



Section A - Attachment 7

# Northern Territory Suicide Prevention Action Plan 2009-2011

March 2009

DEPARTMENT OF HEALTH AND FAMILIES

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Suicide is a tragedy that has touched many families in the Northern Territory (NT). It occurs across all demographics and in a range of locations. It is an issue that affects us all both personally and as a society.

The reasons behind suicide are often very complex and there are no simple solutions. Current research tells us that the most effective approach to suicide prevention requires a commitment at all levels of Government and across the community to work together to address this tragedy.

The Northern Territory Suicide Prevention Action Plan 2009-2011 acknowledges and builds on existing initiatives responding to suicide and self-harm and follows the key directions of the *NT Strategic Framework for Suicide Prevention* (2003).

The Action Plan recognises the Australian Government as a key partner and reflects the links between the key directions of both the NT and Australian Suicide Prevention Frameworks. As such each action area of the NT Plan is linked to the corresponding key strategic direction of the revised Australian Government *Living is for Everyone (LIFE) Framework*.

A number of other overarching NT Government and Australian Government initiatives contribute to suicide prevention and these are also reflected within the Action Plan and are included within Appendix A.

I would like to acknowledge the contribution of all those who have assisted with this process. In particular I would like to thank current and past members of the NT Suicide Prevention Coordinating Committee and all members of staff and the community who have contributed their considerable time, knowledge, experience and personal commitment to the development of this plan.

**Malarndirri McCarthy**  
Minister for Children and Families

March 2009

# Introduction

Suicide affects many families and communities every year. It results from a complex interplay of factors that may include issues such as mental health problems, drug and alcohol misuse, inadequate education, lack of meaningful or any employment, cultural or sexual identity issues, poverty, sexual, physical or emotional abuse, problems with family and the law. Factors such as the grief, loss and trauma experienced by many Aboriginal people and communities can also have a significant impact on an individual's vulnerability.

The decision to end one's life can be determined by a few or a number of these factors occurring in a specific and individual context. There is therefore no guaranteed method of predicting suicides and no one way of preventing them. There are no simple explanations or solutions. It is recognised instead that effective suicide prevention needs to combine a range of strategies and approaches targeting the whole population, specific groups and individuals at risk. This requires a whole of Government and community partnership approach.

In October 2003, the NT Strategic Framework for Suicide Prevention was launched to guide the planning and development of initiatives with a focus on life promotion and the prevention of suicide and self-harm in the NT. The framework was based on the Australian Government's LIFE Framework and identifies six key areas for action:

- Promoting wellbeing, resilience and community capacity across the NT;
- Enhancing protective factors and reducing risk factors for suicide and self-harm across the NT;
- Services and support within the community for groups at increased risk;
- Services for individuals at high risk;
- Partnerships with Indigenous people; and
- Progressing the evidence base for suicide prevention and good practice.

The NT Framework reflects a whole of Government and community approach to the issue of suicide prevention and provides an overarching structure for action. Although in its initial phase it did not indicate specific activities or include a methodology for ongoing co-ordination and evaluation, it did ensure that suicide prevention activities were ongoing across a number of Government and non-Government agencies and organisations.

In 2006 following an increased funding commitment by the Minister for Family and Community Services, a Suicide Prevention Coordinator was appointed to re-establish a whole of Government approach to suicide prevention.

In 2007 a cross-Government Coordinating Committee for Suicide Prevention was established to monitor and evaluate the progress of the framework and to develop an Action Plan for Suicide Prevention to provide future direction for the NT.

This Committee chaired by the Director, Mental Health, includes representatives from the Department of Health and Families, Police, Fire and Emergency Services, Department of Justice, Department of National Resources, Environment, The Arts and Sport, Department of Education and Training, Department of Chief Minister, the Australian Government Departments' of Health and Ageing and Families, Housing, Community Services and Indigenous Affairs and Charles Darwin University (A list of full membership is included at Appendix B).

Throughout 2007 consultations occurred with a wide range of stakeholders from across the NT to identify issues and areas for ongoing action to inform the development of the Plan.

The NT Suicide Prevention Action Plan 2009-2011 is a whole-of-Government response to guide future direction in suicide prevention over the next three years. It effectively converts the NT Strategic Framework for Suicide Prevention into assessable actions and initiatives to reduce self-harming behaviour and enhance the resilience and capacity of the NT community.

The main aims of this plan are to:

- Strengthen wellbeing, optimism, connectedness, resilience, health and capacity across the NT community, with a particular focus on young people and their families;
- Support initiatives that reduce risk factors and promote positive protective factors for suicide and self-harm;
- Improve the ability of a wide range of services, systems and support networks to meet the needs of groups at increased risk of suicide and self-harm through prevention, recognition and response;
- Strengthen effective responses to individuals at particular risk to reduce and respond to suicidal and self-harming behaviour;
- Provide culturally appropriate programs that support community response to high rates of suicide and self-harm in Indigenous communities; and
- Build the evidence base, share good practice and provide education and training.

The Action Plan reflects the suicide prevention priorities of those NT Departments that are members of the NT Suicide Prevention Coordinating Committee. In acknowledgment of the fact that effective suicide prevention requires a range of responses across many different areas, some activities nominated as contributing to the Action Plan may be part of core services or projects funded by relevant Departments. There are others that are new initiatives or may involve the formation of partnerships outside of NT Government. These partners may include the Australian Government and local and national non-Government agencies.

#### **Implementation, Monitoring and Review**

Responsibility for the ongoing monitoring, reporting and evaluation of the Suicide Prevention Action Plan will remain with the NT Suicide Prevention Coordinating Committee.

Members will report annually to Government and the wider community on the progress of the implementation of key actions identified in the Plan. In addition ongoing feedback and input will be sought from a number of established regional advisory groups and participants at yearly forums.

A formal review of the plan will take place at the end of 2011 and will involve consultation with a wide range of stakeholders.

# Suicide Rates

Suicide, although a relatively uncommon event, is a major public health issue with significant human and economic costs attached to it. Every year approximately one million people worldwide die by suicide and suicide is one of the three leading causes of death for those aged 14-34 (*Bertolote, Fleischmann, De Leo & Wasserman, 2003*).

## Australia

In March 2008 the Australian Bureau of Statistics (ABS) released data on suicide deaths in Australia for 2006. This is the most recent validated data currently available and reports 1,799 registered deaths from suicide in 2006. Males were almost 4 times more likely than females to die by suicide and high rates of suicide deaths for males were observed in the 45-49 age group followed by those aged 35-39 years. Highest rates of suicide deaths for females were noted in the 35 to 44 age group (*ABS 2008*).

Comparing the number of suicide deaths over time must be done cautiously as the quality of suicide statistics are affected by a number of factors including under-reporting, differences in reporting methods across States and Territories, and the length of time it takes for Coroners to process deaths that are reported as potential suicides. The 2006 figure of 1,799 registered suicide deaths however does suggest a continued decline since the peak of 2,720 deaths in 1997. This decline over the past decade is noted for both males and females, particularly within the younger age groups (*ABS, 2008*).

## Indigenous Suicide Rates

It is estimated nationally that suicide rates amongst Indigenous people are at least 40% higher than the national average (*Elliott-Farrelly, 2004*). However it is difficult to know the true extent due to the limitations of official methods of data collection. In 2006, ABS Cause of Death data reported that suicide accounted for 4.3% of all Indigenous deaths compared with 1.3% of deaths for other Australians (*ABS, 2008*).

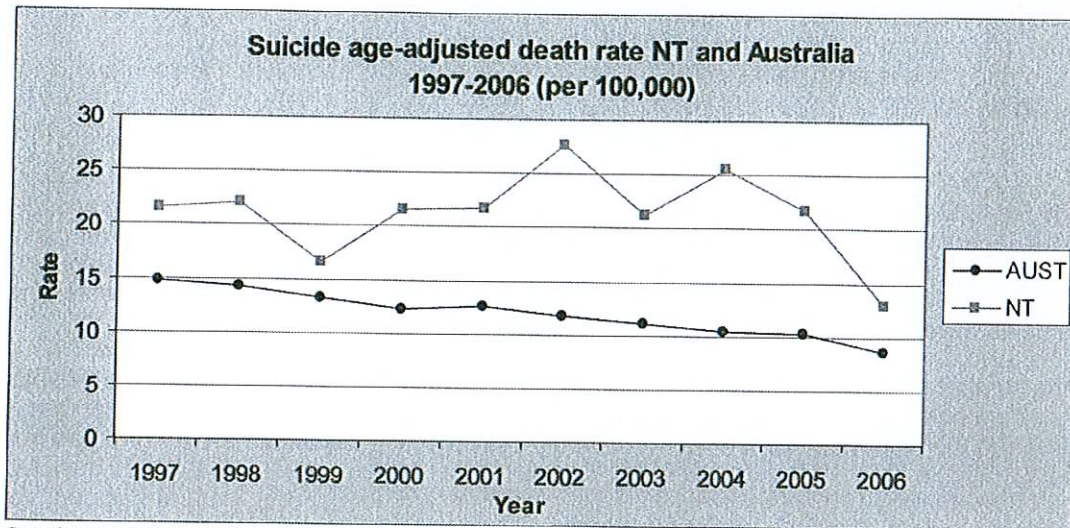
Research suggests that suicide in Indigenous populations was virtually unheard of prior to the 1960's. Nationally increased rates began to be reported in the 1970's and have continued to increase since the 1980's although this has been distributed unevenly across both time and place. Suicide is more concentrated in the earlier adult years for Aboriginal and Torres Strait Islander people than for other Australians, with the highest rates occurring in early to mid adulthood (*Elliott-Farrelly, 2004*).

## Northern Territory

In the NT the annual number of deaths from suicide has increased substantially since the mid 1990s and reached a peak in 2002. This increase has gone against national trends and although additional care in interpreting data does need to be taken in smaller jurisdictions where significant yearly fluctuations can be observed due to the relatively small number of suicide deaths, combined data for the period 2002-2006 suggests a NT suicide rate (22.4 per 100,000) that is more than double the national average (10.4 per 100,000) (*ABS, 2008*).

Since 2002, rates of suicide in the NT have declined slightly but this does not as yet appear to represent any significant long-term trend. Suicide continues to affect every demographic across the NT however some groups appear to be at higher risk than others (eg. remote Indigenous males, young urban Indigenous males and non-Indigenous males in the 25-45 year age range residing in an urban setting).

The differing rates of suicide in the NT compared to the rest of Australia do have to be viewed in the context of a number of factors affecting the NT population. This includes a higher proportion of Indigenous people, higher male to female ratio, a younger population than the rest of Australia and high rates of known risk factors such as alcohol and drug abuse, crime and domestic violence.



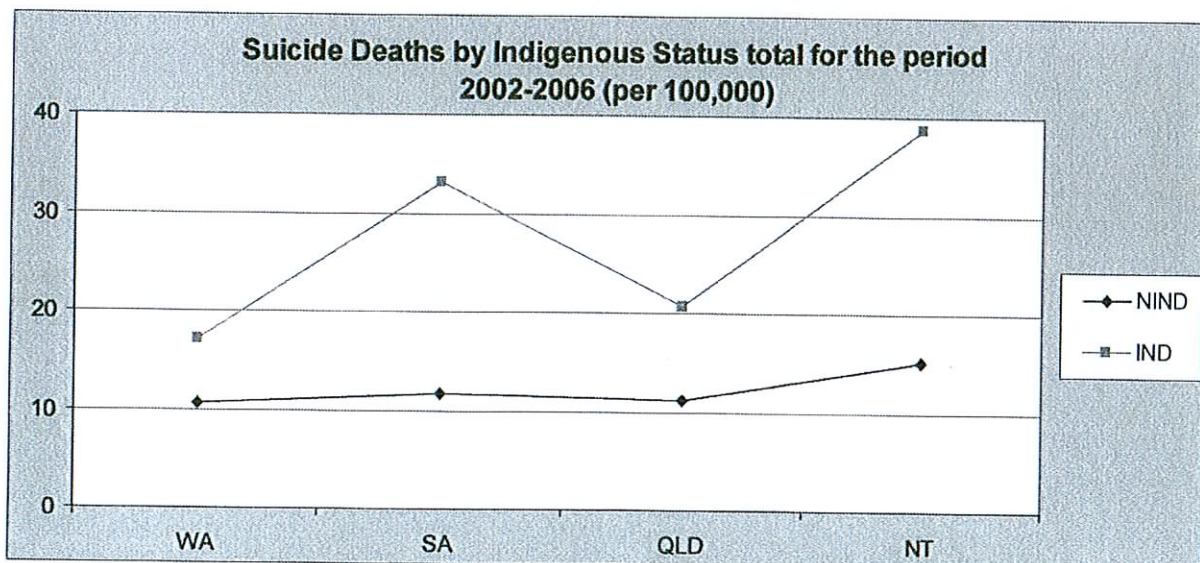
Data Source: ABS Death Registration Data

### Indigenous Suicide

Suicides amongst Indigenous people in the NT occur in a range of contexts and can vary greatly between regions. In some areas there have been no reported deaths from suicide, in other areas deaths are rare and occur in isolation. There are also other regions which experience high rates of suicide and self-harming behaviours. Significantly more research is required to determine why this occurs and whether there are differences in risk factors and protective factors between communities with high rates of self-harm and those where suicidal behaviour is rare or occurs in isolation.

There are strong links between Indigenous suicide and alcohol and other drug abuse. Recent evidence suggests in some communities there are increasing rates of cannabis use amongst a background of pre-existing poly-substance use. This is of particular concern because of the significant association between suicide, psychiatric issues and substance abuse (Measey, Li SQ, Parker & Wang, 2006).

Anecdotal reports also suggest that rates of attempted suicide, particularly in some remote Indigenous communities are exceptionally high, although there is currently limited data to support this.



(N.B. Data unavailable for other jurisdictions)

Data Source: ABS Death Registration Data

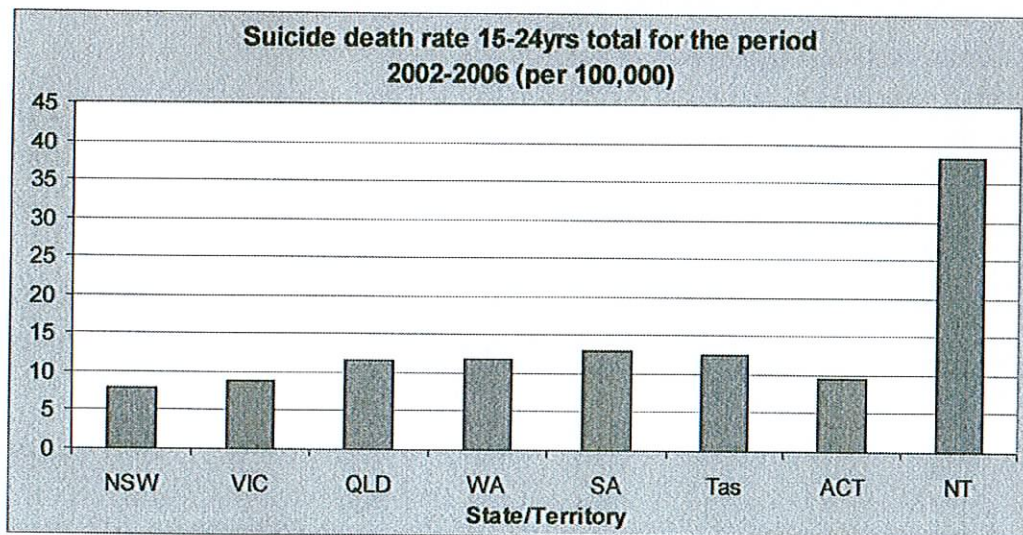
## Non-Indigenous Suicide

The difference between the proportion of deaths due to suicide amongst Indigenous and non-Indigenous people varies by State and Territory. In 2006, the biggest difference was observed for South Australia, where 7.3% of deaths of Aboriginal people were due to suicide compared with 1.3% of non-Indigenous deaths. In contrast, in the Northern Territory 3.3% of deaths of Indigenous people were due to suicide, compared to 3% of deaths of non-Indigenous people (ABS, 2008).

