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Ms Marion Scrymgour
Chair
Select Committee on Youth Suicide in the NT
GPO Box 3721
Darwin NT 0801

Dear Ms Scrymgour;

Thank you for the invitation from the Committee to make a submission in respect to it's current enquiry.

My submission will be relatively brief and will be informed by a number of primary documents that will be attached to the submission. These are:

Parker R (2010) Australia's Aboriginal Population and Mental Health. *The Journal of Nervous and Mental Disease.* 198 (1): 3-7

Norris G P, Parker R, Beaver C, van Konkelenberg J (2007). Addressing Aboriginal mental health issues on the Tiwi Islands. *Australasian Psychiatry.*15(4):310-4.

BLANK PAGE SUMMIT ON SUICIDE COMMUNIQUÉ, Billard Aboriginal Community 27-31 July 2009

I may also make reference to other publications that will be referenced at the end of the submission.

My submission will follow the issues identified by the Committee in their announcement of the enquiry:

Proposals to access Commonwealth funding programs

I have no information on this issue that cannot be more usefully provided by other authorities such as the Director of Mental Health for the NT.

Services for high-risk groups.

Adolescents are particularly vulnerable to suicide for a range of reasons that are already well known.

There is an existing literature on the emotional fragility of individuals going through the significant identity formation issues of adolescence that may make adolescents more vulnerable to suicide (eg Kaess et al 2011). This may be further exacerbated by other issues

discussed below. Other factors such as media images that may form a desirable concept that is unattainable by the vulnerable adolescent and the misuse of electronic media such as Facebook and mobile phones for cyber bullying may exacerbate pre-existing adolescent vulnerabilities and increase the risk of suicide.

In addition to the issues below, it has been well recognised that Aboriginal adolescents are subject to significant stressors in their lives. The WA Child Health Survey (De Maio et al 2005 and quoted in Parker 2010) identified that a significant proportion of Aboriginal adolescents in WA reported up to 7 substantial life stressors in the previous 12 moths. Reported stressors identified include the death of a family member or close friend, overcrowding at home, alcohol or drug related problems, serious illness or disability and unemployment I would feel that adolescents in the NT, particularly in remote and regional areas, would have similar issues to the study population in WA, thus increasing vulnerability for suicide.

The destruction of community and social structures and subsequent lack of effective governance mechanisms in Aboriginal communities in the remote and rural parts of the NT form a background to the stressors described above. In addition, Judy Atkinson (Atkinson et al 2010) has commented on the way that Trans-generational Trauma can have a significant destructive effect on Community Wellbeing. The comments by Professor Helen Milroy about "Malignant Grief" affecting Aboriginal communities (as quoted in Parker 2010) are also relevant as a further contributing factor to this trauma.

The issues of "Community at Risk" and "Individual at Risk" and increased vulnerability for suicide, developed by Professor Ernest Hunter's group in North Queensland (as discussed in Parker 2010) in the context of Transgenerational Trauma and continuing stressors may lead to a significant vulnerability within the adolescent population. In addition, the issue developed by Hunter's group in respect to the deceased having a psychological "life in death" within a small community along with background factors developed by Tatz (quoted in Parker 2010) may have relevance to reducing personal resilience and increasing the potential for suicide.

It also appears that individuals in certain regions of the NT are more prone to suicide than other regions (as discussed in Parker and Ben Tovim 2002, quoted in Parker 2010). Aboriginal people from the Arnhemland region may have a continuing greater propensity to develop mental illness and this may be a further contributing factor for suicide, particularly in the context of the added risks for the development of severe mental illness associated with cannabis and amphetamine abuse (see Paparelli et al 2011 and the ABS data mentioned in Parker 2010). Aggressive behaviours related to obtaining funds from family members for substance abuse along with distress related to drug related debts may be further factors that increase vulnerability to suicide.

The response to the above factors of vulnerability obviously needs to be wide ranging.

The Blank Page Summit on Suicide held at the Billard Community in 2009 came up with a number of solutions (discussed in pages 3-5 of the attached document) that may be a start.

