people?

It is us asking the questions, but we will be asking the questions and having that debate in parliament as well. This is not about politics. The five members of this committee have stressed this is not on party lines. It is not about politics; it is about what we do to achieve the best outcome for our young people of the Northern Territory because we cannot continue.

Mr GUNNER: There is a real problem around that - the majority of people who complete suicide have never seen a health professional. We have been given several types of stats around that but, off the top of my head, about three-quarters do not or have not had any involvement with the health system. They, unfortunately, are dying and we do not know why. We do not know if there has been a case history leading up to it and, when you go into attempts, we do not know the majority of attempts. We do not know if someone has attempted and survived because they do not seek help. They are disassociated from the family unit perhaps initially, they may not be going to school, they do not have a community peer group they are involved in, and they are not going and seeking help. We, unfortunately, do not know – the soft.

What we do know is only a portion of what we should now. Unfortunately, trying to make evidence around that, and even trying to get key performance indicators - for example what Dr Bath gave earlier was police are now giving out postvention and prevention suicide kits. They have no way of measuring whether those kits are working because they cannot interview the people who the kits have been given to. The only people they can interview are the police themselves so all they can find out is whether it is working for the police. But, that is not the most important question ...

Madam CHAIR: But not the family which they are targeting.

Mr GUNNER: Yes, the most important question is whether it is working for the family, so ...

Madam CHAIR: So the privacy and other issues, yes.

Mr GUNNER: Police say, unfortunately, statistically, it is a difficult area.

Madam CHAIR: Yes, and it is question upon question. But, one thing that we have found is - and I speak for myself and I am sure Michael and Lynne could tell you - everyone who has come before the committee wants to do something. I have not come across one person who has given evidence or provided a submission to the committee who has – it has not been political, it has not been critical. Everyone is wanting to come together because everyone wants the answers and wants to do the right thing for our young people.

So, it has been good. It has touched all of us. This morning, I was just absolutely confronted with Dr Bath's evidence. I had not heard that before, and some of the things ...

Mr GUNNER: It has been illuminating without being determinative.

Madam CHAIR: But, we will get there. We always have to remain optimistic that we will get there - and we will, I think.

Ms CAPAQUE: Yes, it is easy to understand that communication is difficult, especially when it comes to this issue. I just want to get it out there. I am just curious about people who may have thought about self-harming, but never really got there. I am just curious about the why, what stopped them because, if we can understand what stopped them, then maybe we can use that information to help others. I know that is hard to get. How do we know who thought about suicide and did not go through with it? I know that is hard, but it has just piqued my interest. Was it fear for what is going to happen after life, or is it fear for what is going to happen to their family, or did they somehow get some help somewhere? It is just a curious thing. What did they do? Maybe we can use that to help others. I just wanted to maybe get it out.

Madam CHAIR: It is question upon question but, hopefully ...

Ms CAPAQUE: Yes.

Madam CHAIR: ... we will find through this – and I do not there is any magic bullet that is going to – but, hopefully we can come up with recommendations. Was it Tony Cassidy, the last guy?

Mr GUNNER: Yes.

Madam CHAIR: Was it? I think it was him.

Mr GUNNER: It was Tony someone.

Madam CHAIR: When you look at a number of reports, and over the Christmas break I was given a book on youth suicide patterns. Even then, that just leaves you with more questions. If we can come up with recommendations and a way forward for the parliament and the government, then that is a good thing.

Lauren, I take your point: government can only do so much. It is building the capacity of communities and community to deal with this. But, it needs government to fund that capacity to work with communities to get that capacity happening. That is our job: to try to get that happening.

Ms WALKER: Yes. Interestingly, this morning, Dr Howard Bath was talking about a study that has been completed about completed suicides between 2006 and 2010 looking at the data about where the Northern Territory sits in relation to other jurisdictions and their suicide rates. In the 1980s, the Northern

Territory was no different to any other part of Australia. What is it that has happened in the last 20-odd years to see it change and rise so dramatically in the Northern Territory?

Madam CHAIR: He gave us figures of in New South Wales it was one person per 100 000, in Queensland three persons per 100 000, and for the Northern Territory 30 per 100 000. It is trying to get some of those ...

Ms CAPAQUE: I am unsure if it was Tylee or Lauren who spoke about disengaged youth. My project was how to reduce youth violence using recreational activities. In a way, being involved in violent activities is also self-harming. I spoke to detainees at the Don Dale Detention Centre and these guys have been in the situation where they have taken to drugs or alcohol because they are disengaged. They cannot connect with the community so they use this other means and it can also lead to self-harming such as suicide - that feeling of disconnection, that feeling of hopelessness, where to go, who to go to.

