



Northern
Territory
Government



NT Suicide Prevention Strategic Action Plan

2015-2018



ACKNOWLEDGEMENTS

The NT Department of Health would like to acknowledge the assistance and support of the Australian Government and other State and Territory jurisdictions in the development of this Plan.

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An electronic version is available at www.suicideprevention.nt.gov.au

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Artwork

The Mangrove Tree artwork that has been utilised throughout this document was created by artist Ms Wayalwanga Marika of Birritjimi-Wallaby Beach, Nhulunbuy, NT.

The concept for the artwork was developed by Yolngu men of Yilpara, and uses the metaphor of the mangrove tree to signify the suicide prevention pathways provided by strong links to family, land and culture.

Ms Marika is also an Applied Suicide Intervention Skills Training (ASIST) Trainer with the Top End Suicide Intervention and Awareness Training team within Anglicare NT.



NT Suicide Prevention **Strategic Action Plan**

2015-2018



The Hon Adam Giles MLA
Foreword

The NT Government is pleased to announce the NT Suicide Prevention Strategic Action Plan 2015-2018, which will work in conjunction with the NT Government's overall *Framing the Future* strategy to build individual and community resilience, increase suicide prevention capacity and provide intervention and support to save Territory lives. The Northern Territory has been working hard to substantially reduce the number and impact of suicide-related deaths. I was privileged to open the inaugural NT Suicide Prevention and Wellbeing Conference in Darwin in June 2014 and heartened to see the many individuals and agencies who work tirelessly in this field come together to inform and guide each other in best practice approaches. The inter-generational grief, loss and trauma experienced by Aboriginal people and communities in the Northern Territory, in the past, is a significant suicide risk factor. The action plan addresses this risk through a range of measures to strengthen cultural wellbeing and identity. Effective suicide prevention requires a whole of government approach and strong community partnership in delivering a range of strategies and approaches to strengthen individuals and communities and this plan provides the way forward to strengthening our community into the future.

A handwritten signature in blue ink, appearing to be 'A. Giles'.

The Hon Adam Giles MLA
Chief Minister of the Northern Territory



The Hon John Elferink MLA
Foreword

I agree with the assertion that the essentials of happiness are "People need something to do, someone to love and something to hope for." Suicide is generally the realisation of the abandonment of hope. Few people could comprehend the forces that take a person to that desperate place and the challenge is to provide the understanding that there is a dawn even after the darkest night. The tragedy is visited not only upon the one who has passed but also those who surround them leaving behind feelings of guilt, frustration and the eternal question, "why?"

Government has a role to play in redirecting people away from this irreversible decision. We, through this plan, will seek to educate, guide, employ and enlighten all, about what can be done to prevent desperation from becoming manifest.

This action plan addresses many issues and causal factors including employment as a pathway from welfare dependency and I am delighted that the Department of Health has played such a prominent role in its development and will continue to play a continuing role in its implementation.

A handwritten signature in blue ink, appearing to be 'J. Elferink'.

The Hon John Elferink MLA
Minister for Health
Minister for Mental Health Services
Minister for Disability



Dr Len Notaras AM

Foreword

It has been a privilege for the Department of Health to facilitate government agencies from across the Northern Territory to come together to prepare this Action Plan. The format for the NT Suicide Prevention Strategic Action Plan 2015-2018 will allow us to monitor closely whether actions planned and intended are being delivered. Over the last eight years the rate of suicide-related deaths in the Northern Territory has decreased steadily, which reflects the resolve of the government, community and numerous individuals and agencies. Several innovative programs such as Suicide Story and community action groups such as the Darwin Region Indigenous Suicide Prevention Network and the Galupa Marn Garr Suicide Prevention Group at Ski Beach in Arnhem Land are just some of the many programs that are making a huge difference and saving lives in the Territory.

Although overall rates of suicide-related deaths are falling, suicide-related deaths in young people and amongst Indigenous women are increasing. Clearly, there is no room for complacency in combating this threat. Existing services must be strengthened and expanded to preserve momentum and new initiatives developed to address areas of need.

Both the Northern Territory and Australian Governments are committed to continuing to support the many programs and services that are making a difference. The NT Suicide Prevention Coordination Committee (NTSPCC) has worked to utilise the expertise and knowledge of diverse agencies to identify and support the many programs that continue to make such a difference in Territorians' lives every day. I want to take the opportunity to acknowledge the tireless efforts of all involved. The NTSPCC will continue to monitor progress on the actions contained in this plan and guide best practice in suicide prevention.

The Department of Health was also delighted to host a Northern Territory Suicide Prevention and Wellbeing Conference in Darwin in June 2014. Over 180 individuals and organisations who work so diligently in this sphere had the opportunity to share their knowledge and insights as well as hear from other experts working in this area. The Conference was a resounding success and more are planned in the future.