In summary, these are:

• create suicide-proof communities
• train families to be families
• encourage self-care through staged support

I feel that the words below of Mary Victor O'Reeri, a convenor of the Billard summit, as quoted on page 39 of the attached Billard document are very relevant, reflect on all the above risk factors mentioned that may exacerbate suicide and point to ways to reduce the risk of suicide.

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"We've got to stop talking about housing and start talking about homes. I'm very particular about who comes into my home because this is where my family lives and creates its future every day. In fact, I turn away my own siblings if they arrive intoxicated. Some would say this is a rejection of my family. I say it's a strengthening and educating of my family. I will not put my family and our plans and dreams at risk. I believe every family has this aspiration. But if all that's on offer is a house without the means to create a home and a safe family, then is it any wonder the whole program is stuck and unnecessarily wasteful?"

Any work done to improve parenting skills to enhance "the home environment" is thus likely to be beneficial in reducing later suicide risk in adolescence.

The other issues outlined in the attached paper by Norris et al 2007 also point to mechanisms that may reduce risk of suicide.

These include leadership of mental health workers within a community, community education and care of vulnerable individuals.

The response and policies of agencies such as police and mental health services

Given very high rates of alcohol consumption within the Northern Territory and the major influence that this may have on the "Community at Risk" issues described above, effective governance of alcohol consumption within communities is a key issue of policy review. A good example of this was the anecdotal information provided by the police after the introduction of mid strength alcohol on the Tiwi Islands. Police reported that after the introduction of the mid strength beer at the Nguiu club, there was a significant reduction of alcohol related domestic violence. In addition, large numbers of children who used to wander the streets of Nguiu at night because they were afraid to go home were no longer observed to be engaging in similar behaviours by the police.

Effective policing of cannabis, including the regular use of sniffer dogs is an important component of any strategy to reduce the abuse of this substance.

Education programs for police in respect to increasing their knowledge about mental illness, such as the Mental Health Intervention Team Course offered by the NSW Police (Donohue D et al 2009) may assist in improving the police response to young people who may be at risk of suicide.

The placement of Aboriginal mental health workers and drug and alcohol workers within communities may be an advantage. Such workers should be supported by appropriate supervision and career development in addition to sustainable links to the expert clinicians of the NT Mental Health Service. NT Mental Health service needs to be effectively funded to allow it's expert clinicians o perform this supporting functions for the local workers within communities.

The Headspace model of care for adolescents in urban areas within the Northern Territory should be supported and reinforced. Other Non Government Organisations such as Anglicare who do a significant amount of work with adolescents should also have effective ongoing funding and support.

The resources for the NT Suicide Prevention Committee should be supported on a continuing basis.

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

It has been recognised for a considerable period of time now that education in itself leads to empowerment in health. The review by DeWalt et al (2004) displayed that patients with poor literacy had poorer health outcomes including knowledge, intermediate disease markers, measures of morbidity, general health status and use of health resources. Cutler and Lleras-Muney (2006) suggest a range of mechanisms for education to enable health behaviours. They note that the effect of education increases with increasing years of education. Education in relation to income and occupational choice has some relationship to health empowerment but that different thinking and decision making patterns as a result of increased education may also have significant effects on health behaviours.

Henry (2007) comments on required "development platforms" which need to be in place for education to be effective. These include: security from violence, promotion of early childhood development, a home environment that is conducive to regular patterns of sleep and study, free from overcrowding and distraction and ready access to suitable primary health service infrastructure. A good example of the essential nature of such platforms to improved educational outcomes has been the success of the Clontarf Foundation education programs with Indigenous male adolescents in Australia. The Clontarf Foundation, a not for profit, organisation, was established in Western Australia in 2000. It was established to improve the discipline, life skills and self esteem of young Aboriginal men so that they can participate meaningfully in society. The Foundation currently has contact with 2000 young Aboriginal men in Western Australia and the Northern Territory. The Foundation's programmes to young Aboriginal men are delivered through a network of 25 Academies, each of which operates in partnership with (but independently of) a school or college. Australian Rules Football (AFL) is used to attract the young men to school and then keep them there. In order to remain in the program, participants must continue to work at school and embrace the objectives of the Foundation, Each Academy has an individual staff member who, in addition to delivering the football program, acts as a mentor and trainer addressing many of the negatives impacting on the young men's lives. Many of the Academy staff are ex AFL players. Participation by young Aboriginal men in the Clontarf Foundation has resulted in significantly increased retention rates for the participants through to the completion of secondary education and then on to participation in the workforce. By the end of 2008, 41 (76%) graduates of the 2007 program were employed. In April 2009, 51 of the 76 graduates of the 2008 program were in full time employment (Clontarf Foundation 2010).