The rate of suicide in the NT for the non-Indigenous population is higher than both the national average of 1.3% of deaths and the rates in other States and Territories. More research is required to understand why this is the case and to identify contributing factors.

## Youth

The Northern Territory experiences higher rates of suicide in younger people than those experienced in many other parts of Australia. This is generally attributable to rates in Indigenous populations as Indigenous males aged between 25 and 44 years have the highest risk of suicide followed by the 10-24 year age group. In contrast, among non-Indigenous males, the risk of suicide appears to increase with age (Measey, Li SQ, Parker, 2005).



Data Source: ABS Death Registration Data

## Attempted suicide and self-harm

Attempted suicide refers to self-inflicted harm where death does not occur but the intention of the person was to cause a fatal outcome. Some people deliberately harm themselves physically, without intending to end their own life. Such behaviour is known as 'self-harm'.

Data regarding intentional self-harm and attempted suicide is collected in NT public hospital records but needs to be treated with caution as:

- Not all people who attempt suicide present at hospital or places where this data could be registered;
- Not all attempts are recognisable and may lead to misclassification e.g. single motor vehicle accidents; and
- Self reporting measures for suicide attempts may not be reliable.

It can be very difficult to determine whether individual acts of self-injury were intended to result in death. Many incidents of intentional self-harm may not indicate deliberate intent to commit suicide. Self-inflicted injury may also occur in the context of cultural practices or risk taking behaviours where there is no suicidal intent. Nevertheless, available data indicates the incidence of these behaviours presents a serious problem in the NT (NT Strategic Framework for Suicide Prevention, 2003).

The *NT Strategic Framework for Suicide Prevention* (2003) is based on the Australian Government *Living Is For Everyone (LIFE) Framework* (2000) and identifies six key areas for action:

**ACTION AREA 1: Promoting wellbeing, resilience and community capacity across the NT**

Enhance protection against suicide by strengthening wellbeing, optimism, connectedness, resilience, health and capacity across the entire community, with a particular focus on young people and their families.

**ACTION AREA 2: Enhancing protective factors and reducing risk factors for suicide and self-harm across the NT**

Support initiatives that reduce risk factors and promote positive protective factors for suicide and self-harm, giving increasing attention to critical periods or transition points throughout the life course where interventions have the potential to be most effective.

**ACTION AREA 3: Services and support within the community for groups at increased risk**

Improve the ability of a wide range of services, systems and support networks to meet the needs of groups at increased risk of suicide and self-harm through prevention, recognition and response.

**ACTION AREA 4: Services for individuals at high risk**

Strengthen effective responses to individuals at particular risk to reduce and respond to suicidal behaviour.

**ACTION AREA 5: Partnerships with Indigenous people**

Provide culturally appropriate programs that support community response to high rates of suicide in Indigenous communities.

**ACTION AREA 6: Progressing the evidence base for suicide prevention and good practice**

Ensure that programs have the greatest chance of benefit and minimum risk of harm by building the evidence base, sharing good practice and providing education and training.

# Living Is For Everyone (LIFE) Framework

In 2000, the Australian Government released *Living is For Everyone: A framework for prevention of suicide and self-harm in Australia (the LIFE Framework)* to provide a strategic plan for national action to address suicide prevention across the Australian population.

In early 2006, the Australian Government commissioned an independent review of the national Framework. A revised LIFE Framework was released in 2007. Key action areas have been amended to reflect the changing trends in suicide prevention over the past decade.

## **ACTION AREA 1: Improving the evidence base and understanding of suicide prevention**

Improving the quality of the evidence for suicide and suicide prevention is fundamental to the development, implementation and review of effective suicide prevention policies and practices.

## **ACTION AREA 2: Building individual resilience and the capacity for self-help**

Protecting against suicidal behaviour includes implementing preventative measures such as providing environments where appropriate support is accessible as well as implementing programs that promote and support wellbeing, optimism and social connectedness.

## **ACTION AREA 3: Improving community strength, resilience and capacity in suicide prevention**

Improving individual, family and community awareness and understanding of suicide and suicide prevention will increase the capacity of communities to prevent and respond to suicide.

## **ACTION AREA 4: Taking a co-ordinated approach to suicide prevention**

Effective suicide prevention relies on communities, organisations and all levels of Government working together using sound evidence, with a careful assessment of outcomes.

## **ACTION AREA 5: Providing targeted suicide prevention activities**

To address the needs of individuals and prevent suicide, there are a number of key elements:

- Early identification and intervention;
- Building individual resilience and the capacity for self-help;
- Creating environments that encourage and support help-seeking;
- Creating environments where it is acceptable to express emotions and suicidal thoughts without fear of acrimony, personal weakness or stigmatization; and
- Ensuring access to the range of required support and care for people feeling suicidal.

## **ACTION AREA 6: Implementing standards and quality in suicide prevention**

Suicide prevention programs need to reflect evidence of what works and does not work, and to communicate it effectively to the point of need.

Consultations within the NT acknowledged the continued relevance of the key action areas identified under the NT Strategic Framework for Suicide Prevention (2003). There was also agreement that the revised Australian Government LIFE Framework action areas were of equal relevance.

Concerns were expressed that the removal of a specific action area focusing on Indigenous Australians (Action Area 5: Partnerships with Indigenous People) from the national framework would result in a loss of focus on that population group. It was felt that this action area needed to remain due to the difference in demographics between the NT and the rest of Australia.

The NT Action Plan has therefore retained the original key action areas of the NT Strategic Framework for Suicide Prevention but has matched these areas where possible against the revised action areas of the LIFE Framework to allow for a consistent and coordinated approach to suicide prevention between the NT Government and the Australian Government.

## Action Area 1: Promoting wellbeing, resilience and community capacity across the NT

*Enhance protection against suicide by strengthening wellbeing, optimism, connectedness, resilience, health and capacity across the entire community, with a particular focus on young people and their families.*

### Corresponding LIFE Framework

ACTION AREA 2: Building individual resilience and the capacity for self-help.

*Protecting against suicidal behaviour includes implementing preventative measures such as providing environments where appropriate support is accessible as well as implementing programs that promote and support wellbeing, optimism and social connectedness.*

### Enhancing Existing Initiatives

#### Department of Education and Training:

- Will continue to support the implementation of the *MindMatters* and *KidsMatter* initiatives in NT Schools which endeavour to strengthen young people's life skills, promote resilience and enhance factors such as connectedness to school and positive self esteem. A whole school approach to the promotion of mental health and wellbeing also includes fostering a supportive school environment and encouraging meaningful partnerships between school, family and community.
- Will continue to work to increase levels of physical activity for all students within Government primary and middle schools through the introduction of a minimum of two hours of physical activity in the school curriculum per week.

#### Department of Health and Families:

- Will continue to support a focus on improving mental health education and service provision to young people in the NT through the *Youth Round Table* and through continued promotion and management of the *Youth Engagement Grants Program*. This program engages young Territorians through a variety of drug and alcohol free entertainment and youth development and leadership programs.
- Will continue to support such initiatives as *National Youth Week* and *National Mental Health Week* to promote the importance of good mental health across the NT and reduce the stigma associated with mental illness. While activities will continue to target whole of population, there will be an increased focus on some groups and settings such as men, young people and remote regions to ensure that issues relating to these groups are addressed more fully.
- Will continue to fund a wide range of relevant non-Government agencies to provide services for young people that promote safety and wellbeing and provide a range of safe activities that build young people's resilience, self esteem, coping skills and problem-solving skills, and promote community connectedness.
- Will continue to support the new *headspace* initiative in both the Top End and Central Australia as an active member of a consortium of organisations. The *headspace* initiative aims to improve young people's access to primary health, mental health and alcohol and other drugs services as well as counselling and education, training and employment services through the co-location of services and consolidation of strategic links to local Government, secondary schools, consumer and carer groups and other youth service providers.

### New Initiatives

#### Department of Health and Families:

- In collaboration with other agencies and Departments, will utilise such events as *World Suicide Prevention Day* and *National Mental Health Week* to promote suicide prevention as a whole of community responsibility.
- Will establish partnerships with the **Australian Government** and other key stakeholders such as Defence and private industry to promote such national initiatives as *Men's Sheds*, *OzHelp*, *Mensline* and to work towards developing opportunities to expand these programs into the NT.

- Will work with other agencies to promote opportunities to disseminate information and training in mental health and suicide prevention in the workplace through approaches to such areas as Work Health and Workplace Unions.
- Will work with the national initiative *Mindframe* to develop a comprehensive strategy in the NT to encourage responsible, accurate and sensitive media reporting and portrayals of issues related to mental illness and suicide.

## Action Area 2:

### Enhancing protective factors and reducing risk factors for suicide and self-harm

*Support initiatives that reduce risk factors and promote positive protective factors for suicide and self-harm giving increasing attention to critical periods or transition points throughout the life course where interventions have the potential to be most effective.*

#### Corresponding LIFE Framework

ACTION AREA 3: Improving community strength, resilience and capacity in suicide prevention.

*Improving individual, family and community awareness and understanding of suicide and suicide prevention will increase the capacity of communities to prevent and respond to suicide.*

#### Enhancing Existing Initiatives

##### Department of Education and Training:

- Will continue to support the provision of wellbeing officers in Government primary schools to assist schools in developing a whole of school preventative and developmental approach to wellbeing and behaviour and build capacity to manage extreme behaviours. Schools will continue to be supported to provide programs that target wellbeing and resilience such as *Tribes*, *You Can Do It*, *Restorative Justice* and *Friendly School and Families*.
- Will continue to ensure middle and senior school students in the NT have access to qualified school counsellors. Counsellors provide individual, small group and whole school interventions and provide critical incident assistance to all schools.

##### Department of Health and Families:

- Will continue to fund and deliver training in suicide prevention and mental health awareness to individuals and communities. This will include continuing support for existing programs such as *Applied Suicide Intervention Skills Training (ASIST)* and *Mental Health First Aid* but also encourage the development of localised culturally appropriate training programs.
- Will continue their frontline training initiative to work with communities across the NT to develop strategies around the intersection of alcohol and other drug and mental health issues.
- Will continue to fund a wide variety of services for individuals who are homeless or otherwise 'at risk'. These will range from crisis and transitional accommodation, outreach services, drop-in services, activity sessions and support, and case management.
- Will continue to provide mandatory reporting training for professionals and community members. This training will highlight the potential indicators of child maltreatment including those that relate to suicide and self-harming behaviours, particularly amongst young people.
- Will continue to support social work positions in Alice Springs Hospital and Royal Darwin Hospital to address domestic violence issues. In addition it will continue to support a social work position in all three regional hospitals to provide a more holistic approach to individuals and families.
- Will continue to fund a variety of family focused support programs to assist families in crisis and those in need of more intensive support.

#### New Initiatives

##### Department of Education and Training:

- Is currently developing a *Reducing Bullying and Empowering Bystanders* package for all schools.

##### Department of Health and Families:

- In acknowledgment of the link between cannabis and suicidal and self-harming behaviour, will work with the National Cannabis Prevention and Information Centre (NCPIC) to provide cannabis education workshops to the Government and non-Government sector in Darwin, Katherine and Alice Springs.
- Will implement a new model of health delivery in remote communities through *Helping Hands* with a particular focus on mental health and substance misuse and which will enhance service delivery,

workforce development and training, leading to a more holistic health approach to the individual and their family.

- Will provide training and develop resources relating to non-fatal self-harming behaviour with a particular focus on young people.
- In partnership with **Department of Justice**, have developed a prison in-reach program which will involve alcohol and other drug interventions for prisoners on remand or sentenced to less than six months imprisonment, and will work closely with Corrections, NT Mental Health Services and the Darwin Prison Health Service.
- Will increase response to individuals with alcohol and other drug problems through additional withdrawal support services in regional hospitals.
- Will include suicide prevention as part of their overall violence prevention messages delivered by staff from NT Families and Children and within community education materials (ie addressing violence to self and violence to others).
- Is introducing a *Differential Response Framework (DRF)* in NT child protection services. The aim of the *DRF* is to enable a 'dual track' or 'multiple track' response to protective concerns and focus on creating better, more integrated, partnerships between child protection services and family support agencies.

#### **Department of Justice:**

- In partnership with the National Association for Prevention of Child Abuse and Neglect (NAPCAN), will deliver workshops throughout the NT under the *Pornography Classification Education Program* which will focus on the classification system that exists in films and literature, sexual education, sexual abuse and empowering men.

#### **Department of National Resources, Environment, The Arts and Sport:**

- Will utilise regional sport co-ordinators to incorporate mental health promotion and suicide awareness into the agenda for future education programs with peak sports and recreation bodies and newsletters.
- Will assist the NT Institute of Sport (NTIS) to incorporate mental health promotion and suicide awareness into current education programmes for elite athletes through the NTIS Psychologist and invite the Department of Health and Families to deliver sessions on mental health, suicide prevention and alcohol and other drugs at relevant workshops and forums.

## Action Area 3: Services and support within the community for groups at increased risk

*Improve the ability of a wide range of services, systems and support networks to meet the needs of groups at increased risk of suicide and self-harm through prevention, recognition and response.*

### Corresponding LIFE Framework

ACTION AREA 4: Taking a co-ordinated approach to suicide prevention.

*Effective suicide prevention relies on communities, organisations and all levels of government working together using sound evidence, with a careful assessment of outcomes.*

### Enhancing Existing Initiatives

#### Department of Health and Families:

- Will continue to support education and training for mental health and primary health services, police and emergency services, and the non-Government sector in the early identification of suicidal and self-harming behaviour, and mental health problems.
- Will continue to facilitate opportunities for dual diagnosis training for staff from both Alcohol and Other Drug and Mental Health Program areas.
- Will continue to promote the value of the **Australian Governments PSYCHECK Program** and continue to support efforts at a local and national level for additional roll out to alcohol and other drug related service providers.
- Will continue the process of developing a Memorandum of Understanding (MOU) between the Alcohol and Other Drug Program and the Mental Health Program to facilitate effective referral and response to high-risk clients in the Top End and ensure an ongoing commitment to the coordination of complex care clients.

#### Department of Justice:

- Will ensure that training for prison staff and community corrections in suicide prevention and mental health first aid is incorporated into both entry level training and on-going staff training.

#### NT Police, Fire and Emergency Services:

- Will review training for members in suicide risk and mental health literacy and build partnerships with other services to promote a coordinated approach to the management of persons at risk with a particular focus on police working in remote regions.
- Will continue to provide a range of support services to staff in recognition that first responders (including Police, Fire and Rescue, and Emergency Services personnel) are at increased risk of developing Acute Stress Disorder, Post-Traumatic Stress Disorder, or other psychological reactions due to occupational exposure to traumatic events. These services will include periodic psychological assessment conducted with personnel working in identified 'high-risk' work units; information on symptoms of stress and stress-management techniques, individual assessment and support following involvement in an identified 'critical incident'; and the provision of psychological services for staff on a 24-hour/7 days on-call basis.