A new NT Suicide Prevention, Information and Support website was launched in November 2013 to inform all Territorians of the many agencies and supports they can access to keep themselves and their loved ones safe in times of adversity and crisis.

I urge all Territorians to look out for each other, keep each other safe and to seek assistance from the many supports and services that are in place, working to create hope and offer a future to people who are struggling with life.

Dr Len Notaras AM
Chief Executive
Northern Territory Department of Health

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Abbreviations

ACARA	Australian Curriculum, Assessment and Reporting Authority
ADSCA	Alcohol and Other Drug Services Central Australia
AG DOH	Australian Government Department of Health
AG DSS	Australian Government Department of Social Services
AG PMC	Australian Government Department of the Prime Minister and Cabinet
ASIST	Applied Suicide Intervention Skills Training
AOD	Northern Territory Government Department of Health, Alcohol and Other Drugs Program
CAMHS	Central Australia Mental Health Services
CDU	Charles Darwin University
CEPO	Community Engagement Police Officer
CE	Chief Executive
DAGJ	Northern Territory Government Department of the Attorney-General and Justice
DOE	Northern Territory Government Department of Education
DCF	Northern Territory Government Department of Children and Families
DCM	Northern Territory Government Department of the Chief Minister
DCS	Northern Territory Government Department of Correctional Services
DOCS	Northern Territory Government Department of Community Services
DHsg	Northern Territory Government Department of Housing
DOH	Northern Territory Government Department of Health
DLGR	Northern Territory Government Department of Local Government and Regions
DSRR	Northern Territory Government Department of Sport, Recreation and Racing
DTF	Northern Territory Government Department of Treasury and Finance
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer, Questioning and Intersex
LIFE	Living is for Everyone
MHACA	Mental Health Association of Central Australia
NAAJA	Northern Australian Aboriginal Justice Agency
NATSISPS	National Aboriginal and Torres Strait Islander Suicide Prevention Strategy
NT	Northern Territory
NTCATT	Northern Territory Crisis Assessment Telephone Triage and Liaison Service
NTLAC	Northern Territory Legal Aid Commission
NT Police	Northern Territory Police
NTSPSAP	Northern Territory Suicide Prevention Strategic Action Plan 2015-2018
PFES	Northern Territory Government Police, Fire and Emergency Services
RDH	Royal Darwin Hospital
TADS	Tobacco, Alcohol and Drug Service
TEMHS	Top End Mental Health Services

Executive Summary

We must do everything possible to prevent suicide and self-harm in the NT and to reduce the impact this has on individuals, families and communities. It is also clear that suicide prevention and intervention require a sustained effort. Solutions involve a range of different sectors, including health, justice, education, housing, welfare, and child protection, and Northern Territory departments have been working together on this to identify the programs, services and resources that will work best in keeping people safe, build hope and offer choice.

This new plan commits to explicit actions to be implemented over the next four years. Many of these actions strengthen existing programs and initiatives, while others provide opportunity to innovate and identify new actions to be implemented over the life of the plan. Whilst the actions mainly target the general population, almost one third of actions specifically target Aboriginal and Torres Strait Islander individuals and communities.

Awareness, prevention, intervention and postvention are covered in the key components of this new four year plan which aims to;

1. Promote a culturally responsive approach by working to include cultural frameworks and language into service provision and information;
2. Grow awareness of warning signs and risk of suicide to promote the ability of individuals and communities to respond to individuals in need;
3. Increase the availability of information and support for those at risk, their families, carers, and significant others;
4. Increase communication between the Northern Territory and Australian Government departments and the non-Government organisations they fund to provide suicide prevention activities and to expand knowledge of best practice in this area;
5. Strengthen communities and individuals through targeted activities that build wellbeing and resilience;
6. Identify and promote high standards in the provision of suicide prevention and response; and
7. Expand the research and evidence-base for prevention of self-harm and suicide in order to develop effective interventions.

This is the focus for the next four years. The delivery of these actions by Government departments will lead to new initiatives and challenges to be considered for the next Plan, beyond 2018.



Background

1.1 Introduction

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 identified six key areas for action, ensuring that suicide prevention activities were ongoing across a number of government and non-government agencies.

In 2006, a Suicide Prevention Coordinator was appointed within the DOH to re-establish a whole of government approach to suicide prevention. In 2007, a cross-government Suicide Prevention Coordinating Committee was established to monitor and evaluate the progress of the framework and to develop an action plan for suicide prevention in the NT.

In 2007, the Australian Government published the Living is for Everyone (LIFE) framework for the prevention of suicide in Australia. Australia was one of the first countries to develop a national strategic approach and following its publication, jurisdictions elected to follow this framework in developing their state and territory suicide prevention strategies.