I have read some of the submissions to this committee, and some of them mentioned using theatre and sport. That is a great idea to focus on - getting young people connected to the community and getting families reconnected because, however we try to talk to them, however we try to set up services, if you cannot connect to them, if you cannot communicate with them – we can talk to them, but when they are not really communicating there is that huge gap where you start getting the cracks.

Madam CHAIR: And you are not making much difference to their life.

Ms CAPAQUE: Yes.

Ms MOSS: I wanted to add, thinking about co-morbidity and the fact we often deal with alcohol and VSA problems in the Northern Territory, having those screening tools in place to assess for mental illness or suicide risk does not happen enough across the Territory. You are dealing with one problem - you are dealing with the alcohol use if that person is seeking help for alcohol use, but there are often underlying reasons why people drink, both young people and old people – everyone - and some of those issues can be tied to mental health. We need a better process for assessing co-morbidity.

Madam CHAIR: Is there anything else you wanted to add? Tylee, have you any more to add?

Ms WIRTH: In relation to those people who are risk, particularly in the remote regions but also in Katherine itself, down south they have specialised units which deal with those issues, but here we really are dealing with the emergency responses in Katherine itself. However, in the remote communities I have had personal experience of people who are highly at risk and not being able to make contact with anyone out there because the police are targeting something or are not in their current police station. Some of that may have been resolved now they have centralised reporting to the police; however, if the police are not at the police station and are several hundred kilometres away, it is really concerning in relation to people at risk and how to get to those people in remote areas.

I do not have any solutions for that, but I have personal experience of that burn-out and stress and why we cannot keep people in this work environment. We do not have the resources in place to be adequately addressing those at at-risk situations which, ultimately, can result in suicide completion.

Madam CHAIR: Is there anything further you wanted to add or is that it?

Ms WIRTH: No, that is all, thank you very much.

Ms FOLKERS: That is all, thank you.

Madam CHAIR: Okay. Thank you all for coming and giving this time to us. We will make a transcript available so if you want to go through and make any corrections, please do so through the Secretariat. Thank you very much for coming and talking to us - taking that time. Thanks.

Ms WIRTH: Thank you very much.

Madam CHAIR: Thank you. See you down there.

Ms WIRTH: See you, bye.

The committee suspended

NORTHERN TERRITORY COUNCIL OF SOCIAL SERVICES (NTCOSS)
Tess Reinsch, Youth Policy Officer
Christa Bartjen-Westermann, Acting Coordinator Central Australia

Madam CHAIR: Tess, good afternoon. Marion Scrymgour, Chair of the committee inquiry.

Ms REINSCH: Hi, Marion.

Madam CHAIR: I have to apologise for being a couple of minutes late. It seems to be the story of my life lately; however, thank you for waiting. I have a short statement to read out and then I will introduce other members of the committee.

On behalf of the select committee, I welcome and thank you for attending this public hearing into current and emerging issues of youth suicide in the Northern Territory. 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 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 will say should not be made public you may ask that the committee go into a closed session and take your evidence in private. I will ask you to state your name for the record and the capacity in which you appear, and any other persons who are present with you there who will also provide information to the committee. Could you please state your name and the capacity in which you are appearing?

Ms REINSCH: I am Tess Reinsch, the Youth Policy Officer at the Northern Territory Council of Social Service. I also have here Christa Bartjen-Westermann, the coordinator of Central Australia and also of the NTCOSS. That is all with me.

Madam CHAIR: Present with me in the room in Darwin in Parliament House is Mr Michael Gunner, who is the member for Fannie Bay ...

Mr GUNNER: Hello.

Ms REINSCH: Pardon?

Madam CHAIR: Did you hear Michael? Are you able to hear? I might get Michael to repeat his name so ...

Mr GUNNER: Hi, it is Michael Gunner, if you can hear me.

Ms REINSCH: Thanks, Michael, yes, I could hear you fine.

Madam CHAIR: Lynne Walker, the member for Nhulunbuy ...

Ms WALKER: Hi, Tess, hi, Christa.

Madam CHAIR: I have to give an apology for Ms Kezia Purick, who is the member for Goyder who had to go to an appointment and was not able to stay to hear the evidence. She has asked me to put her apologies to you both.