### New Initiatives

#### Department of Education and Training:

- In conjunction with the **Department of Health and Families**, have developed a new *Child Protection and Mandatory Reporting Professional Learning Package* to be rolled out to all education staff.
- Is enhancing the *NT Curriculum Framework* to provide child protection education programs for all children and young people.

**Department of Health and Families:**

- Will include suicide prevention messages within both Government and non-Government staff training, which will include recognition of the link between a prior experience of self-harm and increased risk to self. In particular, provision of key suicide prevention material as part of the *Shared Lives Shared Stories Foster Carer* training.
- Will improve links between existing services and developing services and mental health and other service providers to ensure young people at risk are linked into services that can support them.
- Will develop training DVD's on brief interventions for suicide and self-harming behaviour and other risk behaviours for staff in remote regions.
- With other relevant Departments and agencies, will work at regional levels to support localised suicide prevention initiatives.
- Will develop and increase access to a wide range of suicide and self-harm prevention resources.

## Action Area 4: Services for individuals at high risk

*Strengthen effective responses to individuals at particular risk to reduce and respond to suicidal behaviour.*

### Corresponding LIFE Framework

ACTION AREA 5: Providing targeted suicide prevention activities.

*To address the needs of individuals and prevent suicide, there are a number of key elements:*

- *Early identification and intervention;*
- *Building individual resilience and the capacity for self-help;*
- *Creating environments that encourage and support help-seeking;*
- *Creating environments where it is acceptable to express emotions and suicidal thoughts without fear of acrimony, personal weakness or stigmatization; and*
- *Ensuring access to the range of required support and care for people feeling suicidal.*

### Enhancing Existing Initiatives

#### Department of Health and Families:

- Will continue to work closely with the Division of General Practice and the **Australian Government** to provide more opportunity for training for General Practitioners in dealing with suicide and self-harming behaviours and alcohol related issues and improve referral and support systems.
- Will continue to work with Government and non-Government agencies to provide support to the bereaved following a suicide and to ensure coordinated support services are available in both urban and remote regions. As part of this process new resources will be developed.
- Will continue to improve assessment, intervention, and management and discharge planning following suicidal behaviour.
- Will continue to support 24 hour crisis telephone counselling services and support to individuals in a number of areas that includes suicide and self-harm, relationship problems, alcohol and drug problems, and situational crisis.
- Will continue its commitment to encourage close working relationships across relevant programs to ensure coordinated care is provided to complex care clients.

#### Department of Justice:

- Will regularly review operational policies and procedures for responding to self-harming behaviour within correctional settings to ensure they are reflective of current best practice.

#### NT Police, Fire and Emergency Services:

- And the **Department of Health and Families** will review their MOU following amendments to the *Mental Health and Related Services Act* and amendments to *Police Operating Procedures*. This review will ensure that standard operating protocols relating to mental health issues and suicide and self-harming behaviour in each region are in line with changes to the Act and will promote a coordinated system of care, delivery of effective and efficient services to assist in meeting the needs of people with mental illness and assist in the prevention or safe resolution of mental health crisis situations.

### New Initiatives

#### Department of Education and Training:

- Has developed a new *Emergency Preparedness Policy* and *Emergency Management Kit* which will encourage all schools to develop their own critical incident procedures, teams and response plans.

**Department of Health and Families:**

- Is developing a *Core Baseline Risk Assessment Framework* and guidelines for use within those programs formerly co-located under the Community Services Division. This framework aligns the assessment of client risk of harm to themselves, to others or client risk of harm by others across programs. It is also the process whereby responses for those clients identified at high risk and who require multi-disciplinary intervention and cross program response are initiated. Individual programs will continue to work towards establishing program specific risk assessment policies and procedures of best practice quality, through updating risk management policies, evaluating and upgrading risk assessment tools where necessary and enhancement of service responses to continuously improve risk management practices.
- Will work with other key stakeholders to enhance the care of those who have attempted or are threatening self-harming behaviour within the acute care setting.
- Will develop capacity to provide short-term grief and loss groups for those who have experienced suicide or other sudden death. These will be tailored to work with different groups such as Indigenous families, young people, men and other family members of those who have experienced this loss.
- Will develop protocols and support staff in regional hospitals through training and case reviews in dealing with clients with complex needs and self-harming behaviours.

**Department of Justice:**

- Will ensure that suicide minimisation design principles are incorporated into the design of new correctional facilities.
- Is currently designing a prisoner *Peer Support Program* that will involve eligible prisoner peer support people to be trained in response to any inmate that may contemplate self-harm. This will include identifying any signs or symptoms of prisoners deemed to be at risk.

## Action Area 5: Partnerships with Indigenous people

*Provide culturally appropriate programs that support community response to high rates of suicide in Indigenous communities.*

### Corresponding LIFE Framework

ALL ACTION AREAS

#### Enhancing Existing Initiatives

##### NT Government:

- Has committed \$286.43 million over the next five years for child protection, remote area police, community justice and other safety measures including the establishment of Aboriginal child protection and family support services, alcohol and drug management, health, housing, education, employment, economic development and better cross cultural understanding and engagement in service delivery under *Closing the Gap*.

##### Department of the Chief Minister:

- Will continue to work towards improving the wellbeing of Indigenous Territorians by supporting and facilitating a whole of Government approach in addressing policy and service outcomes.
- Will continue to investigate and develop with the **Australian Government** future investment strategies targeting Indigenous disadvantage.

##### Department of Education and Training:

- Will continue to support the *MindMatters* resource and professional development module *Communities do Matter* to encourage secondary schools to establish partnerships with the community that will holistically address the social and emotional wellbeing needs of all students particularly in remote regions.
- In partnership with the **Australian Government** and other Government and non-Government agencies, will continue to support the development of the *Kidsmatter* project and explore the relevance and appropriateness of the initiative for remote Indigenous communities. As part of this process a *Kidsmatter* project officer has been appointed to the Tiwi Islands.

##### Department of Health and Families:

- Will continue to support the development of culturally appropriate suicide and self-harm training programs, resources and trainers particularly for remote regions through developing partnerships with the **Australian Government** and non-Government organisations. All Departments will support staff to actively engage in these programs.
- Will work in partnership with the **Australian Government** and other agencies to continue to support the development of programs that increase community capacity to deal with the issue of suicide and self-harming behaviour at a local level.
- Will continue to support the development of a strong Indigenous workforce to ensure that the provision of suicide prevention services at a local level are both appropriate and effective, particularly in remote regions.
- Will continue to review and update culturally appropriate resources for use in remote communities, in areas such as drug and alcohol, mental health, and suicide prevention.
- Will continue to fund a range of services to support victims of violence and is developing new services in some remote areas with funding provided jointly by the NT and Australian Governments. For example, a behaviour change program for family violence offenders and their families has been trialed in Ti Tree and Pmara Jutunta, with further pilots for men, women, children, and teenagers being scheduled for a number of other locations.

- Will continue to support the **Australian Government** Intervention expansion with an increased focus on early intervention and prevention in remote communities to ensure health and family well-being and that services are delivered in a respectful and culturally secure manner.

**Department of National Resources, Environment, The Arts and Sport (NRETAS):**

- Through the *Indigenous Sport Program (ISP)*, will continue to support and mentor Community Sport and Recreation Officers in remote Indigenous communities to develop sustainable sport and recreation programs that promote healthy lifestyle choices which have long term health and social benefits. NRETAS will support officers to undertake training in suicide prevention and mental health first aid to assist them in this role.

**New Initiatives**

**Department of the Chief Minister:**

- Will facilitate the *Indigenous Affairs Advisory Council* role to provide ongoing vision and direction to the NT Suicide Prevention Coordinating Committee to ensure that the Action Plan is representative of the views and identified needs of Indigenous people.

**Department of Education and Training:**

- Will appoint 10 new school counsellors over the next five years to support students in remote schools. These counsellors will work with Aboriginal Islander Education Workers, Home Liaison Officers and Indigenous Teachers Assistants to ensure appropriate and culturally respectful interactions between home and school.
- Will provide more cross-cultural training for teachers working in remote schools.

**Department of Health and Families:**

- Will increase the number of community based workers in remote regions with a focus on mental health and the development of strong connections at a local level between community members and service deliverers.
- In partnership with other relevant Government agencies and non-Government organisations, will develop a more coordinated approach to the provision of bereavement and crisis support in remote communities.
- Will work with Indigenous communities and other relevant stakeholders to address the issue of constant threats to self harm in some communities and the impacts of this behaviour on children and young people.
- Is funding new *Aboriginal Child Protection and Family Support Centres* for Indigenous families. These services will provide intensive family support and other services for Indigenous families seeking or requiring assistance.

## Action Area 6: Progressing the evidence base for suicide prevention and good practice

*Ensure that programs have the greatest chance of benefit and minimum risk of harm by building the evidence base, sharing good practice and providing education and training.*

### Corresponding LIFE Framework

ACTION AREA 1: Improving the evidence base and understanding of suicide prevention.

*Improving the quality of the evidence for suicide and suicide prevention is fundamental to the development, implementation and review of effective suicide prevention policies and practices.*

ACTION AREA 6: Implementing standards and quality in suicide prevention.

*Suicide prevention programs need to reflect evidence of what works and does not work, and to communicate it effectively to the point of need.*

### Enhancing Existing Initiatives

#### Department of Health and Families:

- Will continue to work closely with the **Australian Government** to ensure that suicide prevention initiatives in the NT are coordinated and effectively targeted to those groups and settings identified as at increased risk.
- Will work collaboratively with other States and Territories to develop a shared evidence base in suicide prevention activities.
- Will continue to work in partnership with the Government and non-Government sectors to develop and implement a framework addressing issues of quality and standards across the NT. This will be reflected in enhanced risk management practices, quality standards and service system reform.
- Will continue to work to increase professional expertise across the NT by the provision of training and workforce development with non-Government organisations around dual diagnosis issues, in collaboration with the remote area workforce, including the Emergency Response Clinical Director.

### New Initiatives

#### NT Suicide Prevention Coordinating Committee:

- Will form a working group to improve data collection on suicide attempts and other self harming behaviour with the co-operation of all relevant Departments to identify areas of high need across the NT. In addition this group will also identify priorities for future research and develop a plan to form partnerships with local and interstate research bodies or organisations to progress this agenda.

#### Department of Health and Families:

- With the support of the **Department of Justice**, will apply for access to the *National Coroners Information System*. This will assist to build the NT evidence base, monitor any recent trends and ensure that interventions are relevant and timely.
- Will organise annual suicide prevention forums to increase the evidence base, showcase new initiatives and share good practice amongst both the Government and non-Government workforce. These forums will be themed to focus on particular groups within the community deemed to be at high risk i.e. youth, men, Indigenous populations.
- Will also develop an e-newsletter to share local, national and international information and current research on suicide prevention across the NT as it becomes available.

As of December 2008 there were 5 organisations funded under the Australian Government National Suicide Prevention Strategy in the NT.

### **Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corporation (NPY) 'Speaking Up About Mental Health'**

The project aim was to disseminate information about mental health to Indigenous people living in remote communities in the target area of the Anangu Pitjantjatjara Yankunytjatjara (SA) lands, southern NT and the Ngaanyatjarra Shire (WA). A series of no less than 12 conversations on radio were to be produced and translated for release within the 12 month period with the aim of increasing understanding of mental health issues, causes, symptoms, treatment including medication and services available, as well as increasing understanding of aboriginal beliefs around mental health issues for people working in the clinics, and remote mental health workers. This project was to be completed by 31 December 2008 but the programs should be available for future use as well.

### **Mt Theo/Yuendumu 'Jarui Pirrijirdi Project' (Strong Voices)**

The project aims to decrease the incidence of suicide attempts by building resilience, strengthening the Jarui Pirrijirdi structure as part of a systemic and culturally appropriate solution to underlying issues, developing a pool of strong trained, confident young mentors, and graduating members into employment and positions of strategic power in the community. The project is due for completion on 30 August 2009.

### **Waltja Tjutanku Palyapayi Aboriginal Association (Waltja) 'We Know our Strengths'**

The project aims to support communities to identify and reinforce their resilience, capacity, knowledge and strengths to promote mental health, to develop culturally appropriate resources that provide communities with an improved understanding of suicide and mental health, and develop a resource for workers about the process of providing culturally safe suicide prevention. The project is due for completion on 30 May 2009.

### **General Practice Network Northern Territory Suicide Risk Assessment Tool**

The project aims to identify services and information available to NT GP's that will support them in the delivery of care to patients at risk of suicide. To achieve this the project has developed a risk assessment tool that will enable GP's to perform a systematic identification of patients at risk of suicide via an evidence-based assessment. A desktop resource has been developed for NT GP's to provide them with a flowchart demonstrating the pathways for responding to the outcomes of the risk assessment and enabling them to identify available support mechanisms, locally or interstate to assist their patients. The project is near to completion with the resource being rolled out through General Practices across the NT.

### **General Practice Network Northern Territory in partnership with the Daly River Community, Strong Spirit Strong Body Nauiyu Youth Program**

This project aims to support a group of four young people in Nauiyu (or Daly River) to build their capacity to become leaders in mental health promotion, and suicide and self-harm prevention. Employing four local young people in this project also helps address the problem of unemployment and sense of purposelessness felt amongst young people in the community. Mentoring and appropriate professional development for the young leaders and the broad group of youth in the community will be integral to this project. There are numbers of people in the community with issues around depression and anxiety, family problems, alcohol abuse and grief. This project is due for completion by 30 June 2009.