The NT Suicide Prevention Strategic Action Plan 2009-2011 was launched in March 2009 and provided actions and initiatives to reduce self-harming behaviour and enhance the resilience and capacity of the NT community. The result of this plan was the steady decrease in suicides over this period.

In 2011, a bi-partisan NT Parliamentary Select Committee assembled to inquire into the high rates of youth suicide in the NT. Over 42 submissions were received and forums were held across the Territory. The resulting report, *"Gone Too Soon: A Report into Youth Suicide in the Northern Territory"* tabled in Parliament in March 2012, contained recommendations of actions to increase youth resilience in the Territory. Many of these recommendations are being implemented and have provided context to the new NT Suicide Prevention Strategic Action Plan 2015-2018 (NTSPSAP).

The NT Child Deaths Review and Prevention Committee also released *"Suicide of Children and Youth in the NT, 2006-2010"* in 2012 and their recommendations have also been considered in formulating the NTSPSAP.

In March 2013, the "National Aboriginal and Torres Strait Islander Suicide Prevention Strategy" (NATSISPS) was released utilising information received from national forums held throughout 2012. These forums were well attended in the NT and much of the information gathered was included in the NATSISPS. Key areas of the NATSISPS included developing the capacity of communities and organisations to provide local leadership, provision of resources and postvention support. The importance of using cultural healing and strengthening communities to formulate their own solutions has been embedded in the new NTSPSAP. Many of the stated outcome areas from this strategy were used to frame the actions contained in the new NTSPSAP.

1.2 Challenges in the Northern Territory

Particular groups are more at risk than others. Rates of suicide-related deaths are higher in young people, males, people who are from an Indigenous background and those living remotely. The NT has higher rates of suicide-related deaths in these groups compared to other jurisdictions. We also have high rates of alcohol and drug abuse, crime, family violence, sexual and physical abuse, chronic disease, children in care and mental illness. These factors tend to lower an individual’s ability to build resilience and create positive coping mechanisms. Following are the known risks that are associated with higher rates of suicide-related deaths;

- | | |
|---|---------------------------|
| <i>Prior and repeated self-harm attempt/s</i> | <i>Substance use</i> |
| <i>Relationship difficulties</i> | <i>Situational crises</i> |
| <i>Mental illness</i> | <i>Depression</i> |
| <i>Family/community history of suicide</i> | <i>Abuse or trauma</i> |
| <i>Impulsivity or Anger</i> | <i>Recent loss</i> |
| <i>Distress related to sexuality or gender issues</i> | <i>Bullying</i> |

The NT has a small population spread over a large land area. When a person ends his or her life in a rural or remote setting with a small population, the impact and exposure is heightened. A suicide in a community increases the likelihood of further attempts therefore increasing the overall risk to that community. This risk is amplified when suicide is seen as an option for dealing with a situational or relationship crisis.

Many young people growing up in remote communities have witnessed suicides and suicide attempts. Previous trauma, relationship issues, lower educational attainment, drug and alcohol concerns tend to increase this risk. This is also the time when young people are navigating their way through the years of identity formation. The pressure to conform, to complete study and to form relationships in an era of instant and never ending communication presents new challenges in suicide prevention. Cyber bullying and time spent by youth indoors connected to technology is increasing. Finding ways to utilise technology, strengthen young people through culture, sports and the arts in order to find a sense of belonging are essential in addressing youth suicide in the Territory. Dislocation from culture, the lack of employment opportunities, boredom and hopelessness also creates increased risk.

The many males who work remotely away from family and friends in the mining and construction industries in the NT are also at increased risk. Long hours and weeks spent working in difficult conditions can cause relationship issues and increase isolation. Factors contributing to a person being at risk of suicide contain one or more of the known risks above. It is important that solutions address the potential risk factors and their underlying causes and issues.

Stigmatising Terminology

The use of suicide terminology can be stigmatising and has changed over time. In “talking about suicide” the appropriate terminology is suggested below.

STIGMATISING TERMINOLOGY	APPROPRIATE TERMINOLOGY
Committed suicide	Died by suicide
Successful suicide	Suicided
Completed suicide	Ended his/her life or took his/her own life
Failed attempt at suicide	Non-fatal attempt at suicide
Unsuccessful suicide	Attempt to end his/her life



1.3 What are the statistics in the Northern Territory?

1.3.i National Data on Suicides

Data on confirmed deaths from suicide is compiled by the NT Office of the Coroner and sent to the National Coronial Information Service (NCIS). The Australian Bureau of Statistics (ABS) receives data from the NCIS and publishes data on suicides based on year received, rather than the year of death. Age standardised death rates enables the comparison of death rates between populations with different age structures by relating them to a standard population. Standardised death rates (SDRs) are expressed per 100,000 persons in Australia.