Do you have an opening statement? We have received your submission, by the way.

Ms REINSCH: Yes, great. I have prepared a few notes on NTCOSS and a few key points I wanted to make which might take two or three minutes. Other than that, I am happy to be led by what you guys need.

Madam CHAIR: If you wanted to quickly just do an opening statement. Then, what we have been doing is opening to questions for members of the committee. I suppose it is more just questions and open dialogue from members of the committee with witnesses appearing before the committee.

Ms REINSCH: I will just really briefly go through what I have to say here and then we can open up for questions. Okay.

As you probably know, NTCOSS is the peak body for the NT (inaudible) sector, which advocates the social justice on behalf of people and communities affected by disadvantage. We work closely between sectors to determine (inaudible) and articulate policy needs. That being said, the information gathered for this submission was through direct consultation with the sector, many of whom I understand have already attended some of these public hearings.

Also, we are stating that currently there is not a youth peak body in the Northern Territory, making us the only state or territory without one. However, NTCOSS has youth funding for a Youth Policy Officer role as of late 2010, and could do some of the roles or the peak body across the Northern Territory. Through that role we support the youth sector in advocating for the rights and (inaudible) young people.

There are three key points I really want to make. One is that youth services should be seen as essential services for helping families in communities. Another key point is if the need for (inaudible) sponsors around suicide in rural and remote areas. We need to look at how we can use youth two-way learning and storytelling, and look outside the mainstream Anglo models in service delivery. Then, in order to recognise what is being (inaudible) in those areas are usually very different from what might be done in other parts of the country and interstate. Yes, looking at some of the success that (inaudible) heard of from the Life Promotion project at Ngukurr and other Central Australian (inaudible) such as (inaudible) and NPY and many other organisations, their success has much to do with a conscious (inaudible) collaborative response.

The last point I want to make is focusing on preventative long term – a long-term community development approach is really - and building on the idea of community wellness is how NTCOSS wants to advocate for us to move forward.

I also want to say given we are not a service organisation I cannot really speak from firsthand personal experiences and immediate client contact other services can; however, our expertise is around policy development and the recommendations you see in the submission are what we felt we should highlight.

I am happy to open it up for questions now.

Madam CHAIR: Michael?

Mr GUNNER: I might start with your first recommendation around equitable resourcing to community-based remote youth development programs.

We met with some members of the Mt Theo program when we were in Alice Springs. That was very impressive and you know that yourself, which is why you put it into the paper you have submitted.

Ms REINSCH: Yes.

Mr GUNNER: I am interested when you talk about equitable funding and how some communities miss out and others get it. Because you are talking about Commonwealth and Territory governments - governments cannot just write blank cheques to communities. There has to be some form of application, program, or something happening to be funded. I was wondering if you had some thoughts on why people miss out, if you think there is some type of criteria that should be used for assessing funding, or something that we could take onboard in making that recommendation real?

Ms REINSCH: Yes, absolutely. As I understand it, much funding that goes remote to develop youth programs is often based on historical alliances - this money used to be available. It came through a particular stream that does not exist any longer but this community continues to get the funding. Someone who can speak to this more clearly is Blair McFarland from CAYLUS who is very strong on this; however, there are some communities that have been probably more savvy in the past in getting access to funds for youth programs and others that perhaps have not or, under the current shire system, some shires prioritise youth services while others may not. Others might have a sport and rec program which is the whole wagon - things that have come through a youth involvement program.

That is where the idea of it not being particularly equitable - you have programs out there that do such a fantastic job of providing a service in - an area that is really built from that area like the (inaudible) response

I was talking about before. They have been breaking it down (inaudible) over such a long time that - I guess we believe that could be possible in other areas that are given support to build that up.

You are absolutely right; you cannot write blank cheques for all the communities around for youth programs.

One thing we are looking at now is the youth and community funding - that massive amount of funding that came through the federal government, which was great, and they have done some fantastic things with the youth program through the Roper Gulf Shire. The youth and community funding that came from FaHCSIA has supported many young people working in a remote context to become fully-trained youth workers and stay in their communities and do that kind of work there, which has been great. There has been plenty of youth and community funding to other places. However, it was done in not a particularly strategic way. There was no real sure plan behind it and it was given out to whoever got it. We feel - there is a coalition of - working with CAYLUS and other organisations in this area, we feel that youth funding should continue - it finishes in June this year - and it could be delivered in a more strategic way that takes into account those communities that have been missing out and perhaps do not get what other communities in other areas might get.