## APPENDIX B

### Northern Territory Suicide Prevention Coordinating Committee (NTSPCC) 2009

#### Current Membership

Ms Bronwyn Hendry	(Chair) Mental Health, Dept of Health and Families (DHF)
Ms Jo Townsend	Alcohol and Other Drugs, (DHF)
Ms Michelle Brown	NT Families and Children, (DHF)
Ms Noelene Swanson	Remote Health, (DHF)
Mr Michael Wright	Acute Health, (DHF)
Ms Debra Zupp	NT Families and Children, (DHF)
Ms Pippa Rudd	Dept of Justice (DOJ)
Dr Celia Kemp	Deputy Coroner, (DOJ)
Mr Marcus Schmidt	NT Police, Fire and Emergency Services (NTPFES)
Comm. Rob Kendrick	NTPFES
Ms Shelley Parkin	Dept of Education and Training (DET)
Mr Steve Rossingh	Dept of National Resources, Environment, The Arts and Sport (NRETAS)
Ms Barbara Henry	Office of Indigenous Policy, Department of the Chief Minister (DCM)
Ms Jenny Norris	Dept of Health and Ageing (DoHa)
Ms Rebecca Burgess	Dept of Families, Housing, Community Services and Indigenous Affairs
Dr Robert Parker	Mental Health, (DHF)
Dr Jill Pettigrew	Mental Health, (DHF)
Mr Don Zoellner	Charles Darwin University (CDU)
Ms Sarah O'Regan	Mental Health, (DHF)

#### Past Members

Ms Janet Muirhead	DET
Ms Meri Fletcher	Acute Care, (DHF)
Dr Adam Tominson	NT Families and Children, (DHF)
Ms Samantha Fox	Office of Indigenous Policy, (DCM)
Mr Ali Mclay	Alcohol and Other Drugs, (DHF)
Ms Jenny Scott	NT Families and Children, (DHF)
Mr John Montz	Alcohol and Other Drugs, (DHF)
Ms Kate Davies	DOJ
Ms Elizabeth Morris	DOJ

#### Officers Assisting

Ms Nicola Jackson	NRETAS
Mr Kenneth Vowles	DOJ
Ms Hilary Berry	NT Families and Children, (DHF)
Ms Joan Cruse	DoHa
Ms Lori Ford	DoHa
Ms Jay Jaggard	Alcohol and Other Drugs, (DHF)
Ms Wendy McKay	Remote Health, (DHF)
Ms Vicki Schultz	NT Families and Children, (DHF)
Dr Reina Michaelson	NT Families and Children, (DHF)

### **NT Government**

Closing the Gap of Indigenous Disadvantage

Building Healthier Communities

Building Safer Communities

Department of Health and Families Aboriginal Cultural Security Policy

Building a Better Future for Young Territorians

Aboriginal Health & Families 5 Year Framework for Action

Northern Territory Alcohol Framework

### **Australian Government**

Living is for Everyone (LIFE) Framework

National Mental Health Strategy

National Drug Strategy

National Alcohol Strategy

National Policy Framework for Indigenous People

## APPENDIX D

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**Northern Territory  
Suicide Prevention Action Plan 2009 – 2011**

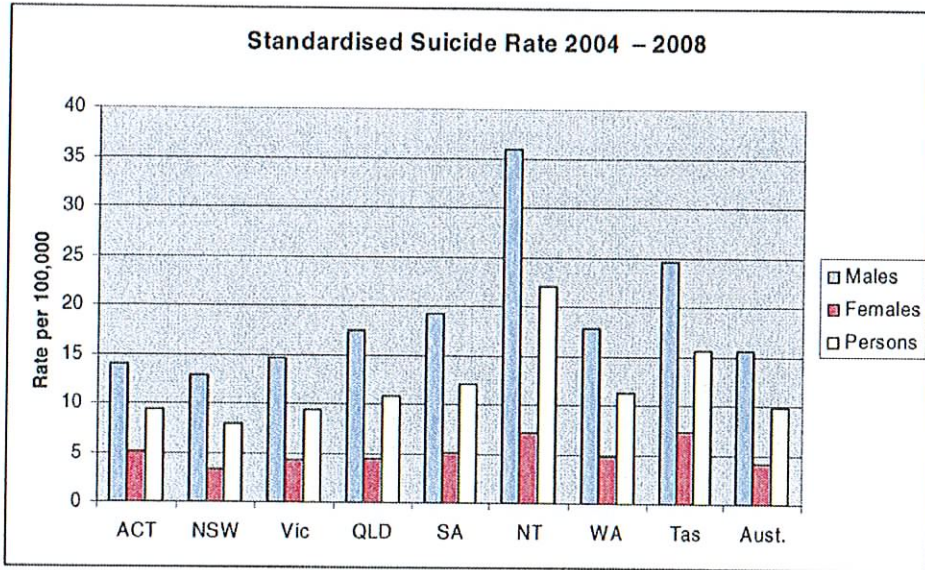
**Interim Report**

**Northern Territory Suicide Prevention Coordinating  
Committee**

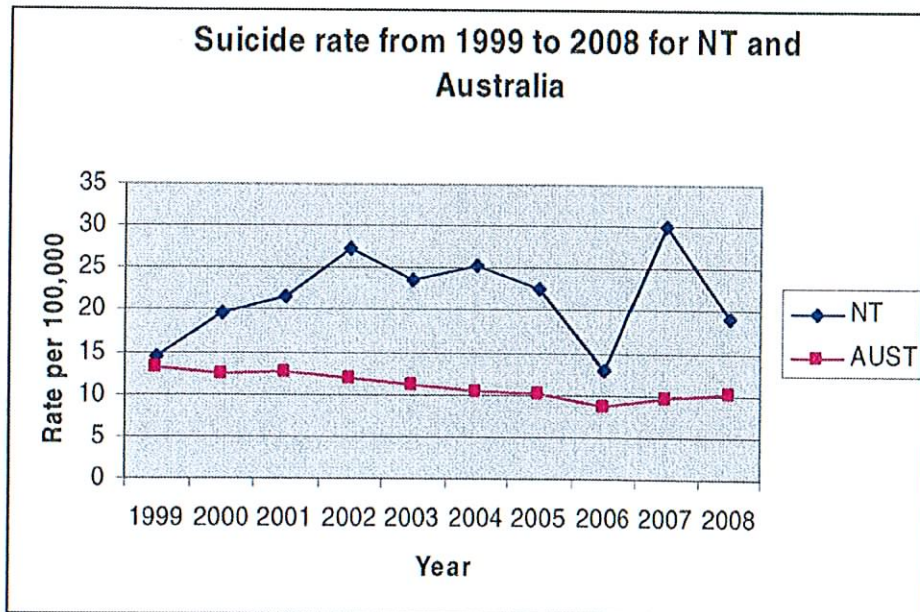
December 2010

## Introduction

The Northern Territory currently experiences the highest rate of suicide in Australia, more than double the national average. The table provided below displays the most recent ABS data, released March 2010, on national rates of suicide per 100,000 for each jurisdiction and nationally.



The below graph displays the rate of suicide per 100,000 over a 10 year period for the NT and Australia. It shows the significantly higher rate of suicide for the NT where the lowest point in 2006 was still higher than the national average.



The NT Suicide Prevention Action Plan 2009 – 2011 (NTSPAP) was launched in March 2009 to provide a whole of government response to the high rate of suicide in the Northern Territory. The Plan was developed by the Northern Territory Cross Government Coordinating Committee for Suicide Prevention (NTSPCC), which includes representatives from:

- NT Department of Health and Families (DHF);
- NT Department of Education and Training (DET);
- NT Department of Justice (DoJ);
- NT Department of Natural Resources, Environment, The Arts, and Sport (NRETAS);
- NT Police, Fire and Emergency Services (NTPFES);
- NT Department of the Chief Minister (DCM);
- NT Department of Housing, Local Government and Regional Services (DHLGRS);
- Australian Government Department of Health and Ageing (DoHA); and
- Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA).

The Action Plan reflects the suicide prevention priorities of those Departments that are members of the NTSPCC and includes a range of actions and initiatives.

This Interim Report outlines the progress of the Action Plan and its initiatives over the first year of its implementation.

The Chair of the NTSPCC and Director of Mental Health DHF, Bronwyn Hendry, would like to extend her thanks to all the Departments and Program areas for their cooperation in putting this report together, and for their ongoing support of the implementation of the NT Suicide Prevention Action Plan (NTSPAP). In particular, the Chair would like to extend thanks to the NT Suicide Prevention Coordinator for her dedication to the NTSPAP and for her commitment to reducing the rate of suicide in the NT.

## Report Summary

The primary focus across Government for the first year of the plan has been on training, risk reduction, and promotion of physical and mental health. An ongoing commitment to fund the delivery of successful training packages, including the development of new programs and the expansion of existing ones, ensures both Government and non-Government workers are well trained and better able to identify and respond to individuals at risk. Extensive work has also been undertaken to reduce risk through development or revision of policies and procedures, improvements to coordination of services, and collaboration between services, particularly for clients with complex needs. Ongoing health promotion activities, particularly those conducted during National Youth Week and Mental Health Week, and a sustained commitment to early intervention programs such as Headspace, are all working towards increasing resilience and reducing risk.

This focus on training was further reinforced in recommendations arising from the recent *Senate Inquiry into Suicides in Australia*, released June 2010. The Report indicated that suicide prevention training needed to be more widespread amongst a wider range of healthcare professionals and placed particular emphasis on the need for training in rural, regional and remote areas. Additionally, in the Fourth National Mental Health Plan one of the priority actions is suicide prevention training for frontline workers.

The Department of Health and Families (DHF), in partnership with the Australian Government and other NT Government Departments, is working to improve services and promote mental wellbeing with populations considered at a higher risk of suicide, such as men and Indigenous families and communities. DHF is committed to improving the quality of services available to Territorians through monitoring and increased professional development opportunities for staff.

Key highlights in the area of training for the first year of the Action Plan have been:

- Expansion of the mental health and suicide prevention components of the NT Police Cadet Training Program, which has been redeveloped from a 90 minute session into a comprehensive 4 day program. Online modules for serving police officers have also been developed;
- Training has been delivered throughout the NT focusing on the development of skills for professionals working with young people who engage in self harming behaviours;
- Roll out of training for staff in the Department of Education and Training (DET) as part of the Child Protection and Mandatory Reporting initiative; and
- Development of *Suicide Story*, an Indigenous specific training resource aimed at enabling an increased level of understanding of the issue of suicide. This program was developed by the Mental Health Association of Central Australia (MHACA) with funding from the DHF Mental Health (MH) Program.

Cross promotion of training between programs, in particular DHF program areas working with people at risk, has substantially broadened the field of workers trained to identify and respond to these issues. Multidisciplinary, cross agency training programs also provide staff with an opportunity to network, exchange skills and knowledge, and develop awareness of risk on a holistic level rather than limited to those factors specific to their core business.

These training initiatives are further reinforced by regular liaison between key program areas including Mental Health, Alcohol and Other Drugs, NT Families and Children, and Aged and Disability, which has improved service coordination and delivery of services to clients with complex needs.

A number of other strategies have also been put in place to improve processes for assessing and responding to at risk clients, including development of new risk assessment tools and policy and referral pathways.

## **Action Area 1:** *Promoting wellbeing, resilience and community capacity across the NT*

### **Highlights**

A range of activities have been undertaken in 2009 to enhance protection against suicide by strengthening wellbeing, optimism, connectedness, resilience, health and capacity across the entire community. Key initiatives that have been progressed for this Action Area are:

### **Training**

The Applied Suicide Intervention Skills Training (ASIST) Program continues to be in high demand, with courses delivered throughout the Territory in 2009, including to regional centres to ensure the course is more accessible to staff in rural and remote communities.

In 2009, the DHF MH Program provided a series of workshops for professionals working with young people around self harming behaviours. More details about this highly successful new initiative are outlined in *Action Area 2: Enhancing protective factors and reducing risk factors for suicide and self harm.*

The Mindframe National Media Initiative undertook extensive work in the NT in 2009, working with the MH Program to develop a project establishing the NT as a pilot site for their 'Mindframe for the Mental Health Sector' initiative. This project has seen workshops facilitated by *Mindframe* in both Alice Springs and Darwin for a range of Government and non-Government stakeholders from mental health services, the youth sector and drug and alcohol services. *Mindframe* have also actively engaged with a range of media outlets in both the Top End and Central Australia, including ABC, Darwin Sun, *Imparja*, CAAMA and Radio Larakia, to promote responsible reporting of suicide and mental health issues. Representatives from the Department of Justice (DoJ) also engaged with *Mindframe* to discuss resources for Judicial Officers to assist them in communicating effectively with the media on suicide and mental illness.

The DHF Alcohol and Other Drugs (AOD) Program delivered accredited training on AOD and Mental Health comorbidity issues to AOD and Mental Health staff. The training program includes a 3 day workshop, 20 hours placement or evidence of work in both AOD and mental health fields, and assessment tasks. In order to diversify the opportunities to participate in this program, Charles Darwin University (CDU) are being scoped to provide an AOD/MH unit across the NT.

### **Health Promotion**

Maintaining physical and mental wellbeing is an important protective factor for suicide. In 2009 a large proportion of funding from the NT and Australian Governments was provided to non-government organisations for health promotion initiatives with a focus on young people and on men in the workplace; two high risk populations in the NT.

NT Families and Children continue to fund services that promote safety and wellbeing and provide a range of safe activities that build young people's resilience, self esteem, coping skills and problem solving skills and promote community connectedness.

The Office of Youth Affairs (OYA) worked in partnership with *beyondblue* to facilitate events during Mental Health Week 2009 and National Youth Week 2009. Forums were held for young people during Mental Health Week which promoted mental health literacy and awareness of support services available to young people experiencing mental health issues. Similar messages of positive mental health and awareness of services were promoted during the National Youth Week opening and closing celebrations which were facilitated by Youth Services. Additionally, Youth Services promotes mental health for young people through continued support of the *Youth Round Table* and the *Youth Engagement Grants Program* which is allocated \$140,000 per annum. These programs engage young people in a variety of drug and alcohol free events, youth development and leadership activities.

In addition, the MH Program supported the annual community event held in Alice Springs for World Suicide Prevention Day. The event provided the community with an opportunity to raise awareness and acknowledge the impact of suicide on the bereaved, including families, friends, colleagues and communities.

DET has an ongoing commitment to the *MindMatters* and *KidsMatter* initiatives which aim to improve resilience and mental health literacy in children and young people. Among other supportive actions, DET facilitated access to NT Government schools, provided a working space, and supporting staff to attend relevant training for these programs. In 2009, DET also introduced their physical activity requirements for schools policy, making it compulsory to provide at least 2 hours of physical activity per week for primary and secondary school students

'Mental Health in the Workplace' was the theme for Mental Health Week 2009, the key event being a Forum held on 1 and 2 October in partnership with the Department of Business and Employment (DBE) for October Business Month. The Forum was primarily aimed at Executives, Managers and Human Resource staff from a range of businesses and organisations from across the NT. Forum presentations and workshops covered a range of issues around mental wellbeing in the workplace. Sessions were provided by Government and non-Government agencies such as Mental Health, Alcohol and Other Drugs, OzHelp Foundation, Beyondblue, Lifeline NT, Employee Assistance Service Australia (EASA), Life Be In It, the Anti Discrimination Commission, Danila Dilba, and Anglicare NT. Other Mental Health Week events supported by DHF included competitions, information stalls, workshops, quiz nights and promotional dinners.

A more specific focus on men in the workplace was undertaken by the Department of Health and Ageing (DoHa) and OzHelp Foundation with the *Real engagement of men in industry* initiative, which aims to build awareness of suicide and mental health issues amongst industry workers and promote resilience and help seeking.

### **Coordination of Services**

A key initiative in improving service coordination for early intervention and health promotion for young people is *headspace*, which provides mental and health wellbeing support services to young people aged 12 to 25 years across Australia. *Headspace*

currently has sites in the Top End and Central Australia. Staff from both the Mental Health and Alcohol and Other Drugs Program provide specialist services from *headspace* locations on a regular basis.

## **Action Area 2:** *Enhancing protective factors and reducing risk factors for suicide and self harm*

### **Highlights**

Departments and Program Areas are committed to supporting initiatives that reduce risk factors and promote positive protective factors for suicide and self harm. Progress for this Action Area in 2009 includes:

### **Training**

The DHF MH Program committed significant resources to training in 2009, with funding for programs including ASIST and SafeTALK, and development of new training packages including Suicide Story and Understanding Self Harm workshops.

The MH Program funded Anglicare NT to coordinate and facilitate ASIST and SafeTALK training in the Top End Region. Lifeline Central Australia received funding from MH Program for 2009-2010 to provide coordination and facilitation of these programs in the Central Australian Region. Lifeline Central Australia are also piloting SafeTALK in some Alice Springs secondary schools with students (15 years and above), parents and staff.

In 2009, the MH Program provided additional funding to MHACA to complete the development of a local Central Australian training program 'Suicide Story'. This program aims to provide an Indigenous specific training resource to enable an increased level of understanding around the issues of suicide and development of the skills necessary to intervene when someone is at risk. Suicide Story is targeted towards Indigenous people aged 16 years and over who are living and working in Central Australian communities and town camps. In October 2009, Suicide Story was presented internationally at the *World Congress on Suicide Prevention* in Uruguay and was launched in Alice Springs in March 2010.

