WORLD SUICIDE PREVENTION DAY 2020
DRAFT SUMMARY REPORT

Prepared by SabrinasReach4Life, Darwin Northern Territory – December 2020

ABOUT THE FORUM

On 18 September 2020, Sabrina's Reach4Life facilitated a one-day forum for World Suicide Prevention Day (WSPD) in Darwin. The themes identified were a follow up from the issues raised at the WSPD Breakfast hosted by SabrinasReach4Life in September 2019.
Over 120 people attended even though places were limited due to COVID 19 restrictions in place. Up 25 people participated by telecommunications links within the Northern Territory and around Australia. The WSPD Forum Planning Committee's agenda was to hold workshops focussed on: strengthening collaboration in the Territory; elevating the role of young people in suicide prevention; drawing on the insights of community and people with lived experience of suicide; and to test the idea of establishing a Northern Territory Suicide Prevention Alliance. Local and interstate guest speakers energised the audience with their knowledge, experience and vision for working together to prevent suicide and improve access to services. The workshops were facilitated by locals with input from interstate speakers who added value to the deliberations by outlining what is working in other jurisdictions. There were many key priority areas identified to help the Northern Territory be Stronger Together to respond and reduce suicide in our community.

Context

The Northern Territory suicide rate is 19.1 deaths per 100,000 people, the highest in the country and more than 1.5 times the national average at 12.1 deaths per 100,000 people. The NT youth suicide rate is FIVE times the national average, and this is not declining. In 2019, young people aged 14 to 24 made up nearly 40 percent of the total number of deaths by suicide. Suicide continues to be the leading cause of death for young people and records show that there are about 14 deaths per 100,000 people in the Northern Territory.
In 2018, forty seven (47) people took their own lives and in 2019, fifty (50) people took their own lives. Thirty six percent (36%) were young people. Less than 30 percent of people who died by suicide in the NT were reported to have seen a mental health professional at least once, and less than 10 per cent were clients of NT Government mental health services.

The Forum

The forum agenda included both local and national keynote speakers on a range of topics, workshop speakers and facilitators from local service providers, NT Government, NT Primary Health Network, non government organisations and community members with lived experience. The forum ended with a Q and A panel and the NT Minister for Health, Ms Natasha Fyles MLA addressing attendees.

Workshops

- STRENGTHENING COLLABORATION ACROSS THE NT (1+ 8+5+6+9+10+12)
- NT ALLIANCE FOR SUICIDE PREVENTION (2+10+12)
- THE ROLE OF COMMUNITY AND LIVED EXPERIENCE (3+6+11+12)
- ELEVATING THE ROLE OF YOUNG PEOPLE (4+7+12)

Priority Areas identified

1. **Invest and respond** to the specific needs of local communities and vulnerable groups who are at higher risk of suicide. Early intervention and prevention must be a priority.
   There needs to be an urgent investment in a whole of government and whole of community system approach that is capable of working across the spectrum, to address rising rates of suicide. For example, we need to invest in an upstream model where we resource schools to

embed mental health education as we do physical health to children, young people, their networks and the wider community.
Increase the capacity for the community to respond where there are early signs and symptoms of distress, before they become acute and or suicidal.
KPIs to be developed to ensure critical Information sharing, which address safety and integrity across services that have carriage to support vulnerable Territorians who are experiencing distress. There is significant information already available regarding the unique, challenging and specific needs of particular age groups, locations and vulnerabilities of those in urban, regional and remote communities in the NT, who are at higher risk of suicide. Yet there does not seem to be a place-based approach in responding to local needs across the Territory. There needs to be a targeted strategy. Let's work *together* to address this.

2. **Establish a community led Territory Suicide Prevention Alliance**
   Those working in the Suicide Prevention sector are working hard and committed to reduce suicides in our community. However, there is no avenue for them to come together as a collective voice to share ideas for service improvement, response and supports; collaborate in developing effective pathways for those in need; share resources and training opportunities at an operational and strategic level, just to name a few reasons for this to happen. The idea of an Alliance similar to the Illawarra Shoalhaven model presented at the Forum, was supported and would facilitate those working in suicide prevention across the Territory to come together. Joint NT Government and NT PHN support to fund such an initiative, would be a step to achieve this. It was recognised that working in silos for such a small but disperse population is inefficient and works against best practice. There was a strong call for the establishment of an NT Suicide Prevention Alliance.

3. **Create opportunity to build the capacity and capability of people with lived experience and peer workforce** in service delivery. The National Mental Health Commission has long advocated for stronger, more meaningful engagement of the lived experience community. It is important that the NT Primary Health Network and health services support to build capacity and a pathway for Territorians to enter the NT peer workforce in a meaningful way. It is also recognised that not every person with lived experience is suited to training and working as a peer. However for those who believe they have something to offer and are suited to the role to help others, whether they are survivors of suicide loss, attempted suicide or self harm or carers of those who have attempted, there is little opportunity in the NT for them to be part of the solution.

