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Our ref MIN2011/634-2

Mr Russell Keith
Secretary
Select Committee on Youth
Suicides in the NT
GPO Box 3721
DARWIN NT 0801

3 October 2011

Dear Mr Keith

RE: DET Submission to the Select Committee on Youth Suicides in the NT

I am pleased to offer the attached information on Youth Suicide, gathered from the Department of Education and Training School Counsellor team for consideration by your Committee.

I appreciate the opportunity to put the views of the School Counsellor team forward and wish you all the best in your deliberations.

Yours sincerely

Debbie Efthymiades
Acting Chief Executive

DEPARTMENT OF EDUCATION AND TRAINING
SCHOOL COUNSELLOR TEAM
SUBMISSION TO THE SELECT COMMITTEE ON YOUTH SUICIDES IN THE NT
SEPTEMBER 2011

Programs and services targeted at youth with particular emphasis on Suicide Prevention education and awareness in schools. The target focus is actually youth aged 17-25 years, however we would expect prevention and awareness education programs in school being offered to a much younger age group.

School Counsellors have run programs based around help seeking behaviours, promoting service providers and how they can help, self-care, stress management, self-concept and communication. They also attempt to make themselves visible in the school community, building networks to enable identification of changes of behaviours amongst students etc. DET has recently provided training to the School Counsellor team in Applied Suicide Intervention Skills Training (ASIST) and SafeTalk.

The role, responsibility, co-operative coordination and effectiveness in the response and policies of agencies such as police, health services (govt and non govt) and emergency depts in assisting/responding to young people at risk of suicide

It is felt that not enough is being done to explicitly make people aware of the damage caused by suicide and the alternatives available. There is a desire for more research into the impact of running various awareness raising programs as there are concerns in the community that awareness raising may in fact generate suicidal activity, rather than prevent it.

There could be a specific service provided to support the bereaved, educate the community, and support school personnel in raising awareness in the school. In the past there have been national and state action days to raise awareness, and these might be a useful future mechanism.

The role of targeted programs and services that address particular circumstances of high-risk groups, and identification of the strengths and weaknesses of existing suicide prevention responses

There are targeted programs in the school in the form of mentoring and supporting young people – particularly of Indigenous backgrounds – in the challenges they face. In respect to this, Indigenous students have many options for mentoring and this could be widened to include all students/young people, regardless of background.

The adequacy and appropriateness of suicide prevention programs specifically aimed at 17-25 year olds but also to young people in general

School Counsellors would support developing awareness, particularly amongst our Year 12 students.

Area specific commentary – information volunteered by members of the Counsellor team

Darwin and Palmerston area

Headspace has been good at providing community education about mental health issues such as depression. They are also willing to support students in the Darwin and Palmerston area who may be experiencing mental health issues such as depression, self-harm, eating disorders and suicide ideation. Tamarind Centre is also available as a further referral source where diagnosis and possibly medication may be necessary.

At *Rosebery Middle School* youth suicide and self harm has been targeted through individual risk assessment, crisis intervention and counselling support. Where high risk is determined, the Child Abuse Taskforce (CAT) team during and after hours have acted accordingly and collaboratively to ensure the students wellbeing and safety, and feedback is always provided with ongoing monitoring and assessment. From a preventative perspective, small groups aimed at building self esteem, resilience, coping and empathy have been facilitated with the aim of preventing youth suicide. Small group work with students has also targeted anti bullying given the serious impacts, including suicide, that have resulted from bullying. Strategies include promotion of help seeking behaviours (distribution of material/ posters such as fact sheets on how to cope, where to go for help), counselling chat rooms, and help lines accessing the School Counsellor or people of trust. The Counsellor has also provided psycho educational support to staff to promote staff awareness of youth suicide, verbal/behavioural cues, self harm, self care and duty of care to act.

Groote Eylandt

There is limited mental health service provision to support the high incidence of suicide. The current monthly fly-in service does not allow for immediate crisis intervention or regular ongoing support.