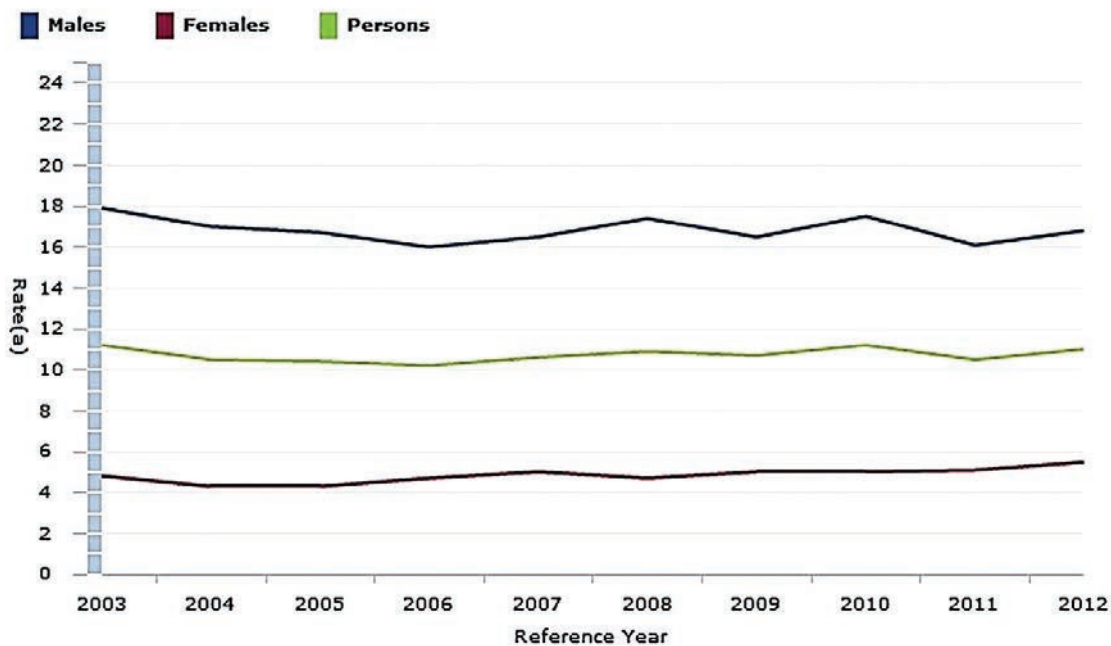


Chart 1: Age-standardised Death Rates for Suicides, 2003-2012

Source: ABS 3303.0 Causes of Death, Australia, 2012.

1.3.ii The Northern Territory Suicide Rate and Trends.

The Northern Territory has a small population spread over a large geographical area. Each year, an average of 50% of suicide-related deaths occur in the Darwin area, approximately a quarter of deaths occur in remote regions in the Top End and the rest in the Central Australia region. On average, 40 people take their own lives in the Territory each year, 80% of whom are male. Over half of these deaths are Indigenous males. Hanging is the most common method and accounts for over 80% of all deaths.

People who have been assessed by a mental health practitioner at least once, account for less than 30% of people who took their own lives. Clients of the Top End and Central Australia Mental Health Services account for less than 10% of suicides. There is also no reliable data to support the often quoted myth that suicides increase in the "build up" season. Each year the pattern of suicide-related deaths across the year and throughout the NT is different to the previous year.

Over the last eight years, deaths from suicide in the NT have been decreasing. In 2005 the rate of suicide related deaths was 22.5 per 100,000 population. Data released for 2012 indicate deaths from suicide in the NT were 18.1 per 100,000 population. On the basis of unconfirmed data these figures are projected to decrease further in the 2015 release of 2013 statistics.

Suicide, Number of deaths, age-standardised death rate, NT, 2001–2010

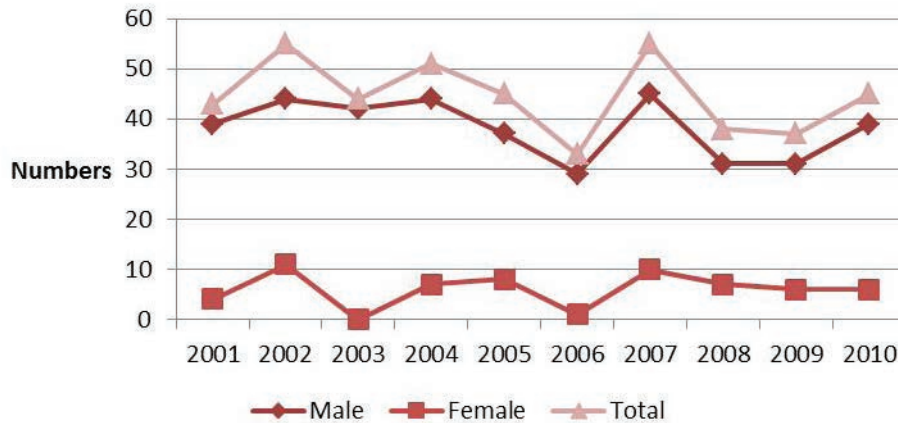


Chart 2: Standardised Suicide Death Rates (NT) 2001 - 2010

Source: ABS 3303.0 Causes of Death, Australia, 2012

1.3.iii NT Aboriginal and Torres Strait Islander Suicide Rates and Trends.