Ms WALKER: Tess, given that FaHCSIA funding concludes in June of this year, has NTCOSS made any representation to FaHCSIA about its continuation?

Ms REINSCH: Not as yet. Yes, I am certainly looking to more of the work in that area has been around sporting (inaudible) and CAYLUS to advocate to FaHCSIA. They have actually been in Canberra talking to various politicians there. You might know that Rachel Hewitt had a – what is the word I am looking for?

Ms WALKER: This is the Senator?

Ms REINSCH: She went to the Senate to have the funding continued, and that was accepted. Yes, there has been a bit of work in that area. I guess at the moment NTCOSS is just looking to see what happens and how we might support that process.

Mr GUNNER: Just a comment on your third recommendation which is about including the non-government sector going forward. We have not, obviously, drafted our recommendations yet and are not quite sure – well, we do not quite know what form they are going to take when we are drafting it. I can say that we would always like to work with the non-government sector going forward. In fact, the sheer bulk of our witnesses appearing before the committee, 90% of them have been talking with the non-government sector. We feel that peer level, community level, activities, or involvement, or interventions, are where the form or prevention is most critical. That is something I can say regarding your third recommendation.

Ms REINSCH: Fantastic. That is good to hear.

Madam CHAIR: I just want to go to that fourth recommendation, when you talk about a mapping of existing youth services to identify gaps and look at better planning decisions, so we can look at where that demand is going up and whether we are getting the outcomes and what is going to be the most cost-effective way. Although, I often think when you are dealing with health or people's mental wellbeing, you are never, ever going to get cost-effectiveness because of the issues and the gaps that are there.

When we were in Alice Springs, and also much of the evidence we have taken in Darwin and other places, is people have often said to the committee there is a problem of too many service providers. In your opinion, from NTCOSS's opinion, what could be done to better coordinate and consolidate service provision in the Northern Territory?

Ms REINSCH: That is a big question. I do not necessarily agree with the discourse that goes on about there being too many youth services. Particularly that has been talked about in Alice Springs around young people out on the streets at night. The reality is there are a number of youth services but they often work in quite different places and at different areas. Sometimes, the issue more is that they are quiet silos and there is not enough to link them to other services.

Madam CHAIR: How do we get rid of the silos then? If you do not reduce the number of services, how do you get rid of the silos so that the funding to that organisation is to provide a youth service or to look at emotional and social wellbeing of young people, and you have a number of silos and it is young people who miss out on that service? What do we need to do to deal with some of this?

Ms REINSCH: I believe the mapping is a good start. I think the reality is you do not actually – there is nothing ... As far as I am aware, there is not much that really shows exactly what is out there across the whole Territory. Much more work has been done in Alice Springs around mapping all that sort of stuff, particularly through the Youth Action Plan. Some of the outcomes that have come from the Youth Action Plan in Alice Springs have actually been really positive. The sector appears to be working much better with each other these days and there is much more – even down to the level of case coordination around those particularly high end troubled young people there is much more coordination and working together. The holiday program this year is a really good indication of that. We have had a much smaller level of crime and knives and that type of thing through these school holidays.

Alice Springs, while it gets a bad name, is a really good model for the things coming together and the youth services being far more coordinated. Obviously, much money has been put into the Youth Action Plan and that cannot happen in every area. However, some of the specific to Alice Springs research and mapping done through the Youth Action Plan has been really helpful and has given the sector something to work with. That is one thing. I am not sure what else.

Chris, do you have anything else or any other ideas you would like to comment on.

Ms BARTJEN-WESTERMANN: The historical issue of youth services in Alice Springs (inaudible) ways of collaborating very well, but throughout last year, through the Youth Action Plan, there was a very deliberate effort from all parties to try to structure and provide an integrated service delivery. It has not been in place that long so there might still be some gaps and a few areas that need improvement.

When we look at the government sector, I have worked in the government sector as well and we are trying to bring together all the different government bodies - Education, Police, Corrections – which traditionally work in silos. It takes a structure to bring this together, and it takes commitment and effort from the different departments, and the people representing those departments to come together. There is (inaudible) here and it is about looking at how - if there are identified deaths and needs, who that can be ...

Ms REINSCH: There is something else I want to add to that, when I think about my experience in the last year or so working in the various regions and how different the youth sector looked in different places. For example, in Katherine there is not really a sense of a youth sector and it is very rare for the non-government youth sector to come together at all. In fact, from what they told me they have not really come together unless it had been for a government meeting of some sort.