From October to December 2009 the Mental Health Program provided a series of two-day workshops focusing on the development of skills for professionals working with young people with self harming behaviours. These workshops were provided to a range of stakeholders from Government and non-Government agencies including Education, Police, Health, Mental Health, and Correctional Services, as well as community and youth services including Red Cross, Mission Australia, Anglicare, Somerville, Amity, Danila Dilba, Wurli Health Service, Central Australian Aboriginal Congress, and CatholicCare. Workshops were provided in Darwin, Alice Springs, Katherine, and Nhulunbuy to approximately 200 professionals.

In 2009, the DHF AOD Program, in partnership with the National Cannabis Prevention and Information Centre (NPIC), provided Cannabis Education workshops in Darwin, Katherine and Alice Springs. The AOD education and training team also delivered an average of two education sessions per month, across Top End regions, on cannabis and other drugs. These sessions were targeted at remote staff, health staff and community members.

Finally, DoJ has established links with the Elders Visiting Program in Darwin and Alice Springs Correctional Centres and has held workshops in these centres to raise awareness of the Australian Classification System for film and literature and the negative impact exposure to pornography can have on young people.

### **Health Promotion**

DET is working with schools and student representative councils to address issues of bullying at a local level so that strategies are targeted to the specific issues of individual schools. DET is also developing a Cyberbullying Policy and online resources for parents, as well as working in conjunction with School-based Constables to roll out the 'Thank you, no' program.

In addition to the 20 counselling positions dedicated to support all urban middle and senior schools, DET has facilitated a diverse range of targeted wellbeing and resilience programs. These programs are provided by DET school based wellbeing officers and other appropriate Student Services staff.

The Department of NRETAS has incorporated suicide prevention information and activities into the NT Institute of Sport (NTIS) and Indigenous Sports Unit (ISU) programs. The Indigenous Sport Unit works with 16 peak sporting bodies and mental health and suicide awareness will be included in information provided to these bodies. Mental Health promotion and suicide awareness is discussed with each NTIS athlete on an individual basis as part of the Athlete Career and Education screening process. Suicide prevention awareness and referral processes are included as part of NTIS athlete scholarship induction process for athletes, parents and coaches.

### **Risk Reduction & Policy Development**

In 2009 the DHF AOD Program undertook a number of projects in risk reduction and policy development in collaboration with DHF Acute Care and DoJ.

One of these projects was undertaken to promote drug and alcohol screening and brief interventions to hospital staff at Gove District Hospital and external agencies. Collaborative referral pathways were developed for clients seeking admission into the hospital for voluntary alcohol withdrawal. The project improved the capacity of services to work in collaboration and encouraged best practice in service delivery. Hospital based withdrawal protocols were revised and upon completion will be made available to all hospital staff. AOD Program continues to provide phone support for all regional hospital staff on withdrawal management.

In 2009 the *Hospital Based Interventions* project commenced in Darwin and Alice Springs hospitals. This project consists of an alcohol and other drugs nurse and an Aboriginal Health Worker/Liaison Officer based in both hospitals to provide screening, brief interventions and on site education and assistance.

The DoJ has developed a prison in reach program involving drug and alcohol interventions for prisoners sentenced to less than 6 months which commenced in January 2009. Figures indicate that more than 500 clients were involved in the program in its first year.

### **Cross program**

Two of the most significant projects developed across programs in 2009 have been the establishment of Family Support Centres in Darwin and Alice Springs and the introduction of a Differential Response Framework within the DHF.

The DHF Youth Services Branch operate two Family Support Centres, located in Darwin and Alice Springs, which provide case management and direct service delivery to parents and young people with complex needs. This initiative is aimed at addressing gaps in service delivery for this target group and increasing resilience.

NT Families and Children has introduced a differential response framework, enabling services to dual track or multiple track responses to protective concerns and focus on creating better, more integrated partnerships between child protection services and other family support agencies.

### **Increased Resourcing**

DHF Remote Health has provided funding to eight sites to establish remote health care centres which will deliver culturally appropriate and evidence based services to clients that currently have limited access to care. These Centres have been established with community support and input to identify areas where health care needs to be enhanced. Mental Health was identified as one of these areas. Funding has been allocated to employ Remote AOD workers. The sites include four DHF Primary Health Care Centres and six Aboriginal Medical Services.

Acute Care and the Domestic and Family Violence Policy Unit DHF are working together on the implementation of a Domestic Violence Project that will see 15.5 positions across all NT hospitals funded over 3 years to provide specialist support to existing social work staff within hospitals and take on complex cases where required.

## **Action Area 3:** *Services and support within the community for groups at increased risk*

### **Highlights**

The NTSPAP identified the need to improve the ability of a wide range of services, systems and support networks to meet the needs of groups at increased risk of suicide and self harm through prevention, recognition and response.

Key initiatives progressed in 2009 for this Action Area are:

### **Training**

A substantial development in training for 2009 arose from liaison between NTPFES and Mental Health in reviewing the current 90 minute training session provided to NT Police cadets. The Cadet training program is based on NT Police and Mental Health Service agreed protocols and the requirements of the Mental Health and Related Services Act. In 2009 the training program was expanded from 90 minutes to four days. A pilot was conducted with cadets in February 2010.

An increase in promotion of staff participation in training outside their core business has been a positive new development in 2009.

Mental Health regularly educates other agencies regarding capacity and services provided by mental health to promote appropriate referrals and collaboration of services. Agencies include:

- Alcohol and Other Drugs;
- NT Families and Children (NTFC);
- Remote Health;
- Schools throughout the NT;
- headspace Top End & Central Australia;
- Child Development Team (Top End);
- Carpentaria Disability Services;
- Royal Darwin Hospital (RDH);
- Alice Springs Hospital (ASH);
- Mental Health Association of Central Australia (MHACA);
- AngliCare NT;
- Catholic Care NT;
- Central Australian Aboriginal Congress (CAAC);
- NT Mental Health Carers; and
- STEPS (Disability employment support).

The Mental Health Training, Education and Quality team provides more specific information on "mental health first aid" and other issues as requested to a broad range of Government and non-Government organisations. This team also facilitates training for Mental Health staff. Some of the highlights include:

- Training for NT Mental Health Services staff on disaster management, provided by Australian Centre for Post Traumatic Mental Health.

- Training in managing difficult behaviours for NT and Charles Darwin University (CDU) Libraries, Public Trustees and Casuarina Community Corrections.
- Training on trauma and/or emergencies for Red Cross, CDU Nursing students, DHF staff, and *headspace*.
- Training on using grief models in alcohol rehabilitation for AOD staff at RDH.
- Developing skills for managing a person with Schizophrenia for Papaya, TEAM Health staff;
- Training on understanding Personality Disorder for Aged and Disability Services;
- Delivery of Mental Health First Aid and ASIST training to staff urban and regional areas;
- Provision of Mental Health First Aid, Aboriginal Mental Health First Aid, and Child and Youth Mental Health First Aid to remote health staff and education staff in Central Australia and Barkly regions;
- Training to Central Australia Supported Accommodation staff on recognising mental illness, communication and responding appropriately; and
- CAMHS staff trained in narrative therapy have facilitated narrative therapy training with Indigenous people and service providers in Central Australia.

AOD Program has delivered co-morbidity training for AOD and MH staff. They provide inservice support to Top End Mental Health Services (TEMHS) staff on management of AOD issues on an ad hoc basis. AOD and MH Services have established a professional relationship through regular liaison, consultation and joint assessments, as well as regular meetings to discuss dual diagnosis clients, reducing risk and improving quality of care.

A training package on Child Protection and Mandatory Reporting has been developed jointly by DET and DHF NTFC and rolled out to all DET school based staff. Additionally, a comprehensive curriculum for students was in early stages of development in 2009; this curriculum will focus on safety, relationships, recognising and reporting abuse, and protective strategies.

All custodial staff members in both Darwin and Alice Springs undertake intensive induction training which includes the "SafeTALK" suicide awareness course delivered by either Lifeline or Anglicare NT, and presentations by the Forensic Mental Health Team. Custodial officers also undertake extensive in-house training on the Northern Territory Custodial Services "AT RISK" procedures. These procedures compliment the SafeTALK training and are directly linked to the custodial environment.

### **Service Coordination**

A Suicide Mitigation Strategy was developed in the East Arnhem region which aimed to link the community, Government and non-Government services to develop suicide prevention, intervention and post-attempt support and response, and to facilitate dialogue and raise awareness of suicide in the community. The Strategy has been supported by the MH Program, NT Police, DoJ, DET, NTFC, Remote Health, Acute Care, CDU and other local non-Government agencies.

In 2009 AOD and TEMHS started development on a memorandum of understanding (MOU). The MOU will outline and build on existing practices and establish new collaborative guidelines, including protocols for clients with co-morbidity issues, regular meetings and networking between the services, training and consultation between services.

### **Staff Support**

In recognition that first responders (including Police, Fire and Rescue, and Emergency Services personnel) are at increased risk of mental health issues due to occupational exposure to traumatic events, NTPFES provides periodic assessments and assessments following a critical incident. Structured psychological assessments of mental health functioning are conducted twice yearly for Police members in work units that expose staff to high levels of sustained and/or repeated traumatic experiences. All work related critical incidents are required to be reported and subsequent screening of all involved personnel conducted. Critical Incident Response includes screening for stress reactions, psycho-educational interventions, and where necessary psychiatric assessment and treatment. Both these services are provided NT-wide by NTPFES Employee Support Services section.

## ***Action Area 4:*** ***Services for individuals at high risk***

### **Highlights**

A range of initiatives have been identified to strengthen effective responses to individuals at particular risk, in order to reduce and respond to suicidal behaviour. Key initiatives that have been progressed in 2009 are:

### **Risk Minimisation**

A number of ongoing and new initiatives for risk minimisation have been undertaken by the MH Program in 2009.

The MH Program is in the process of developing a 24 hour telephone triage and support line which will allow mental health professionals to provide follow up and support to individuals at risk over the telephone. This service will particularly benefit individuals who have previously engaged in suicidal behaviour or those at risk of engaging in suicidal behaviour.

Regional Mental Health Teams in Katherine, Tennant Creek and East Arnhem provide support and education to hospital staff on request. All regional Mental Health Teams provide support to staff with patients presenting with mental health issues, accept referrals, and provide follow up after a suicide attempt or mental health crisis.

### **Service Coordination**

DHF, in particular the MH Program, NTFC, AOD and Aged and Disability, have put a number of processes in place to improve identification and response to risk. Furthermore, the protocol between Mental Health and NT Police will improve clarity on responsibilities and accountability for both services when working with people experiencing mental health issues.

MH Program, NTFC, Aged and Disability, and the AOD Program developed an NT-wide Shared Client Case Management framework. Shared complex care meetings are held bi-monthly between TEMHS, NTFC, Aged and Disability and AOD to discuss referrals, dual diagnosis clients and collaboration on AOD and MH issues. A core baseline risk assessment framework has been developed which aligns the assessment of individual client risk across certain programs which the client may be in contact with and establishes a process for cross-program responses.

Additionally, Alcohol and other Drugs Program and the Mental Health Program are working on a shared care approach with NT General Practitioners (GPs) to increase the uptake of GPs in the treatment of addiction and mental health issues.

As at the end of 2009, the Memorandum of Understanding between Mental Health and NT Police had been reviewed and reconfigured as a '*Protocol for Cooperative Arrangements*'. The Protocol is in draft format. Included with the Protocol is a series of pro-formas which will support and provide a measure of accountability for both Police

and Health staff associated with the agreed arrangements. The draft Protocol is being designed to provide clarity and guidance for both Police and Health staff in respect to all aspects of cross-agency involvement in the management of mentally ill and disturbed persons. It also establishes a formal means (Regional Advisory Teams and a Mental Health Police Liaison Committee) for on-going liaison and interaction between Police and Health at both operational and strategic levels, to ensure the arrangements remain current and effective.

### **Service Provision**

A number of services provided ongoing support to the bereaved and people in crisis throughout 2009.

Following notification from the Coroner's office, bereavement support services are provided to families and communities through TEMHS in the Top End, and through MHACA in Central Australia with funding and support from DHF MH Program. A project to develop resources to support people bereaved by suicide has commenced with a research and consultation process with stakeholders around the NT. This project is ongoing.

DHF NTFC provided funding to Lifeline Top End in Darwin to provide 24 hour crisis telephone counselling and face to face counselling services. Lifeline counselling staff complete ASIST along with Lifeline's telephone counselling training program to provide support to individuals in crisis. Funding is provided to Lifeline Central Australia by DHF MH Program for similar services.

In 2009 the prisoner Peer Support program was implemented in Darwin Correctional Centre (DCC). The program had yet to be implemented at Alice Springs Correctional Centre (ASCC) due to difficulties in recruitment; however the newly appointed Welfare Worker at ASCC was tasked with liaising with the DCC and with Victorian correctional centres, where the program is in place, to establish this program in Alice Springs.

## **Action Area 5:** *Partnerships with Indigenous people*

### **Highlights**

In recognition of the unique experiences of suicide for the Northern Territory's Indigenous population, the NTSPAP has highlighted the importance of providing culturally appropriate programs that support community responses to high rates of suicide in Indigenous communities. Key initiatives progressed in 2009 for this Action Area are:

### **Training**

As outlined in Action Area 2, DHF MH Program provided additional funding to MHACA to continue the development of Central Australian training resource 'Suicide Story', which aims to increase the capacity of Aboriginal families and communities to talk about and address issues of suicide. Suicide Story is a culturally appropriate resource that uses animated short films, Indigenous voices, music and art work to help address suicidal behaviour and create safer communities for Aboriginal people living and working in remote communities of the Northern Territory.

Additionally, DHF provides training and education to professionals and the community to address alcohol and drug issues, suicidal intervention, deliberate non-fatal self harm, and violence. DET, NRETAS, and DHF support knowledge and skill development for current and potential future Aboriginal workers to create a strong Indigenous workforce. This support is provided through provision of opportunities for further education, professional development opportunities for Aboriginal staff members, and NRETAS partnership with Batchelor Institute of Indigenous Tertiary Education.

DET introduced formal study pathways for all Indigenous staff members. In 2009, 350 assistant teachers and urban Aboriginal Islander Education Workers undertook a study program in either Certificate III or IV of Education. This study program includes a core unit entitled "*Identify and Respond to Children and Young people at risk.*"

Remote AOD staff, who are primarily Indigenous, were supported to attend a wide range of training programs, including ASIST and Mental Health First Aid, as well as training delivered through the Employee Assistance Service (EASA) NT and other organisations.

As outlined in Action Area 1, DET was actively supportive of the national *MindMatters* and *KidsMatter* initiatives in the NT. The *Kidsmatter* trial was completed. DET and the non Government school sector have been engaged with *Kidsmatter* in broadening the number of schools implementing the program in Central Australia and the Top End, including schools in the Tiwi Islands.

As outlined in Action Area 2, the MH Program provided a series of five two-day workshops for professionals to develop skills and knowledge for working with young people who self harm. Attendees of these workshops included health and community workers working in remote regions with Indigenous young people. Additionally, the MH Program provides funding to Anglicare NT in the Top End and Lifeline Central Australia to provide Applied Suicide Intervention Skills Training and SafeTALK workshops to urban, rural and remote regions

The AOD Program partnered with National Cannabis Prevention and Information Centre to provide Cannabis resources and training across the Top End. DHF AOD Program has collaborated with WA AOD Office to offer Certificate III Training Program as part of the National Indigenous Training Project. As at the end of 2009, the NT program was the most successful program of the National project. Additionally, the DHF AOD Program provides training in the use of Indigenous Risk Impact Screening (IRIS) tool which provides a culturally sensitive and validated screening tool to assess alcohol and drug use and associated mental health issues. In 2009 this training was provided to a range of Government and non-Government organisations including Health, Mental Health, AOD, Corrections, rehabilitation services and community services.