Death from suicide amongst Aboriginal and Torres Strait Islander people is almost three times higher per-capita than for non-Indigenous people in the Territory. Suicide-related death rates have been high but are falling amongst young Aboriginal men, but rates amongst young Aboriginal women began increasing in 2012. Suicide is a complex phenomenon and factors relevant to understanding the pattern of suicide-related deaths in these population groups include low educational levels, unemployment, poor health, alcohol and drug issues, cultural dislocation and rates of incarceration as well as witnessing the effects of suicide.

Suicide, Number of deaths and age-standardised death rates by Indigenous status, NSW, Qld, SA, WA, NT, 2001-2010

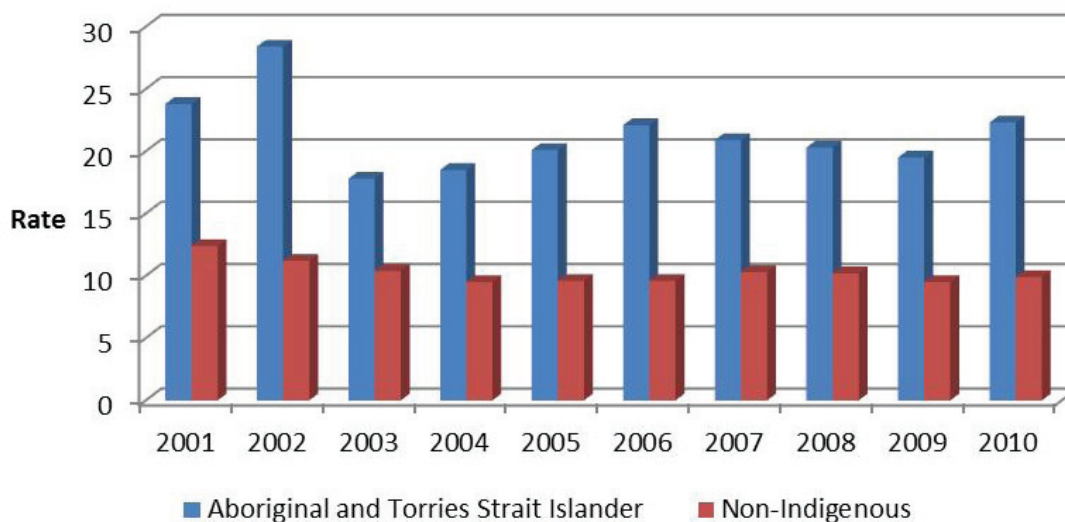


Chart 3: Standardised Suicide Death Rates (Australia) by Indigenous status 2001 - 2010



1.3.iv Youth Suicide Rates and Trends.

Suicide remains a leading cause of death for young people in Australia, second to motor vehicle accidents. The rate of deaths from suicide in the 15-34 year age groups in the NT remains high, especially in Indigenous youths. Of concern is the fact that rate of death due to suicide appears to be increasing in the 15-24 year age group

Chart 3a: Suicide Death Rates 2008 - 2012 Comparing Selected 10-year Age Groups: Australia