Something the Youth Action Plan did in Alice Springs was really give the sector identity and a reason for really coming together. That sort of thing could be - that is part of my role. My role can really hope coordinate and identify those gaps regionally across the Territory.

Ms BARTJEN-WESTERMANN: (inaudible) the government and non-government. That is important as well otherwise we would have two silos.

Madam CHAIR: Has NTCOSS done any of this work - given you represent the community services sector, have you looked at a mapping exercise within your sector to see where some of those gaps are?

Ms REINSCH: We have not as yet. We have not put together the comprehensive mapping this is talking about. We have done more putting together directories of the community sector and that type of thing. However, it is something I am really interested in pursuing and perhaps getting funds together from around the place and donations from various organisations and making it into a project - that mapping of youth services across the Northern Territory. Yes, we are thinking about it.

Ms WALKER: We took evidence by phone earlier today from Blair McFarland from CAYLUS. Your submissions mirror each other, but there is obviously collaboration and common themes there, particularly around the need for community-based solutions that are delivered on the ground for young people who are at risk. However, knowing that we have some communities that miss out, why is that? Is there not the capacity on the ground in these communities to drive those initiatives? If that is the case, what do you think it is we need to be doing to encourage those initiatives coming out from other communities? It is a tricky one.

Ms REINSCH: It is a tricky one, and I do not feel like I am particularly qualified to answer it.

Ms WALKER: Yes.

Ms REINSCH: That is where I am (inaudible). There are other people who have done that kind of work. Yes, I am not exactly sure how to answer that question.

Ms WALKER: And nor am I, and I represent a bush electorate and I see it myself ...

Ms REINSCH: Yes.

Ms WALKER: ... where some communities have greater capacity to deal with – and that is because they perhaps have the leadership to be able to tackle the problems that exist in their community, including youth dysfunction and issues like suicide. Yet, other communities just really struggle to tackle their issues.

Ms REINSCH: Yes.

Ms WALKER: I do not have the answers and I was curious if you had some insights. But, never mind, that is fine.

Ms REINSCH: I guess there is this idea of community wellness.

Ms WALKER: Yes.

Ms REINSCH: Maybe part of it is coming from the perspective of knowing there is, because I do believe there has to be some – there is - inherent strength in every community. It is actually just about empowering it.

Ms WALKER: Yes.

Ms REINSCH: It may not be visible there and it may have been dysfunctional for a long time but, with the right kind of time given to it and people doing that work, it can happen. A lot of the work that has been done, particularly around suicide, has been done in extreme cases where the level of dysfunction has been so high that it has been like something new had to be tried because, otherwise, it is going to continue on this road. It is out of those levels - those places where things look particularly bad - that more creative approaches can come if there is the right perspective, I guess - coming from this perspective that there is inherent strength that has to be found.

Ms WALKER: Yes.

Ms REINSCH: But having not done that work myself, so it not in my ...

Ms WALKER: Yes. No, that is understandable.

Madam CHAIR: I was looking at some of your recommendations and they go to the heart of – with the refugees and the asylum seekers and young people. We will certainly look at – this is probably the first submission that ...

Mr GUNNER: I do not think our terms of reference cover it.

Madam CHAIR: No, it was more. But, we could certainly transfer these to the federal ...

Mr GUNNER: Yes.

Madam CHAIR: ... or give them to ministers. They are certainly not part of our terms of reference but, given that you have put them in the submission, we can certainly transfer them to the federal government or representatives. We could write or I could talk to the relevant ministers up here to see who we could transfer these recommendations to. It is just that, unfortunately, it is not part of terms of reference for the committee.

Ms REINSCH: I thought that it was in it for – it was actually in a funny place, it was under Indigenous young people. It also included young people from culture and would be good to do diverse cultures. It was in there, which is why I particularly put it in. But, it was maybe just four words.

Madam CHAIR: Okay, I am just looking at the Secretariat, because I have drafted some of those terms of reference. I could not remember that. But, let us have a look ...

Ms REINSCH: Yes, in many ways ...

Madam CHAIR: That is fine. It is in your recommendations and I am not dismissing it, I am letting you know. If it is there we will deal with it. Even if it is not there, I will ensure those recommendations are transferred to the appropriate bodies.

Ms REINSCH: Is the relevant minister Mr Henderson? Does Multicultural Affairs under his hat?

Madam CHAIR: It does, but not in relation to refugees or people seeking asylum. We do not have that jurisdiction; that is federal.