Batchelor

Due to the location relatively close to Darwin, there is limited service provision. Many families are unable to access support in Darwin or Palmerston due to transport issues. Tamarind Centre visit monthly on a return trip from Katherine, which limits the amount of time spent accessing clients. Tamarind Centre has been identified as a high risk support only and students with mental health issues need to be referred to other services such as Headspace. Headspace does not provide a service to Batchelor. Team Health are available to would work with families once a formal diagnosis exists. The health clinic in Batchelor is able to provide some support however, do not have the capacity to provide obtain regular medical / psychiatric support and monitoring.

Maningrida

A multi-agency community meeting on suicide prevention was held on 22 September 2011. Key issues and findings are as follows.

It was agreed that several overarching principles would be required to effectively respond to the issue:

- A joint, comprehensive and collaborative approach was needed by the community.
- Any approach should begin with widespread community engagement.
- Any approach should be adequately planned and resourced to ensure follow through and sustainability.

What subjects do we need to engage on?

- What is community awareness of depression, alcohol etc and impact on suicide
- How do we promote wellness, life affirmation & celebration
- How do we talk about suicide with community members – what words do we use
- What factors are contributing to suicide in Maningrida and how do we address these

- How do we talk about the factors that contribute to suicide in a way that addresses local beliefs and balanda views
- Identify strengths in the community – what do we do to promote wellness/life affirmation: football, youth centre, arts.

How do we progress

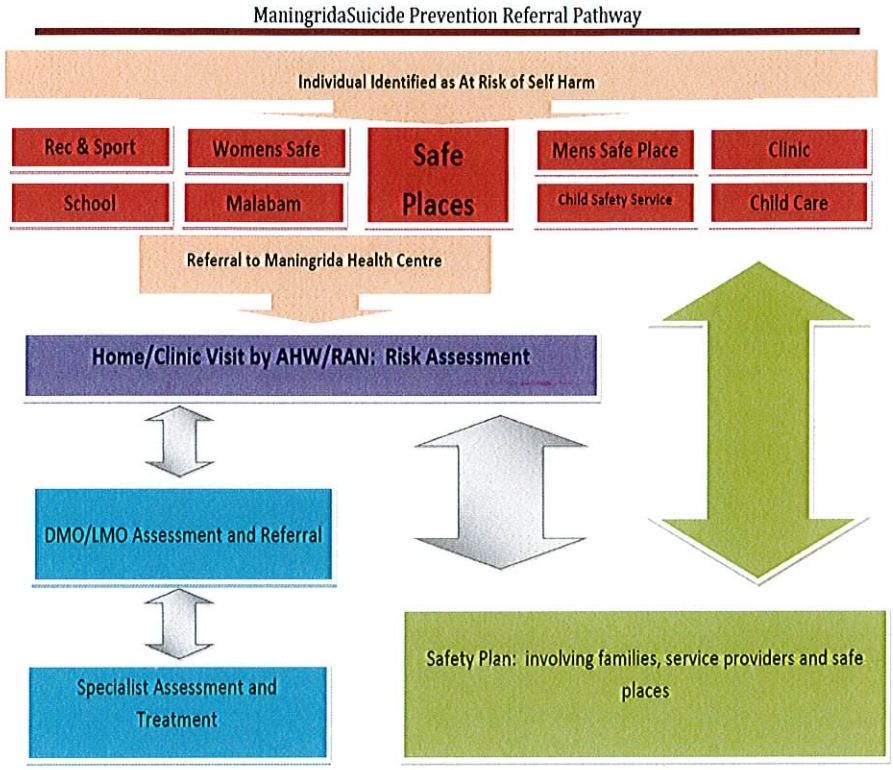
1. Working party to meet and decide if we have adequate current resources to do this properly
2. Get the nod from senior people – Malabam Health Board (other boards? / reference group)
3. Survey service providers – night patrol, child safety, others.... working group to put something together
4. Team of people to move around the 4 camps.
5. Meet with Night patrol, child safety, FAFT, womens group, other clusters, senior people/service providers,
6. Speak directly with those affected / family groups. Families affected by suicide attempts may be more open to approach.
7. Access Suicide Story program to start work with a key group (identified through initial consultation) on why we should talk about suicide

Resources

- It was agreed that dedicated time was needed to coordinate this activity. This could be a role for the Malabam Mental Health and Wellbeing Coordinator. However there is some concern that this task could be overwhelming and impinge on the other responsibilities of this position, particularly given it is a new position.
- It was agreed that additional human resources were needed, however acknowledged that there is no housing to support this.
- It will be vital to use those people already in community with some awareness – those who have done assist training (i.e. night patrol)
- A multi-agency working party can help direct and support this activity.