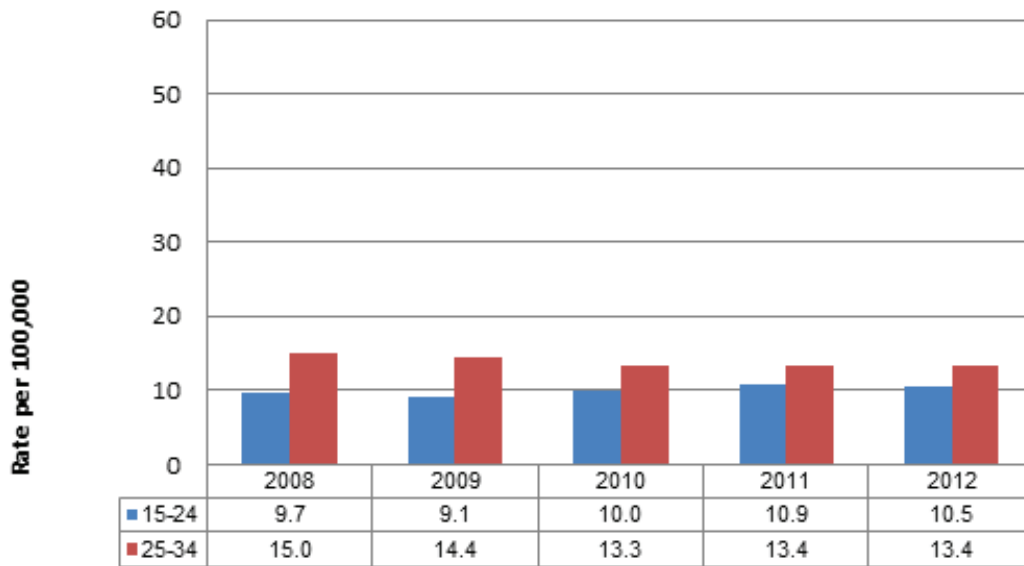
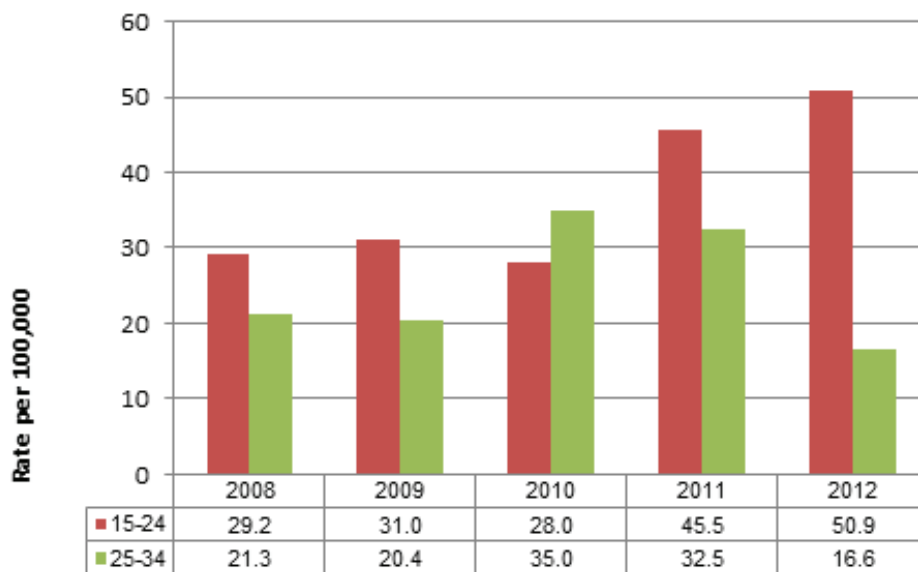


Chart 3b: Suicide Death Rates 2008 - 2012 Comparing Selected 10-year Age Groups: Northern Territory



Source: ABS 3303.0 Causes of Death, Australia, 2008 – 2012.

1.4 Development of the NT Suicide Prevention Strategic Action Plan 2015-2018

In late 2012, a new Northern Territory Suicide Prevention Coordination Committee (NTSPCC) comprising Northern Territory and Australian Government representatives met to begin formulating a new NT Suicide Prevention Strategic Action Plan 2015-2018 (NTSPSAP). Membership at an Executive Director level reflected the commitment to a cross-government approach and has enabled delivery of an effective whole of government strategic direction with associated actions for the NT over the next four years.

Community consultation throughout the NT of suicide prevention concerns over the last three years has been exhaustive, with over 40 submissions received during the NT bipartisan Parliamentary Inquiry into Youth Suicide in 2011/2012. Large numbers of concerned individuals, community members and stakeholders attended the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy forums in the NT in 2012. The feedback received from both these consultative processes has been used to inform the actions contained in this plan.

NTSPCC members have been heavily involved in the formulation of the Action Plan. With almost all the major agencies who provide suicide prevention in the NT receiving funding from the Northern Territory Government or Australian Government departments, representation of programs and initiatives is ensured and will be monitored in the coming years.

The NT Suicide Prevention Strategic Action Plan also signals a commitment from all government departments to work together to strengthen individuals, families and communities in the NT. The NTSPCC will continue to meet regularly to disseminate knowledge, information and updates on best practice and work collaboratively to reduce the rate of suicide in the NT.

In late 2013, the NT Government undertook to hold an inaugural NT Suicide Prevention and Wellbeing Conference in order to showcase the many programs and agencies involved in suicide prevention in the NT. The conference also afforded an opportunity for the 180 delegates to provide feedback on a new NT Suicide Prevention Strategic Action Plan through a discussion paper made available in hard copy to delegates and online to the general public.

Submissions were received from a number of regions and the insightful feedback provided has been incorporated into this new Action Plan.