In 2009 DET embedded a full day of training in "Teaching English to Speakers of Other Languages" (TESOL) into orientation processes for new teachers. As well as the full day training these teachers will be provided with the option of completing additional training to gain a graduate certificate in this area. DET also introduced the "Cultures of Collaboration" Program. This is a program aimed at helping workplaces enhance their cultural competence and transform their workplace cultures to improve learning outcomes.

#### **Staffing**

Funding was provided by DHF NTFC for the development of Aboriginal Child Protection and Family Support Services. Indigenous Targeted Family Support Services have been established in Alice Springs and will be established in Katherine and Darwin to respond to the needs of low risk, high needs families.

DHF NTFC implemented a *Safe Places* Program which provides increased safety options to women and children in remote communities experiencing violence, as well as family violence education and intervention. *Safe Places* will work closely with NT Police, night patrols and health clinics.

An additional 10 remote school counsellor positions have been created under the *Closing the Gap* initiative and will be introduced over a five year period. Five of these 10 positions came online in 2009, of those five positions three had been filled.

#### **Health Promotion**

*Closing the Gap* funding has been distributed across the Northern Territory to support a range of initiatives in urban and remote regions. Many of these initiatives work towards addressing risk factors for suicide including alcohol and drug use, poor physical and mental health, poor education, lack of appropriate housing, unemployment, financial and legal issues. The Department of Housing, Local Government and Regional Services (DHLGRS), Office of Indigenous Policy, has undertaken a range of initiatives across the NT Government, including the coordination of high level groups that operate at the strategic policy level towards Closing the Gap of Indigenous disadvantage, and improving Indigenous wellbeing.

AOD developed *Grog: Making the Change* resource for use in remote communities. This resource is a kit designed for broad use by frontline health and community workers to address alcohol misuse. The kit contains a flipchart, DVD, handouts and an Indigenous Risk Impact Screening (IRIS) tool.

NTFC has expanded their Mobile Outreach Service (MOS Plus) which commenced in November 2009 with funding from the Office for Aboriginal and Torres Strait Islander Health (OATSIH). The service now provides therapeutic services to children and young people living in remote communities who are suffering trauma or displaying problem sexual behaviours as a result of any type of child abuse and neglect. MOS (Plus) will also provide a mobile forensic medical service to children living in remote communities who have experienced sexual assault so that they can be examined in or near their community rather than attending Darwin or Alice Springs.

Support for Community Sport and Recreation Officers (CSRO) in remote Indigenous communities to promote healthy lifestyles and to increase knowledge and skills in suicide prevention and mental health is ongoing. CSROs are working with Indigenous communities throughout the Territory to promote healthy and active lifestyles through sports programs developed to get community members involved. The Indigenous Sport Unit (ISU) worked in partnership with CSROs and the Local Government Shires to deliver sport and recreation programs that portray positive lifestyle messages and increased awareness of suicide prevention indicators. In addition, ISU staff have undertaken the OATSIH-NTFC "Safe Kids, Strong Futures" community education training.

In 2009 NRETAS, through Sports Development, was part of a Senior Officers Group under the auspices of FaHCSIA. The role of the group is to provide advice and assist in coordination of cross agency/Government partnerships within the context of the FaHCSIA *Youth in Communities* Program. The Group aims to increase the number of youth workers employed in the community, improve the participation of young people in family, social and community life, and enhance infrastructure to support the delivery of youth services. Other organisations represented on this Group included Australian Government Department of Education, DoHa, Department of Attorney General, NT DET, NT Police, DHLGRS, and Department of the Chief Minister.

#### **Service Coordination**

Through the Office of Indigenous Policy, DHLGRS facilitated the *Indigenous Affairs Advisory Council* in its role of providing high level vision and direction on Indigenous affairs. The Council's input on suicide prevention will be relayed to the *NT Suicide Prevention Coordinating Committee* to ensure that the NT Suicide Prevention Action Plan is representative of the views and identified needs of Indigenous Territorians.

## **Action Area 6:** *Progressing the evidence base for suicide prevention and good practice*

### **Highlights**

Departments and Program Areas identified the need to develop the evidence base for suicide prevention, share good practice and provide education and training. Key initiatives progressed for this Action Area in 2009 are:

### **Improving Practice**

NTFC has developed a framework to address quality and standards within the child protection and care system across the NT.

DHF AOD developed a Good Practice Risk Assessment Guide Tool for use with government and non-government AOD Services.

NT Mental Health established the NT Mental Health Service Quality and Workforce Development Group which aims to maintain responsibility for quality improvements in NT Mental Health Services; maintain the NT Mental Health Risk Register and Clinical Database; liaise with Clinical Governance regarding relevance of policies and protocols; and provide direction for achieving elements of the accreditation cycle. The Group included members from Policy and Program Management, Top End Mental Health Services, and Central Australian Mental Health Services.

DHF AOD Program provides training on AOD and mental health comorbidity issues. AOD Services provide in-service support for Mental Health Services on addiction issues and management. AOD staff also participated in Lifeline counselling training and ASIST and will receive ongoing supervision and support through Lifeline.

### **National, NT Government and Commonwealth Coordination**

The MH Program worked closely with the Australian Government at both a local and national level to ensure that suicide prevention activities in the NT were coordinated and effectively targeted. This has been demonstrated through the commitment of DoHa to the Ozhelp Foundation to establish the initiative in the NT. There has also been a shared approach by DHF MH Program and DoHa through the provision of ongoing funding to MHACA for the pilot and ongoing training components of Suicide Story.

The MH Program worked closely with other states and Territories through the National Suicide Prevention Working Group. The Program was also an active member of the LIFE (Living is for Everyone) national network and the national committee for Standardised Reporting on Suicide.

### **Acronyms**

AOD:	Alcohol and Other Drugs
ASIST:	Applied Suicide Intervention Skills Training
CDU:	Charles Darwin University
DBE:	Department of Business and Employment
DCM:	Department of the Chief Minister
DET:	Department of Education and Training
DHF:	Department of Health and Families
DoHA:	Department of Health and Ageing
DoJ:	Department of Justice
FaCASHIA:	Department of Families, Community Services, Housing and Indigenous Affairs
ISU:	Indigenous Sports Unit
MH:	Mental Health
MHW:	Mental Health Week
NRETAS:	Department of Natural Resources, Environment, The Arts, and Sport
NTPFES:	Northern Territory Police, Fire and Emergency Services
NTIS:	Northern Territory Institute of Sport
NTSPAP:	Northern Territory Suicide Prevention Action Plan
NYW:	National Youth Week
OATSIH:	Office for Aboriginal and Torres Strait Islander Health
TEMHS:	Top End Mental Health Service

**Section A - Attachment 9**

**Northern Territory Education Department Initiatives**

**1. School Counsellor Program**

<b>Growth Town School</b>	<b>Services Provided</b>
<i>Maningrida</i>	1 x School Counsellor
<i>Borroloola</i>	1 x School Counsellor
<i>Millingimbi, Gapuwiyak, and Ramingining</i>	1 x School Counsellor provides a shared service, needs based
<i>Galiwinku</i>	1 x School Counsellor
<i>Numbulwar, Angurugu/Umbakumba</i>	1 x School Counsellor provides a shared service, needs based
<i>Gunbalanya</i>	Needs based service provided by School Counsellor based at Jabiru
<i>Elliott, Daduragu/Kalkarindji, Lajamanu and Ali Curang</i>	Needs based service provided by 2 x School Counsellors based in Tennant Creek and providing a service to Barkly and Tennant Creek.
<i>Wadeye and Nguiu</i>	No NT DET School Counsellors as these schools are Catholic education.
<i>Yuendumu, Papunya and Hermansburg.</i>	Currently a restructure of the School Counsellor positions in Alice Springs along with an additional Closing the Gap School Counsellor position is planned to provide a service on a needs basis to Yuendumu, Papunya and Hermansburg – 2 x School Counsellors
<i>Lajamanu,</i>	Part of the Alice Springs School Group but no access to school counselling. Would access counselling through Katherine West Health Board Clinic.
<i>Ngukurr</i>	No counsellor on site but access to a school counsellor based at Katherine Group Schools.
<i>Yirrkala</i>	1 x School Counsellor and another counsellor based in Nhulunbuy

## 2. KidsMatter

The Australian Government recently announced an additional investment of 184 million, over four years, to enable an additional 1700 primary schools to participate in KidsMatter, the Australian Primary Schools Mental Health Initiative. 400 schools in Australia are already implementing KidsMatter and are working their way through the four components of the programme which include:

- Component One – A Positive School Community
- Component Two – Social and Emotional Learning for Students, (skills)
- Component Three – Working with Parents and Carers
- Component Four – Helping children Experiencing Mental Health Difficulties

In the NT, a small scale roll out began 18 months ago. With many schools in the NT now participating, the Kidsmatter National Implementation Officer was in Darwin recently to attend the quarterly Reference meeting, and map out a strategic plan for expansion in the NT.

Most participating schools are now implementing Component Two and Component Three of the program. The Darwin Cluster has completed professional learning for Component Four and Alice Springs will be doing this in the next few months.

The table below identifies current NT Schools engaged with the KidsMatter Initiative.

### NT Schools using Kidsmatter

Pilot, Current or New School by Region	Name of School
<b>Pilot Schools:</b>	Living Waters Lutheran School Gray Primary School Sacred Heart Catholic Primary School Nhulunbuy Primary School Howard Springs Primary School Jingili Primary School
<b>Current Schools: Alice Springs</b>	Living Waters Lutheran School Our Lady Sacred Heart Catholic Primary School (Bath Street Campus) Araluen Christian College Yipirinya School (100% indigenous independent school) Yuendumu School

<b>New Schools: Alice Springs</b>	Larapinta Primary School
<b>Current Schools: Darwin</b>	Alawa Primary School Nemarluk School Humpty Doo Primary School Wanguri Primary School Wagaman Primary School Wulagi Primary School St Andrew's Lutheran School Holy Spirit Catholic Primary School
<b>New Schools: Darwin</b>	Leanyer Primary School Holy Family Catholic Primary School Sattler Christian College (Formerly Litchfield Christian College) St Paul's Catholic Primary School St Mary's Catholic Primary School

### 3. Mindmatters

Mindmatters is funded by DoHA and has recently partnered with Headspace NT. The programme has a seven step implementation sequence. The program works with school staff and community members to implement student empowerment modules.

In 2008-9, 75 schools in the NT had sent participants to Mindmatters training/events, representing 72% of the total NT secondary school sector indicates that 14 of the 20 growth town schools have implemented Mindmatters.

Mindmatters launches can involve other agencies such as Headspace, Top End Mental Health Service, TeamHealth, Danila Dilba and NT Young Carers.

In 2011 students experiencing high support needs from Darwin, Nhulunbuy and Alice Springs Schools received additional training and follow up, following Mindmatters. Sanderson High School, Kormilda College, Palmerston Senior College and Taminmin High School all requested follow up and in-school Professional Development was provided at Milingimbi, Katherine and Taminmin High School, Yirrkala, Ski Beach and Wallaby. Centralian Middle Schools have completed the training as has Yirara College.

#### **Mindmatters Seven Step Implementation Sequence**

1. Two day Level One Introductory Workshop for school staff and community members
2. Two day Level Two Planning Workshop for school wellbeing core team

3. One day Student Empowerment Focus Module for school staff, students and community members
4. Preparation for Youth Empowerment Process YEP, meeting with the student empowerment working group
5. Two day Student lead YEP workshop for students supported by adults
6. One day Taking Action Workshop for students and adults induction to YEP student facilitator manual
7. Half day YEP re-connector forum for participating schools

#### **Mindmatters Participation in NT Growth Towns**

<b>Mindmatters Status</b>	<b>Schools</b>	
Participate in Mindmatters	Angurugu Gapuwiyak Lajamanu Milingimbi Numbulwar Ramingining Yuendumu	Borroloola Gunbalayna Maningrida Ngukurr Papunya Yirrkakala Nguiu
No Mindmatters participation	Ali Curung Elliott Hermannsburg	Daguragu Galiwink'ku Wadeye

## Section A - Attachment 10

### Department of Housing, Local Government and Regional Services (DHLGRS) Programs

#### Housing and Homelessness

A key priority for the DHLGRS is to provide access to safe, affordable and appropriate housing in urban and remote areas, for all eligible Territorians who are most in need, with high complex needs as well as essential services and infrastructure to promote the health and well-being of Territorians living in remote communities throughout the Territory.

DHLGRS is moving from a focus on asset management to a broader human services approach, and is working to explore further opportunities for better integration of services and programs with other agencies and is a key contributor to the following initiatives:

- Under the Industry Housing Assistance Scheme, DHLGRS leases more than 300 premises to non-government organisations (NGOs) such as the Salvation Army's "Towards Independence" program which provides accommodation and outreach support, case management, living skills training to enable young people to maintain their own tenancies.
- DHLGRS provides a range of public housing properties for use by community organisations that provide short to medium term crisis accommodation for young people aged between 15-19 years, including young couples and families.
- In May 2011, the department engaged the YWCA to provide a real estate tenancy access program for Palmerston youth, aimed at diverting young people experiencing homelessness from the social housing market and increase their potential to successfully remain in private tenancy long term.
- Established two facilities to provide safe short term accommodation targeting young people from 8 to 15 years in Darwin and Alice Springs.
- DHLGRS is delivering a range of housing support initiatives, such as the *Tenancy Sustainability Program*, *A Place to Call Home* and managed and supported accommodation facilities to support better family and tenancy outcomes.
- DHLGRS is investigating the development of a needs based assessment and allocation model for public housing to complement the integrated wait list and further boost Territory Housing's ability to offer applicants accommodation options and/or support, appropriate to their needs. The introduction of an integrated wait list for public and community housing in July 2011 will ensure that potential tenants can be offered assistance that is more appropriate to their level of housing need.

Through the Government Employee Housing program, DHLGRS provides housing across the Territory to teachers, nurses, police, youth and family workers and other key workers who deliver key services to the community.

## **Local Government, Regional and Community Services**

Another key priority for DHLGRS is to develop strength and capacity in local government bodies, stimulate sustainable economic growth and wealth creation across the Territory, provide interpreter and translator services to alleviate language barriers in accessing government services, and promote safer communities around water and animals. DHLGRS is building stronger regions and communities through the provision of Special Purpose Grants for the following community initiatives:

- Two day workshop for female employees and councillors to become "strong leaders";
- Build a youth centre facility within the Batchelor township;
- To purchase and install a mixed age playground with shade for Mataranka township;
- Provide ongoing governance capacity development for local board members;
- Purchase and install an air-conditioner for the Tennant Creek "Youthlinx" building;
- Fit out the Barunga women's family and community services centre.

## **Remote Service Delivery Coordination**

The Service Delivery Coordination Unit (SDCU) has lead responsibility for delivery of the Working Future policy. The SDCU works in partnerships across government to develop and implement strategic and targeted interventions in key areas such as governance, housing and infrastructure, health, education, safer communities and economic development

A broad range of youth initiatives are being delivered through Local Implementation Plans, for example, creating Community Child Safety and Wellbeing teams for the 20 Territory Growth Towns, and providing interpreter and translation services to support the child protection system. Through normalising life in Territory Growth Towns, young people will have access to better education, jobs and the same opportunities available to young people in the rest of Australia.