4. **Create a meaningful platform for all young people to have representation and a voice at the local and national levels.**
   Young people are some of the most vulnerable in our community and a priority population yet very little is in place to provide a platform for them to be heard and/or represented. A body that can provide support to the youth sector and the young people they work with and for. Establishing a Youth Sector peak body as exists in other States and Territory is needed. The forum also supported a youth specific forum.

5. **Embed stronger leadership and governance to accelerate meaningful collaboration** across the suicide prevention sector. Adopting a similar model to South Australia of a Suicide Prevention Council appointed by the NT Government, will assist in elevating the strategic approach, responsibility and accountability across portfolios of reducing suicide across the Territory. The establishment of a Council who would advise CEOs of government departments,

the NT PHN and the Aboriginal Medical Association of the NT might assist in driving change from the top and across portfolios. CEOs would develop and report on their agency specific suicide prevention action plans. There is acknowledgement of a NT Suicide Prevention Coordination Committee but there is no consumer representation, and little is reported to the community on how the NT Suicide Prevention Framework is being implemented.

6. **Compassion first approach** by people in government, business and whole of community sector in suicide prevention. People need a connected and compassionate response rather than a disjointed and crisis driven service which often escalates their distress and may lead to suicide. Training those who are in roles to help those in distress to be more compassionate, understand the impact of trauma in someone's life and societal factors that may impact their distress is critical. This is also very important when dealing with people who have attempted suicide or bereaved by suicide, who are at higher risk of suicide themselves but rarely are given the attention and care they need.

7. **Reduce the crisis of disconnection** in our community. The opportunity to establish "safe spaces' (federal government initiative being rolled out in other states) will help interventions at the right time and reduce social isolation for vulnerable people in distress. This option could offer a pathway to more structured treatment when needed, to decrease the amount of people falling 'through the cracks". This is particularly important for suicide attempt survivors in our young population. A 'safe space' dedicated to adolescents in our community was supported. It is critical that services and support are integrated, including blended models of care. There should be greater focus on providing support for family and caregivers, including those bereaved by suicide, who are often isolated after a suicide due to immense grief, shock and stigma.

8. **Shift the responsibility of Suicide Prevention portfolio to the Department of Chief Minister.** Whilst the Department of Health must continue to take a significant lead role, all related portfolio leads can make a significant contribution to prevent suicide by taking targeted action to reduce specific risks, whilst all working towards a common goal that will help our communities be safer and supported at the right time and right place.
   The factors that contribute to suicide are complex and disparate and therefore require a whole of government approach. Reducing suicidal behaviour is the responsibility of all portfolios and communities. Recently the Productivity Commission determined that "*Australia's approach to suicide prevention holds promise*", but there are "*opportunities for improvement and government should make changes to ensure a cross portfolio approach*" (Action 9.3).

9. **Develop a stronger voice in suicide prevention at the national level.** Currently the Territory does not hold strong representation on a National level. (Who is sitting at the tables you are on from NTG and NTPHN)? For the Territory to build capacity around suicide prevention we need to be exposed to current thinkers from across the national and international arena, as well as some of the key trials underway across the country. The information is held by a few people and is not communicated to the sector. Regular updates and communication is needed.

10. **Build on shared knowledge and data** and invest in research. Government should expand investment in suicide data in a consistent and systematic approach, including collection and sharing of all relevant health and non-health data, to support policy decisions and agility to respond to emerging and shifting vulnerabilities. (Interim advice provided also by the Prime Minister's Advisor for Suicide Prevention). There may be privacy considerations which may

require change in legislation for sharing of information. This should be carefully considered as an immediate action, including the introduction of a register as exists in some other states.

11. **Shift from a predominantly medical model to a blended clinical/non-clinic model** drawing on peer workers and lived experience. New service models that develop the lived experience workforce, that are also aligned with a compassionate response delivered in the community, at home or in a community 'safe' space is also recommended by the recent Productivity Commission into Mental Health. (IA Action 12.2). Alternatives to hospital emergency departments have been introduced in other jurisdictions for some time and yet this is not being actively offered or trialled in the NT.

12. **Services need to be inclusive and culturally appropriate** for everyone. Introduce funding KPIs that need to demonstrate how the service is actively inclusive of all people and demonstrate an increase in awareness and knowledge. Appropriate training should be mandated for those who serve in the suicide prevention area. Culturally appropriate and inclusive suicide prevention services need to be responsive and effective for people of every culture. In 2016 ABS Census data reports that 30 percent of the NT population is born overseas and nearly 30 percent speak a language other than English at home (including Indigenous and non Indigenous languages). The Interim Advice by the Prime Minister's Advisor to Suicide Prevention recommends to "*strengthen the role and capability of Aboriginal and Torres Strait Islander organisations in suicide prevention and improve cultural safety within mainstream service providers, to better respond to the needs of Indigenous Australians*" (IA Recommendation 11)

WSPD Forum organisers and participants with Minister for Health, Natasha Fyles MLA.

We thank Charles Darwin University for hosting, the sponsors and supporters who supported the forum, demonstrating there is strength in collaboration