Action Areas

2.1 What works in Suicide Prevention?

The reasons that lead to individuals deciding to take their life are varied and complex. It is difficult to predict when suicide might occur and why. A sudden change in circumstance such as unemployment, physical injury or a loss (e.g. of a relationship or loved one) can have devastating effects. Preventing suicide-related deaths requires a focus on the areas that contribute to increased risk.

Strategies that create resilience and lower the risk of suicide may focus on:

- Increasing connectedness through culture, sport, arts and community building.
- Building healthy and respectful relationships with family, colleagues or significant others.
- Increasing educational attainment and employability.
- Increasing physical and mental health through accessibility of services and health promotion.
- Early diagnosis of mental health illness, including depression.
- Lowering the rates of violence, including family and domestic violence.
- Strengthening children and families wellbeing through early childhood programs.
- Lowering rates of alcohol and other substance abuse.
- Decreasing rates of incarceration.
- Celebrating and embracing diversity.
- Working collaboratively across government and non-government agencies.
- Increasing suicide awareness and skills training.
- Building an evidence base and fostering research in the Territory into self-harm and suicide prevention.
- Identifying and maintaining high standards and quality in health and mental health services.

The new NTSPSAP has been formulated with reference to the national LIFE Framework. Suicide prevention and intervention requires a consistent and sustained effort. Every effort has been made to include and support programs that have been found to be beneficial. New actions reflect targeted approaches to supporting individuals and groups at risk, taking into account best practice across Australia and beyond. The Action Plan also embeds actions aimed at strengthening Aboriginal and Torres Strait Islander people at every level.

2.2 Action Areas

Action Area 1: Provision of targeted suicide prevention activities in the NT.

Action Area 2: Building strength and resilience in individuals and families at risk in the NT.

Action Area 3: Improving wellbeing and resilience of communities across the NT.

Action Area 4: Coordinating approaches to suicide prevention in the NT.

Action Area 5: Improving the evidence base and disseminating information.

Action Area 6: Implementing high standards and quality in suicide prevention.

Action Area 1: Provision of targeted suicide prevention activities in the NT

OUTCOME		ACTION	
IMPROVED ACCESS TO SERVICES			
1.1.a	There is access to effective targeted and specialist services for people who are at risk of suicide or self-harm.	1.1.a.i	NT Suicide Prevention Information and Support website to be maintained and updated.
		1.1.a.ii	DOH continues to consider funding options of suicide prevention initiatives Territory-wide.
		1.1.a.iii	Funding allocation for Volatile Substance and Alcohol and Other Drug Services for Youth at risk and youth diversion programs.
		1.1.a.iv	Programs such as BushMob will continue to provide support to Indigenous youth at risk.
1.1.b	Children with early or emerging risk of conduct, behavioural and developmental problems are identified and referred to culturally sensitive therapeutic programs.	1.1.b.i	DOH continues to provide policy advice and support of specialist child and adolescent mental health service providers in the NT.
		1.1.b.ii	Tiered response to intervention model for School Support Services and Regional Specialist Advisors in behavioural and developmental problems
		1.1.b.iii	Provide programs for primary school children showing early signs of emotional and behavioural problems in line with the associated recommendations of the Indigenous Education Review.



OUTCOME	ACTION
1.1.c Partnerships between mainstream specialist mental health, Aboriginal and Torres Strait Islander wellbeing services and community organisations are maintained and strengthened.	1.1.c.i DOH continues to promote collaborative working partnerships in line with the NT Mental Health Strategic Plan and the NT Aboriginal Health Strategy.
ONGOING COLLABORATIVE SUPPORT IN AREAS OF NEED	
1.2.a Collaborative approaches are employed by Government and community agencies to ensure supports for higher risk clients.	1.2.a.i Explore opportunities for new Mental Health acute inpatient beds for young people to be provided in Darwin to improve services for young people with an acute mental illness and assist in providing time-limited assessment of high risk young people.
	1.2.a.ii The facilitation by Prison In-Reach of co-case management meetings which include relevant stakeholders, to ensure appropriate plans are in place to support clients upon release.
HIGH RISK GROUPS ARE SUPPORTED TO REDUCE INSTANCES OF SUICIDAL BEHAVIOUR	
1.3.a Alcohol and Other Drug strategies and services targeting youth and NT residents with addictions are strengthened.	1.3.a.i TADS dual diagnosis workers to provide interventions, assessment and referrals to clients in hospital presenting with serious self-harm and substance abuse.
	1.3.a.ii TADS psychologist to provide AOD counselling services at headspace during the week.
	1.3.a.iii Alcohol education to be provided in schools through ADSCA.
	1.3.a.iv Alcohol and drug awareness education to be offered to youth and parents during youth week and as requested.
	1.3.a.v Alcohol and Drug Community Services Officers to work in communities to support AOD, Tobacco and Volatile Substance Abuse prevention/intervention.