Mr GUNNER: I understand occasionally the federal government will buy services off us.

Madam CHAIR: Yes, like policing.

Mr GUNNER: We do not provide it; they will buy it off us. They will make all those decisions.

Ms REINSCH: Okay. There is stuff that could be relevant to NT ministers around - not to those in the parliament, those from refugee and newly arrived migrant backgrounds. Darwin is the hub for this at the moment, but also ensuring their access to mental health.

Mr GUNNER: That is a really good point. The Multicultural Council was meant to appear this morning and could not make it. We were going to ask those questions around not so much asylum seekers living in detention, but about people moving into the Territory.

Madam CHAIR: People coming out of detention and settling into the community.

Mr GUNNER: That is a critical point.

Ms REINSCH: It is, and Michael said there have been no suicides amongst that group of young people yet, but there have certainly been attempts. Without the current services, of which there are very few and their funding is threatened all the time - they are a high risk group but are quite lucky because there have been small numbers and the services have been able to deal with it thus far. Prevention wise, it is an opportunity for the Northern Territory to really step up and stand up.

Madam CHAIR: Yes, perhaps we could look at it. I can see what you are saying, and we all agree it is important to try once they come out of detention. I was talking to someone recently - not the person who was going to appear - who looks after many people from the African community who have come to Darwin and all the problems amongst their young people and the issues between the African community and the young Indigenous kids, particularly in Darwin. Many of those problems are coming out of that so we can pick up some of that. We are hoping we will have the Multicultural Council of the Northern Territory appear before the committee.

We are meeting again tomorrow. I am not sure whether they are coming tomorrow or not. They gave an apology because their policy and project director is ill.

Ms REINSCH: It is good to know you have taken that information on board and will do something with it. It would be great if that information about asylum seekers could be passed on to the relevant federal government body.

Madam CHAIR: Yes, we will do that with a number of other recommendations that are going to the federal government as well to get funding into some of these remote communities. We will take that on board.

I do not have any other questions. Lynne or Michael, are you right?

Ms WALKER: One last comment you might like to make. We have taken an awful lot of evidence over the last couple of months and, recognising the difficulties of reaching out into our remote communities and the use of phone services, Internet services to meet that need - I am assuming from the submission you have put in that you would have little faith in that service provision model for remote communities?

Ms REINSCH: With matters like this, yes, I think so. This kind of challenge requires us to look outside those Anglo models of service delivery. But, of course, it is really difficult resource wise. Funding

intervention business is (inaudible). Funding programs remotely is very difficult, but I do not think that young Indigenous people who are suffering different types of trauma and loss and intergenerational trauma and everything that comes with living remotely, will be as keen to pick up the phone. It is hard enough being anywhere to pick up the phone and call someone you do not know. Without those relationships and the response that is relevant the place they are – it is a bit like you will not get very much attraction. yes, you are right, I do not have a lot of faith.

The success we have seen from other youth services that have been really face-based, and really strong in that, and have built up over a long period - it takes a long time really building up over a long period. While it may not be the response you need when a community is suffering a loss, having just lost a young person to suicide, it will, in the long term, be better preventative approach. I guess that is something I feel we want to be careful of; this knee-jerk reaction to these really traumatic incidents. But, certainly something needs to come from them. If we just try to implement things in that reactive way, then they are not as likely to succeed. So, we just really want to think long term, and from that real community development approach, to make the change ...

Ms WALKER: Sure.

Ms REINSCH: ... to help these young people.

Madam CHAIR: Thank you, Tess. I just have to ask Christa, if she is there ...

Ms BARTJEN-WESTERMANN: Yes, I am still here.

Madam CHAIR: I am interested in that surname. You are no relation to Tracy Westermann?

Ms BARTJEN-WESTERMANN: No, I am not. It is something I do not know of. I have had the discussion as well.

Madam CHAIR: Oh, have you? That name just jumped out when I saw it. Fantastic psychologist!

Thank you for your submission. We will certainly get this transcript to you, and we will let you know when the committee commences drafting its report, and the date which it will be in parliament and debated - which we are all looking forward to.

Ms REINSCH: Yes, I am sure. Thanks for allowing the time to talk through these. It has been lovely.

Madam CHAIR: Thank you. We will certainly forward your recommendations. Thank you.

Ms REINSCH: Thanks, Marion.

Ms BARTJEN-WESTERMANN: Thank you.

The committee adjourned.