What are the different target groups /approaches for education?

- Children
    i. whole school approach – you can do it, habits of the mind, successful and happy lifestyles
    ii. those who don't attend – most attend at some stage
- Youth
    i. Need local scaffold around various visiting one off programs – framework under which all the individual programs fit
    ii. Need a commitment from a visiting organisation for ongoing support (as different from one off visit/programs).
    iii. Headworx – not available to remote??
    iv. Safetalk – used with higher grades at school and fit into youth / child safety etc - need a whole range of people in community trained in assist. Aim to raise awareness of warning signs of suicide and provide linkages into someone who can help them (assist trained / health service etc)
- Adults
    i. (approach not identified at this meeting)
- Those in positions to act
- Assist (to support safetalk)



Pathway Gaps

- Counsellors – high level professional skills working with a team of local workers
- Family support workers / social workers / relationship counsellors – lower level intervention
- Safe places – key role provide safety to women and children escaping domestic violence. Currently moving towards more structured training for safe house workers. Can develop capacity to be used as somewhere to go to talk. Moves to address issues around relationships and accessibility.
- Community awareness needs to be developed around role of safe house- how they can be used - what are limitations to what they can do. Working group to work with safe houses on this.
- Going to clinic – makes for panic from families, need alternatives for low level concerns.
- Need for protocols around sharing of information between agencies re risk to ensure capacity to follow up
- Funding model already developed and submitted

What are the risk groups (pre-empting risk groups identified in community engagement)?

- Youth and others experiencing situational difficulties and without problem solving skills.
- Individuals with a history of trauma (domestic violence, rape etc) without adequate response/follow up.
- Those experiencing disempowerment and perpetual grief
- Those affected by alcohol and other drugs
- Those showing self harm behaviour

What type of programs of support / intervention / education are available (pre-empting risk groups identified in community engagement)?

- MOS+
- Child Safety Service
- Psychologist (at risk youth)

What type of programs of support/intervention are needed?

- Counsellors – high level professional skills working with a team of local workers
- Family support workers / social workers / relationship counsellors – lower level intervention
- Drug and alcohol diversion/rehabilitation programs

What are the risk factors (pre-empting risk factors identified in community engagement)?

- Suicide as problem solving – lack of problem solving ability – merging of worlds – previous cultural structure contribution to problem solving fragmenting.
- History of trauma – domestic violence, rape etc – need to respond apropriately to trauma at the time
- Disempowerment
- Perpetual grief
- Substance abuse – factor in a number of suicides.

What type of programs are currently available that address risk factors (pre-empting risk factors identified in community engagement)?

- Diversion – activities – rec & sport, youth centre – need more
- Habits of the mind / you can do it – school
- YWCHEP – lots of relationship components – capacity to run on broader level – run at school, by noni/sarah through child safety/youth
- Cultural resilience programs – part of school curriculum
- Kids camps etc. – need more regularly. No man power to provide.

What type of programs are needed that address risk factors (pre-empting risk factors identified in community engagement)?

- Counsellors – high level professional skills working with a team of local workers
- Family support workers / social workers / relationship counsellors – lower level intervention
- Space/opportunities for adults to talk – limited – ICFC, safehouses
- Workshops for men, women at safehouse (for adults), youth centre (kids).
- Community engagement – need to identify what local people need
- What capacity do visiting agencies have to provide kids camps, workshops for men/women etc
- Drug and alcohol education / programs

What types of programs could be accessed ?

- Need advice from Anglicare / TEMHS

How do we keep the momentum?

This planning process has made it even more clear that any action must be adequately planned and resourced to ensure follow through and sustainability. The Working group will meet to identify if there is any action that can be taken without additional resources being available. It will look at possible approaches for making resources available to progress this plan. However it will be important to ensure that any activity is sustainable and outcomes can be followed through before embarking on any implementation.

Infrastructure - housing, wellbeing centre

It was again noted that implementation of plans with respect to suicide prevention are constrained by a severe lack of infrastructure including housing for professional staff and a building in which people can meet. Investment in housing and a wellbeing centre are vital to long term solutions.

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