

Feedback Form

Discussion Paper -

Northern Territory Suicide Prevention Strategic Action Plan 2014-2016

The above discussion paper invites public input into development of the NT Suicide Prevention Strategic Action Plan 2014-2016.

Please provide your comments by 30 June 2014.

Responses can be submitted via

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Post: Suicide Prevention Coordinator, Mental Health Directorate, Department of Health
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Please provide your contact details for future communication.

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Your thoughts and comments on the proposed 'Action Areas' (See page 6)

The six action Areas of the NT Suicide Prevention Strategic Plan should cover all aspects of a Suicide Prevention Plan

- While a whole of government approach to address this very challenging issues is welcomed it nevertheless neglects the involvement of key non- government stakeholders in this field. The NT suicide prevention committee should be inclusive of key Non – Government stakeholders
- Reference and inclusion of CALD communities especially from refugee background who are frequently affected by PDSB does appear to be lacking in the action plan
- Action plan does not refer to ex – soldiers experiencing PDSB and how to address their issues most effectively
- The development of shared vocabulary to discuss and address suicide in an intercultural context needs to be addressed in the action plan

ACTION AREA 1: PROVISION OF TARGETED SUICIDE PREVENTION AREAS IN THE NT (Pages 7-9)

1.Improved access

- 1.1. Promotion of help seeking behaviour needs to be provided in different languages when needed
- 1.2. Interpreters need to be continuously trained and supported in the topic of suicide prevention and support
- 1.3. Develop help/treatment pathways showing links to services.

2. Children

2.1 In addition to providing therapeutic services to children in care, therapeutic services like the “Holding Children together”, provided through Relationship Australia need to be expanded and strengthened. Their evaluation has provided some excellent results for children, young people and schools.

2.2 Suggestions for additional activities: Expand support programs to include adventure based therapy, including pre & post group work.

2.3 Investment in assessment services to assist schools and other key stakeholders in identifying children with early signs of conduct, behavioural and developmental problems.

2.4 Respectful relationship programs which are already aligned to the National School curriculum to become an integral program in schools such as NAPCAN's LoVE BiTES, Growing Respect and All Children Being Safe programs.

2.5 Specific targeted programs for children, young people and families which are designed and delivered by local Aboriginal groups, such as the Bush school project delivered by Akeyulerre, are vital programs to strengthen young people and their families. This approach is very much in line with the Elders “Report into Preventing

Indigenous Self –Harm & Youth Suicide (2014), which highlighted the link between culture and loss of cultural connection and young people vulnerable to self harm and suicide.

2.6 Children in care to have regular scheduled contact with relatives and are able to visit their community (country-land) where safe.

2.7 DCF resourced well enough to pursue the Aboriginal Placement Principle effectively instead of Young People drifting in the care system

3. Link between mainstream and ASTI services

3.1 Equip family members, elders and community leaders, to recognise symptoms and signs of suicide ideation, and be able to apply mental health first aid.

3.2 Progress shared perceptions and language around suicide issues

4 Ongoing Collaborative support

4.1 The support for high risk clients is essential and especially the provision of regular access to psychologists for children and young people in detention centres is paramount and the action plan needs to identify the link to the youth justice framework.

5 High risk groups

5.1 see point 4.1

5.2 The Action Plan refers to AOD services delivering different programs – it furthermore needs to address the issue of services increasing positions for Aboriginal workers in the community and within services

6 Improved Skills for frontline workers

6.1 This aspect of the action Plan should include the education system and assess the need for suicide awareness training and identify how best to provide training to this group of frontline workers. Especially in the light of cyber bullying etc. schools are the main system where children and young people spent a majority of their daily time and need to be provided with support where necessary.

7 Support for families and carers

7.1 The Action plan in this section does not make reference to the importance of having suicide awareness training available in different languages, with the assistance of skilled and trained interpreters. Reference should be made to the goal of having training and response packages which are culturally competent and safe.

ACTION AREA 2: BUILDING STRENGTH AND RESILIENCE IN INDIVIDUALS AND FAMILIES AT RISK IN THE NT (Pages 10-11)

1 Improved resilience

1.1 The Action plan refers to the expansion of the Youth in communities program and maybe other already existing programs such as the Mt Theo Program, which is a locally based, developed and driven program.

2. Prevention programs

2.1 The action plan refers to some school based strategies and NAPACN has done extensive work nationally and in the NT to provide a variety of preventative programs (aimed at different age groups) to the communities. Their All Children Being Safe Program was recently amended with the assistance of the Santa Teresa community to adapt it to the Central Australian context.

2.2 The involvement of young people and elders in the development of community based programs is essential.

3 Encouraging and Supporting help seeking

3.1 Develop and implement programs for males around gender issues, and roles in communities. Introduce Elder male mentoring programs for young Aboriginal males in communities and school system.

3.2 The "Rekindling the Spirit" which was devised in Lismore and provided in CA still finds a lot of support in CA and different community and staff members referring to it anecdotally

ACTION AREA 3: IMPROVING THE WELLBEING AND RESILIENCE IN COMMUNITIES ACROSS THE NT (Pages 12-14)

1.Improve community wellbeing

1.1 Support of Aboriginal female leadership and participation strategies

1.2 Suggestions for additional activities: Develop and introduce community based programs for males, covering developmental pathways, roles, responsibilities, and what constitutes being a 'man' in the family and community.

1.3 Development of evidence –based approaches to Aboriginal youth suicide

ACTION AREA 4: COORDINATING APPROACHES TO SUICIDE PREVENTION IN THE NT (Page 15)

1. The Non- Government sector needs to be involved in this. Otherwise there is a major gap and two silos “” working in this very critical field .An over-arching model must be developed to enable this happening.
2. An overarching model is required which can respond quickly to emerging problems of potential suicide activity in communities
3. The action plan and implementation should be aligned to the Aboriginal and Torres Strait Islander Suicide Prevention strategy

ACTION AREA 5: IMPROVING THE EVIDENCE BASE AND DISSEMINATING INFORMATION (Page 16)

1. It is essential to have a comprehensive data base of all suicide activity in the NT. This could take the form of a Public Health approach, culturally adapted, to include social determinants of health, historical, inter-generational and environmental factors.
2. Development of referral pathways for agencies with clear processes for all involved.

ACTION AREA 6: IMPLEMENTING HIGH STANDARDS AND QUALITY IN SUICIDE PREVENTION (Page 17)

1. Prevention should have a focus on developmental pathways, which covers pre-birth to adult hood. Early intervention techniques can be targeted to age groups, and linked to family systems and school environment. Professional services like medical, educators, community health workers should be trained to recognise and provide interventions to children/youth assessed to be at possible risk during developmental years.

ANY OTHER COMMENTS/FEEDBACK

There should be an overall strategic direction for early interventions and prevention for each stage of life. It is imperative to recognise the impact of family issues, trauma, and violence that may be affecting the developing child's life.

Symptoms of high level impact, can be a strong predictor for the potential of suicide ideation in a child/youth's late development stages.

Review the composition of the current NT Suicide Prevention Coordination Committee to include key NGO stakeholders across the NT.