The SDCU assisted the Carney Inquiry into youth justice and monitors the progress of actions within the Local Implementation Plans which includes strategies to get youth into education, training and work in order to mitigate some of the causes of youth suicide

DHLGRS will continue to work with other government agencies to define and support employment pathways for people employed in Strategic Indigenous Housing and Infrastructure Program after the program is completed.

A priority area over the next ten years is to improve living conditions in 73 remote Indigenous communities across the Northern Territory. DHLGRS is responsible for implementing a new housing management system and will work with the Commonwealth Government to improve living conditions so people can live in safer and healthier homes. A key focus will be on local jobs for local Indigenous people.

## **Suicide Prevention Policy and Services – Historical Context**

### **National Policy Context and Funded Initiatives**

In 1995 in response to the increasing rates of youth suicide experienced in the 1980s and early 90s the Federal Government allocated \$31 million to the National Youth Suicide Prevention Strategy. In 1999, following significant research it was recognised that suicide prevention activities needed to be supported across the lifespan and take a whole of population approach. The National Suicide Prevention Strategy (NSPS) was developed and the strategic framework Living is For Everyone (LIFE) was launched with an annual commitment of \$10 million in funding until 2006.

The bulk of this funding was allocated to major national projects such as Mindmatters; the school based mental health initiative, Auseinet the promotion, prevention and early intervention project and, Mindframe the media education project.

The remainder of the money was allocated to over 230 local community projects. Within the NT five projects were funded at a local level. These included:

- the Anglicare Applied Suicide Intervention Skills Training (ASIST) Program;
- Relationships Australia's Men's Project;
- Katherine Regional Allied Suicide and Self Harm Prevention Pilot;
- Developing Tiwi Skills and
- the Ninti Pulka project in Central Australia.

These projects were funded for variable timeframes not exceeding three years, with the exception of the Anglicare project which was extended until 2006.

Generally across Australia it has been difficult to measure the success of many of the community projects, as the need for a comprehensive evaluation was not part of the original tender process. In 2006, DoHA contracted Auseinet to undertake cluster evaluations of some of these projects.

Of the NT initiatives funded, the most enduring to date has been Applied Suicide Intervention Skills Training (ASIST). Gatekeeper training has been internationally proven to be one of the most effective forms of suicide prevention. Anglicare NT was funded both to deliver this training and to coordinate a Train the Trainer program.

Training has been provided in both major urban centres and also in remote regions to a wide range of participants including Aboriginal Health and Mental Health Workers, Police, Corrections workers, Family and Children's Service Staff, Remote Clinic Staff, GP's, School and Youth Workers and also members of the general public.

Anglicare also sourced additional funding from the Department of Office of Aboriginal and Torres Strait Islander Health (OATSIH) to undertake an NT Indigenous Capacity Building project for Suicide Intervention and Awareness training to increase the number of Indigenous trainers in the NT and to support these trainers to deliver ASIST workshops in remote indigenous communities. Unfortunately funding for both projects ended in 2006.

In April 2006 the Australian Government announced an additional \$1.9 billion over five years to improve access to mental health services and provide additional support to people with mental illness, their families and their carers. As part of this process an additional \$32.7 million was committed to suicide prevention in addition to the \$10 million per annum committed under the NSPS. This funding was once again to be allocated to both national and local community projects.

National projects included the continued funding of the Mindmatters project and the newly developed Kids Matter, a primary school mental health promotion, prevention and early intervention initiative which is being piloted in schools across Australia including Darwin, Nhulunbuy and Alice Springs.

In July 2006 the Federal Government announced the tender process for the national community funding round. Several Northern Territory organisations including Anglicare, Top End Division of General Practice, and Lifeline applied for funding. However only two Northern Territory projects were funded as follows:

- Waltja in Central Australia received funding of \$480 000 to support three remote Central Australian Aboriginal communities to identify and reinforce their resilience, capacity, knowledge and strengths, and also to provide them with comprehensive information about suicide prevention.
- A small grant of 50 000 was granted to NPY to develop a series of radio conversations around mental health issues - to be broadcast through the Anangu Pitjantjatjara Yankunytjatjara (SA) lands, southern NT and the Ngaanyatjarra Shire (WA).

The majority of funding for community projects however went to large southern organisations and consortiums generally situated in states and territories with comparatively low rates of suicide when compared to the NT.

The lack of funding for the Northern Territory under this process was raised at several levels by both NT Government representatives and non-government organisations both locally and nationally.

Following these representations the Australian Government subsequently advised that two of the projects originally rejected under the initial tender process had secured suicide prevention funding as part of the Share Responsibility Agreement Process. These included:

- a one off payment of \$60 000 to the Tiwi Island Youth Diversion Unit to support a number of initiatives that are currently funded under the SRA and
- funding of \$625 000 over three years for the Jaru Pirrjirdi (Strong Voices) Youth Development Project in Central Australia to build resilience amongst young people aged between 17-30 to strengthen culture, improve

relationships and build resilience to prevent self harming behaviour. This project was also supported by OATSIH.

The Australian Government confirmed a further funding round late in 2010 and it was hoped that there would be some increased interest in funding community projects within the NT in this second round.

On 24 September 2010 the Australian Government announced the \$276.9 million "Taking Action to Tackle Suicide" package to be delivered from over the next four years from 2011 – 2012,"

### **NT Policy Context and Initiatives**

Historically the NT approach to suicide prevention has been closely aligned to national developments.

In 1999 an Interdepartmental Executive Committee for Youth Suicide Prevention (IDECYSP) was established to oversee the development, implementation and evaluation of a Northern Territory Youth Suicide Prevention Strategy.

In 2001 this was broadened to reflect the changing focus on suicide prevention across the entire lifespan and the Committee became known as the Suicide Prevention Interdepartmental Committee (SPIDC) and went on to develop the Northern Territory Strategic Framework for Suicide Prevention.

This framework, launched in October 2003 was based on the national LIFE Framework and identifies six key areas for action:

- Promoting wellbeing, resilience and community capacity across the NT
- Enhancing protective factors and reducing risk factors for suicide and self-harm across the NT
- Services and support within the community for groups at increased risk
- Services for individuals at high risk
- Partnerships with Indigenous people
- Progressing the evidence base for suicide prevention and good practice.

A whole of government coordination and evaluation methodology for the framework was not included at the time as there were no additional resources available. The SPIDC was disbanded and it was envisaged that ongoing reporting would occur within the existing monitoring arrangements and annual reporting processes of each Department. However without a committee to monitor this process or a position responsible for coordinating activity it was difficult to monitor or evaluate any achievements of this strategy.

Despite the lack of co-ordination during this period, suicide prevention activities were ongoing across a number of government and non-government agencies and organisations. However, the only direct allocation of funding for suicide prevention within the Mental Health Program was for the Life Promotion Program (LPP) in the Top End and Central Australia.

The LPPs were initially established in 1999 to provide an integrated approach to promotion, suicide prevention and response through the establishment of collaborative partnerships, the provision of community education and training in prevention and intervention and the provision of a response following a completed suicide.

Initially both programs were located within Mental Health Services. However in 2004 funding for the Central Australian LPP was transferred to the Mental Health Association of Central Australia. (MHACA).

In 2005 additional funding was provided to the Central Australian LPP to establish a position in the Barkly region. This position was recruited to in 2006.

In 2005 the former Minister for Community Services announced increased funding of \$200 000 for suicide prevention to include the appointment of a suicide prevention coordinator with the aim of re-establishing a whole of government approach to suicide prevention. This was to include the re-establishment of a cross government steering committee.

The Suicide Prevention Co-ordinator was formally appointed to the position in June 2006. A review of current service delivery in response to suicide in the Northern Territory was initially undertaken to inform future activity. This review reported varying levels of success in relation to current initiatives. The LPP in Central Australia was found to be working more effectively than its Northern counterpart due primarily to the different demographics involved and the smaller numbers of both suicides and agencies involved in responding to the issue in Central Australia.

In the Top End however it was found that the LPP was increasingly unable to deliver outcomes relating to effective suicide promotion, prevention and response in both remote and urban areas of the Top End. The review also indicated that individuals and organisations generally preferred to be able to access a range of support services that were applicable to their individual situation, including, but not limited to, mental health services.

The Top End LPP was restructured, with its functions being redistributed amongst a number of areas. The suicide response role was incorporated into the new mental health disaster response role in TEMHS, assessing required follow up services on an individual basis. This may include providing follow up support to individuals bereaved by suicide or supporting remote communities or schools to provide suicide bereavement responses.

The review also suggested that ASIST Training is another important component of suicide prevention activity in the Northern Territory that needs to be maintained. Unsuccessful bids for funding by both Anglicare and Lifeline Alice Springs to the Australian Government in the national funding round in 2006 resulted in a lack of ongoing coordination of this training activity.

Both organizations subsequently submitted requests for funding to maintain these programs to the NT Government Mental Health Program. Anglicare NT and Lifeline received NTG funding through the Mental Health Program to continue this

important work. Lifeline Central Australian also received additional funding to maintain its core service provision of telephone counselling in Central Australia.

Another funded initiative was a Suicide Bereavement Support Group, requested by a number of bereaved families and funded through the Top End Division of General Practice. The program delivered an open Suicide Bereavement Support Group for individuals and families in the Darwin region. However the funding was discontinued when interest in the program waned.

Funding was continued to the Life Promotion Program in Central Australia, which was successfully collaborating across the region to develop new partnerships and ways of working, particularly in remote regions.

A Cross Government Coordinating Committee for Suicide Prevention which includes representatives from Mental Health, Alcohol and other Drugs (AOD), Family and Children Services (FACS), Remote Health, Acute Health, Police, Justice, Racing and Gaming, Sport and Recreation, Education, Office of Aboriginal Policy, Office of Youth Affairs, NT Coroners Office, DoHa, a representative from the National Advisory Council for Suicide prevention and an expert psychiatric advisor was established.

Responsibility and ownership of suicide prevention initiatives rests with all sectors where risk factors are present. It was therefore expected that considerable coordination of programs and activities across programs and departments could be facilitated through the Committee.

Outcomes anticipated included ongoing collaboration between mental health and education around school based programs, improved working relationships between acute care, mental health and police to ensure better response, treatment and follow up of suicide attempts, collaboration between Alcohol and Other Drugs (AOD), Family and Children's Services, Mental Health and Education to address issues specifically affecting young people at risk, collaboration between AOD Racing Gaming and Licensing and Mental Health to address the links between alcohol and self harming behaviours, and collaboration between the Office of Aboriginal Policy, Mental Health and other agencies to ensure existing and future programs are culturally responsive and appropriate.

It was also hoped that data collection on suicides occurring in the Northern Territory could be improved through the Committee. The Suicide prevention Coordinator worked with the NT Coroner's office to analyse findings for all suicides occurring in the NT to enable an improved strategic approach to future suicide prevention activity.

## Closing the Gap in the NT - Youth in Communities Project Information

Funded Organisation	Communities	Total Funding GST excl	Funding Period	Project Description
AFL NT	Wadeye Galiwin'ku	\$390,000	2 years 2010-11 and 2011-12	AFL Regional Development Program. Funding for a regional development manager working in communities to establish and coordinate competitions, organise coaching and umpiring courses and promote healthy, active lifestyles.
AMSANT Inc / Malabam Health Board Aboriginal Corporation	Maningrida	\$875,000	3 years 2009-10 to 2011-12	Provide a youth service at Maningrida employing a Coordinator, Manager and two youth workers.
Australian Red Cross Society Northern Territory Division	Daly River Ngulu Gunbalanya Angurugu Wadeye	\$4,989,592	3 years 2009-10 to 2011-12	Funding for one fully qualified youth worker, and two Indigenous trainee youth workers in each location.
Australian Sports Commission	Gapuwiyak Wadeye Yeundumu Gunbalanya Ngulu	\$500,000	2 years 2010-11 and 2011-12	The Sport Demonstration Projects will seek to trial a best practice model for delivering sport focused diversion activities through improved whole of government coordination and the use of place based approach to service delivery to build community capacity.

Funded Organisation	Communities	Total Funding GST excl	Funding Period	Project Description
East Arnhem Shire Council	Angurugu	\$442,871	1 year 2009-10	Upgrading of sport and recreation outside activity area including fencing, shade, new computers and air-conditioning.
East Arnhem Shire Council	Galiwin'ku	\$1,134,634	3 years 2009-10 to 2011-12	Two youth workers and two youth worker trainees. Some maintenance to the drop in centre. Temporary accommodation for two youth workers at the Galiwin'ku Government Business Manager Complex until 1/10/2010. Accommodation will then be provided by the Shire.
East Arnhem Shire Council	Yirrkala, Mililingimbi Ramingiming Gapuwiyak Umbakumba	\$2,384,233	3 years 2009-10 to 2011-12	Diversiary programs - discos, movie nights, workshops, sporting programs, youth leadership programs, community based and shire wide youth forums, youth referrals, self harm intervention reduction of substance misuse, drop in centre activities, and bush trips/camps.
East Arnhem Shire Council	Ramingiming Angurugu Galiwinku Mililingimbi Umbakumba Gapuwiyak	\$341,640	1 year 2009-10	Infrastructure upgrades including minor renovations and repairs to a youth worker dwelling, exercise equipment for health and fitness programs, flooring and insulation for music shed, tractor type sprinkler and shade structure for the Gapuwiyak oval, fit-out to drop in centre at Mililingimbi and upgrade of youth hall toilet block at Umbakumba.
Groote Eylandt and Bickerton Island Enterprises Aboriginal Corporation	Umbakumba Angurugu	\$250,000	3 years 2009-10 to 2011-12	Youth strategy will be developed to coordinate existing services, identify gaps, and support leadership development opportunities for youth.
Julaikari Council	Elliott	\$169,074	3 years	Engage at risk disengaged young people through programs and services including alternative

Funded Organisation	Communities	Total Funding GST excl	Funding Period	Project Description
Aboriginal Corporation			2009-10 to 2011-12	education programs, diversion programs, case management, sport and recreation, life skills, training to employment programs, alcohol and other drug awareness programs, access to health programs, court advocacy and police support.
Laynhapuy Homelands Association Inc.	25 different communities in Laynhapuy Homelands	\$1,880,952	3 years 2009-10 to 2011-12	Youth development program that links with supporting and mentoring youth by providing diversionary programs and social planning programs. Three full time positions will mentor four trainee Indigenous youth development officers.
MacDonnell Shire Council	Areyonga, Papunya Haasts Bluff Hermannsburg Kintore, Mt Liebig	\$4,732,115	3 years 2009-10 to 2011-12	Youth workers and Indigenous trainee workers at: Areyonga, Haasts Bluff, Hermannsburg, Kintore, Mount Liebig, Papunya. Staff for headquarters.
Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council	Imanpa Kaltukatjara Apatula Mutitjulu	\$2,592,455	3 years 2009-10 to 2011-12	Diversionary and early intervention services for 15-20 year olds including after school and school holiday programs, safety and healthy activities, personal development and case management of youth at risk. Youth development officers and part time Anangu youth development officers will be based in these four communities.
Roper Gulf Shire Council	Nhukurr Numbulwar Borrooloola	\$1,886,765	3 years 2009-10 to 2011-12	Training of Indigenous youth into certified youth worker positions in the three communities. Build on current sport and recreation programs which offer recreational activities, before and after school care and holiday programs. Provide case management which will work closely with social workers, the health centre, school and other social program activities.
Victoria Daly Shire Council	Nauliyu (Daly River)	\$16,676	1 year 2009-10	Minor upgrade infrastructure for an after hours recreation facility for youths aged 10-20 years. Including: kitchen bench, shelving, stove and range hood, multiple water fountains for sport and recreation hall and swimming pool, sports equipment and television.