The above leads to a conclusion that real education outcomes result in health empowerment that in itself may promote mental health and be protective of suicide in vulnerable individuals. Projects such as that developed by the Clontarf foundation appear particularly beneficial for developing mental health in vulnerable adolescents and should be expanded (to also involve adolescent girls). Initiatives to promote school attendance and develop real education outcomes in communities (such as that currently being developed in Arakun Queensland) would also lead to improved mental health and protection against suicide in vulnerable adolescents

The "Mind Matters" Curriculum that was developed for Australian Secondary Schools (Wyn et al 2000) also appeared to be an effective education program that may have been protective of suicide in adolescents. The project was based on a model of school change developed by the World Health Organisation and involved curriculum materials about emotional and mental health issues in addition to creating a school environment that was safe, responsive to student needs and that assists students in their ability to cope with challenges and stress (ibid). I understand that funding for this program in Australia has now ceased but it may be worth developing a similar program for specific use in the NT. Professor George Patton (pers comm.) has also been working with adolescent school populations in Melbourne to enhance the ability of adolescents to make ethical and personally empowering decisions. Such a program may also be worthy of consideration in the NT.

The accuracy of suicide reporting

Suicide Prevention Australia are doing a significant amount of work in this area through their National Committee for Standardised Reporting on Suicide (NCSRS) Project and further information in respect to the project can be accessed on the Suicide Prevention Australia website. The Northern Territory, through the office of the Director of Mental Health has been an active participant in this Project. Continuing participation in the Project by the Northern Territory should be significantly encouraged and appropriately funded to ensure that the issues for Northern Territory population and adolescents in particular continue to be properly represented within the Project.

The aims of the Project are to:

1. To achieve cross-jurisdictional and multi-party agreement on adequate, standard and operationalised criteria and reporting formats for suicide and related data.
2. To work collaboratively across the range of stakeholders and projects addressing this issue towards systemic reform.
3. To identify gaps and priorities for the development of complementary projects to further the broad agenda of standardised reporting on suicide.
4. To establish working groups and pilot projects to implement these projects.
5. To collaboratively develop recommendations for changes within various components of the system as well as at a systemic level.
6. To identify resource implications of any proposed reform.
7. To develop a proposed implementation strategy to pilot and then implement national reform in standardised reporting on suicide.

Please do not hesitate to contact me if you have any further questions regarding the above issues.

Yours sincerely

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and the Northern Territory Clinical School.
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28/09/11

Additional References:

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Henry K (2007). *Addressing Extreme Disadvantage through Investment in Capability Development*. Closing Keynote Address to the Australian Institute of Health and Welfare Conference "Australia's Welfare 2007" www.treasury.gov.au/documents/1327/PDF/Health_and_Welfare_Conference.pdf - (accessed March 2008)

Kaess M, Parzer P, Haffner J, Steen R, Roos J, Klett M, Brunner R & Resch F (2011) Explaining gender differences in non-fatal suicidal behaviour among adolescents: a population based study. *BMC Public Health* 11: 597

Paparelli A, Di Forti M, Morrison P& Murray R (2011) Drug-induced psychosis; how to avoid star gazing in schizophrenia research by looking at more obvious sources of light. *Frontiers in Behavioural Neuroscience*: Volume 5, Article 1, 1-9

Wyn J, Cahill H, Holdsworth R, Rowling L & Carson S (2000) Mind Matters, a whole-school approach promoting mental health and wellbeing. *Australian and New Zealand Journal of Psychiatry*, 34; 594-601.

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