Funded Organisation	Communities	Total Funding GST excl	Funding Period	Project Description
Walpiri Youth Development Aboriginal Corporation	Lajamanu Nyirripi Willowra Yuendumu	\$254,281	3 years 2009-10 to 2011-12	Funding will provide for the employment of one Outreach coordinator who will act as a supervisor for the existing outreach youth worker team which comprises of two youth workers in each of the specified communities. The Outreach coordinator will be based in Yuendumu.
Walpiri Youth Development Aboriginal Corporation	Lajamanu	\$226,024	3 years 2009-10 to 2011-12	Funding for one youth worker who will work in conjunction with an existing youth worker funded by Kurra Corporation until 2012 and the Mt. Theo management team. Both positions will assist youth specifically targeting those aged 12-20 years. The youth worker will work with the outreach worker in Yuendumu and with other local trainees.
Walpiri Youth Development Aboriginal Corporation	Lajamanu	\$1,215,000	1 year 2009-10	The construction of a duplex for youth worker accommodation Renovation of the existing hall/youth centre. Construction of roofing to existing basketball facility. Employment of a Project manager. Electrical fittings/fixtures, shelving, security doors and windows, air conditioning to gym and general repairs and maintenance.
West Arnhem Shire Council	Gunbalanya	\$105,602	1 year 2009-10	Construction of the extension and upgrade to a dedicated Youth diversion activity space for Indigenous males aged 10 - 20 year old in Gunbalanya.
Young Mens Christian Association of the Top End Inc.	Katherine area: Jilkmingan, Binjari Barunga, Beswick, Manyallaluk, Kalano Rockhole, Kybrook Farm, Werrenbun	\$884,397	3 years 2009-10 to 2011-12	The funding will provide a program that aims to develop manual arts skills, foster self confidence and knowledge and enable participants to reintegrate into the school system. The target group will be youth aged between 10-14 years and will focus on Indigenous youth who are identified as youth at risk and who are engaging in anti-social behaviours and are showing a high rate of truancy at school.
Young Mens Christian Association of the	Palmerston	\$685,020	3 years 2009-10 to 2011-12	Funding will provide for a youth education and employment program and diversionary activities for youth aged 10-16 not in mainstream education to be delivered in Palmerston and surrounding areas. Sessions will be held in the drop in centre from Monday to Thursday with additional

Funded Organisation	Communities	Total Funding GST excl	Funding Period	Project Description
Top End Inc				activities such as overnight camps and day excursions.

(Australian Government, Department of Families, Housing, Community Services and Indigenous Affairs  
Closing the Gap in the Northern Territory Monitoring Report December 2011)

### SUICIDE PREVENTION ON THE TIWI ISLANDS

In 2002 the Tiwi Islands had a population of 2500 people of whom 90% were Indigenous, comprising mainly Tiwi. Unemployment was approximately 80% in 2000 and diabetes, renal disease, alcohol, marijuana, self-harm, drug and alcohol abuse and domestic violence were prevalent. 10 suicides occurred in Tiwi in 2002 equivalent to a suicide rate of 1 in 250, 400 times the national average. At that time there was one psychiatric nurse working on the Islands providing a service to the communities.

A local response was initiated to attend to the increased need for mental health services. The Tiwi Health Board decided that mental illness, drug and alcohol abuse, suicide and psychological problems were to be dealt with holistically by community-based Mental Health Workers, using local resources, supported by the nurse.

The community selected three women and three men who were traditional elders. Their knowledge of the culture, family and community structure was an integral component of the successful community-based mental health program.

The Mental Health Workers received training and support by the nurse. Many training programs were open to all members of the community. Cultural sensitivities sometimes resulted in gender specific training.

Regular training occurred in both Melville and Bathurst Island in:

- Suicide Prevention
- Counselling
- Alcohol and Drugs Abuse
- Sexually Transmitted Disease
- Understanding Mental Illness and Bad Behaviour
- Anger Management and Communication
- Relationships

The Mental Health Program included:

- Mental illness treatment and support
- Suicide Intervention and prevention
- Strong Womens' and Strong Mens' Groups, forums where people can discuss issues and plan local responses
- Provision of court reports for Tiwi Offenders for the North Australian Legal Aid Service (NALAS), Magistrates and Corrections
- Rehabilitation of prisoners and offenders with a mental illness to reintroduce them into the community and reduce offending
- Critical Incident intervention with staff and families following trauma or attempted suicide.

## **Reported Outcomes in 2004**

- The suicide rate dropped from 10 completed suicides in 2002 to 2 in 2003. It should be noted that in 2005 there were 4 deaths but this was responded to with the outcome that since 2006 there has only been 3 suicides in the Tiwi Islands.
- Acute health and mental illness episodes are responded to quickly by a locally based team, 24 hours a day.
- Due to the community development approach the Mental Health workers are now able to deal with many everyday matters and most crises without the direct assistance from the psychiatric nurse.
- The admissions to Darwin acute inpatient facilities dropped by 80% in 2004.
- A close working relationship between the Mental Health Team, Police, Health Clinics, Schools, Youth Group, Aged Care, Darwin Inpatient Facility and the community.
- The Tiwi Islands Police refer families with domestic violence issues to the Mental Health team for counselling.
- People with mental health problems are now supported in court with current case histories.
- All people who have chronic mental illness (50 in 2004) are treated and supported on the community with basic needs including medication, counselling, food, clothing and shelter catered for.
- A facility was developed for people with intellectual impairment who are employed in arts and crafts.

By combining traditional mental health with additional western mental health skills, the mental health services have been demystified and made more accessible for Aboriginal people. In this model the mental health workers are the community elected advocates for holistic community health and representatives for mental health and mental health services.

## **Other Factors Contributing to Strengthening the Tiwi Islands Community**

### **AFL**

This was an important factor in building pride and community spirit. 35% of the Tiwi population play AFL and the other 65% support them. Using the medium of football to address youth suicide, substance abuse and violence was very successful in the Tiwi Islands. The "Tiwi Storm" team were launched in October 2006. The Mental Health Program sponsored in their first year with the "Tiwi for Life" slogan emblazoned on the player's jerseys. They also consulted with the AFLNT to develop an education program linked to the slogan to be used in local schools and other community campaigns.

### **ALCOHOL**

The Tiwi Islands had one of the highest consumptions of alcohol per capita in the early 2000s and a campaign was launched to reduce access and strength

of alcohol in the islands. Mid strength beer, introduced to the Tiwi Islands as a result of a Licensing Commission enquiry, has led to a significant reduction in reported episodes of domestic violence and children now tend to be home at night rather than wandering around the streets because home is not safe. There has also been more effective policing of cannabis supplies coming into the Tiwi communities.

#### **LOCAL EMPOWERMENT**

The community was consulted on the Tiwi Islands to identify ways in which they could be strengthened. Many of the completed suicides were middle aged men and it was identified that they did not have a meeting place of their own that they could use to talk issues through and congregate.

#### **TIWI CLAN LEADERS**

The Tiwi clan leaders were encouraged to take direct responsibility for leadership in mental health in the community.

#### **CENTRELINK**

There was also work done with Centrelink to make sure that vulnerable individuals had their financial issues protected.

#### **RESTRICTING MEANS**

As some of the attempts were made by people jumping from telephone poles and electrocuting themselves, or hanging from poles, Power and Water responded by fencing around the bottom of the poles to prevent access.

#### **SUICIDE RESPONSE GROUP**

The Mental Health Team dealt with attempted suicides and trained locals to deal with issues and refer appropriately.

#### **SUICIDE VIDEOS**

Locally produced videos on suicide factors and prevention were produced for the community.

#### **PROVISION OF ALCOHOL AND DRUG AWARENESS TO MILIKAPITI COMMUNITY MEMBERS**

Alcohol and Other Drug Training (AOD) /Awareness and anger management every second Tuesday of each month.

#### **PROVISION OF COUNSELLING AND FAMILY MEDIATION**

Provided on request.

#### **COMMUNITY SAFETY PLAN**

The Working Party held regular meetings to continue a Community Safety Plan.

#### **PROVISION OF AOD AWARENESS TO BANNED CLUB MEMBERS**

Client referrals received from Nguiu Police and Nguiu Club. AOD Awareness from the Indigenous Alcohol and Drug Training Program was delivered.

#### **IDENTIFYING AT RISK CLIENTS AT NGUIU**

At risk clients i.e. attempted suicide, Self-harm, are identified and worked with on an as needed basis.

**SUICIDE INTERVENTION**

Intervention and awareness from various groups. Suicide Awareness training delivered by Anglicare and Tiwi Mental Health.

**NIGHT PATROL**

Daily reports provided and issues such as domestic violence, attempted suicide, AOD followed up with by appropriate agencies.

## Section A – Attachment 14

### Australian State and Territory Suicide Prevention Strategies

1. Northern Territory Suicide Prevention Action Plan 2009 – 2011

[http://www.health.nt.gov.au/library/scripts/objectifyMedia.aspx?file=pdf/35/28.pdf&siteID=1&str\\_title=NT\\_Suicide\\_Prevention\\_Action\\_Plan.pdf](http://www.health.nt.gov.au/library/scripts/objectifyMedia.aspx?file=pdf/35/28.pdf&siteID=1&str_title=NT_Suicide_Prevention_Action_Plan.pdf)

2. Tasmania's Suicide Action Plan

[http://www.dhhs.tas.gov.au/\\_data/assets/pdf\\_file/0005/75254/SPStrategy\\_Framework\\_and\\_Action\\_Plan\\_FINAL.pdf](http://www.dhhs.tas.gov.au/_data/assets/pdf_file/0005/75254/SPStrategy_Framework_and_Action_Plan_FINAL.pdf)

3. NSW Suicide Prevention Strategy 2010 – 2015

[http://www.health.nsw.gov.au/pubs/2010/pdf/suicide\\_pip.pdf](http://www.health.nsw.gov.au/pubs/2010/pdf/suicide_pip.pdf)

4. Western Australia's Suicide Prevention Strategy

[http://www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/WA\\_Suicide\\_Prevention\\_Strategy.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/WA_Suicide_Prevention_Strategy.sflb.ashx)

5. Victoria's Suicide Prevention Strategy

<http://www.health.vic.gov.au/mentalhealth/suicide/suicide-prevention/suicide-prevention-plan2006.pdf>

Victorian Aboriginal Suicide Prevention and Response Action Plan 2010 – 2015

<http://www.health.vic.gov.au/mentalhealth/suicide/vasrap-action-plan1010.pdf>

6. ACT - Managing the Risk of Suicide; a Suicide Prevention Strategy for the ACT, 2009 - 2014

<http://health.act.gov.au/c/health?a=d|pubpoldoc&document=1865>

7. South Australia's Mental Health and Wellbeing Policy

<http://www.sahealth.sa.gov.au/wps/wcm/connect/3ae2ab80430c70968be5db2cf7cfa853/sahealthmentalhealthandwellbeingpolicy-conspart-sahealth-30062010.pdf?MOD=AJPERES&CACHEID=3ae2ab80430c70968be5db2cf7cfa853>

8. Queensland - Reducing Suicide: The Queensland Government Suicide Prevention Strategy

[http://www.health.qld.gov.au/mentalhealth/docs/qgps\\_report\\_apr06.pdf](http://www.health.qld.gov.au/mentalhealth/docs/qgps_report_apr06.pdf)

## **Commonwealth Publications on Suicide Prevention**

1. National Suicide Prevention Strategy (Life) Framework

<http://www.livingisforeveryone.com.au/About-LIFE.html>

This website has excellent links to many suicide-related resources, refer

<http://www.livingisforeveryone.com.au/Links.html>

2. The Hidden Toll: Suicide in Australia, The Senate Community Affairs References Committee, June 2010

[http://www.aph.gov.au/senate/committee/clac\\_ctte/suicide/report/report.pdf](http://www.aph.gov.au/senate/committee/clac_ctte/suicide/report/report.pdf)

3. Commonwealth Response to the "Hidden Toll: Suicide in Australia"

Report of the Senate Community Affairs Reference Committee

[http://www.health.gov.au/internet/main/publishing.nsf/content/BB344E6E9F422A7FCA2577E50034118F/\\$File/toll3.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/BB344E6E9F422A7FCA2577E50034118F/$File/toll3.pdf)

4. 'Before it's Too Late': Report on early intervention programs aimed at preventing youth suicide.

House of Representatives Standing Committee on Health and Ageing, July 2011

<http://www.aph.gov.au/house/committee/haa/youthsuicide/report/fullreport.pdf>

4. Fourth National Mental Health Plan: An agenda for collaborative government action in mental health 2009 - 2014

[http://www.health.gov.au/internet/main/publishing.nsf/content/360EB322114EC906CA2576700014A817/\\$File/plan09v2.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/360EB322114EC906CA2576700014A817/$File/plan09v2.pdf)

## **Other Resources**

1. Australian Institute for Suicide Research and Prevention, Griffith University

<http://www.griffith.edu.au/health/australian-institute-suicide-research-prevention>

2. 'Identity, Voice, Place' : Suicide Prevention for Indigenous Australians - a Social and Emotional Wellbeing Approach

Krysinska, K., Martin, G. and Sheehan, N. The University of Queensland

<http://www.suicidepreventionstudies.org/uploads/SEWBIIndSuiPrev.pdf>

3. Suicide and Suicide Prevention in Australia, "Breaking the Silence"

A Seminal report from Lifeline Australia, the Inspire Foundation, OzHelp Foundation, et al.

[www.lifeline.org.au/.../250/Breaking%20the%20Silence\\_Secured.pdf.asp](http://www.lifeline.org.au/.../250/Breaking%20the%20Silence_Secured.pdf.asp)  
X

4. Suicide Prevention Australia, Position Statement,  
"Alcohol, Drugs and Suicide Prevention", June 2011-09-28

<http://suicidepreventionaust.org.tmp.anchor.net.au/wp-content/uploads/2011/07/Suicide-Prevention-Australia-Alcohol-Drugs-and-Suicide-Prevention-2011.pdf>

5. "Listen to Children" 2011 Child Rights NGO Report, Australia, Child Rights Taskforce May 2011

[http://www.unicef.org.au/downloads/Advocacy/UNI\\_ExecSummary\\_v3.asp](http://www.unicef.org.au/downloads/Advocacy/UNI_ExecSummary_v3.asp)  
X

6. Building a Better Future for Young Territorians: Annual Progress Report 2009 – 2010 NT Youth Policy Framework

<http://www.youth.nt.gov.au/documents/Youth%20Policy/FINAL%20Building%20a%20Better%20Future%20for%20Young%20Territorians%20Progress%20Report%202008-09.pdf>

7. Suicide Prevention Australia: Research on Suicide in Australia

<http://www.suicidepreventionaust.org/>

8. Improving the Transition: Reducing social and psychological morbidity during adolescence: A report from the Prime Minister's Chief Science Advisor, Office of the Prime Minister's Science Advisory Committee, Auckland, New Zealand. May 2011.

<http://www.pmcsa.org.nz/wp-content/uploads/2011/06/Improving-the-Transition-report.pdf>