OUTCOME	ACTION
<p>1.3.b Coordinated support for offenders including youth is provided utilising a multi-agency approach to develop capacity and deliver counselling and support.</p>	<p>1.3.b.i Support the training of all Community Corrections staff in suicide prevention awareness programs and mental health awareness training.</p>
	<p>1.3.b.ii Primary Health Care Clinic and Forensic Mental Health Service to work in with DCS to assess, manage and treat offenders with a past history or current risk of suicide.</p>
	<p>1.3.b.iii New Youth Justice Framework to identify and support Indigenous youth offenders utilising youth boot camps to facilitate cultural connectivity and pride in culture.</p>
<p>1.3.c Access to support and counselling for individuals and families bereaved or affected by suicide is strengthened and expanded in the NT by provision of appropriate postvention responses.</p>	<p>1.3.c.i NT Suicide Prevention Information and Support website to provide current information on online, telephone and face to face bereavement counselling and support opportunities for NT residents.</p>
	<p>1.3.c.ii Support and advocate for ongoing postvention services in the Territory.</p>
	<p>1.3.c.iii Support and explore the expansion of suicide prevention networks.</p>
	<p>1.3.c.iv Under AG DOH funding the Primary Health Network continues the work undertaken by NT Medicare Local for the production of Community Flow Charts to identify natural helpers and capacity within communities in the NT.</p>
	<p>1.3.c.v Procedural guidelines to assist in responding to attempted suicide or suicide in schools are developed with headspace School Support.</p>
<p>1.3.d Homelessness is reduced amongst vulnerable populations.</p>	<p>1.3.d.i Government agencies work collaboratively to identify and support programs that assist in addressing homelessness.</p>
<p>1.3.e Support for the NT LGBTQI community is strengthened.</p>	<p>1.3.e.i Programs to support LGBTQI youth and community are supported by DOH.</p>



OUTCOME		ACTION	
1.3.f	Programs targeting self-harm and suicidal presentation are developed for use across the NT.	1.3.f.i	Continued support of The Way Back Support Service pilot which was funded by beyondblue to provide support and coordination of care to people who have attempted suicide.
		1.3.f.ii	Prison In-Reach Program to explore options for the inclusion of self-harm prevention education in their Relapse Prevention Group to support clients who are at risk of self-harm.
		1.3.f.iii	Explore self-harm prevention tools and training packages that can be targeted at NT communities.
1.3.g	Support children and young people in need of care and protection as defined by the Care and Protection of Children Act.	1.3.g.i	Provide therapeutic support services to traumatised children and young people in contact with the statutory child protection system.
		1.3.g.ii	Improve the capacity of families, carers and DCF staff to identify and respond to children and young people who are in contact with the statutory child protection system and who may be at risk of self-harming or suicidal behaviour
IMPROVED SKILLS FOR FRONTLINE WORKERS, FAMILIES AND CARERS			
1.4.a	Frontline workers are provided with training in suicide awareness and skills programs and receive support.	1.4.a.i	Training on acute mental health and alcohol and drug presentations is provided to RDH Emergency Department .
		1.4.a.ii	Support the increased provision of suicide prevention training packages across the NT.
		1.4.a.iii	Promote uptake of the Mental Health Professional On-line Development (MHPOD) training on suicide awareness and risk assessment for mental health professionals.
		1.4.a.iv	Promote the benefit of suicide awareness training to frontline workers in the Northern Territory Government.
		1.4.a.v	The StandBy Response Service to provide Suicide Bereavement Training to staff responding to incidents as well as individuals/families/support workers.
		1.4.a.vi	All NT Police personnel to undertake annual on-line refresher training in relation to custody risks. This includes the identification of at-risk people at the assessment stage and consequent reference to medical support and further evaluation.
1.4.b	Families and carers are informed and supported to acquire suicide awareness skills.	1.4.b.i	DOH to maintain and update the NT Suicide Prevention, Information and Support website which contains links to suicide prevention promotion.

Action Area 2: Building strength and resilience in individuals and families at risk in the NT

OUTCOME	ACTION
IMPROVED INDIVIDUAL AND FAMILY RESILIENCE	
<p>2.1.a Culturally appropriate community activities to engage youth, build cultural strengths, leadership, life skills and social competencies are provided.</p>	<p>2.1.a.i Under the Stronger Futures in the Northern Territory Child, Youth, Family and Community Wellbeing Package, the Youth in Communities program is expanded to provide greater equity of access and increase service providers' capacity to provide outreach services, as required.</p>
	<p>2.1.a.ii DOCS Service Delivery Unit to deliver the Remote Service Delivery National Partnership, and monitor and report on the 15 Remote Service Delivery sites currently providing 223 actions/ programs directed at children, youth, men, women and families to build strong, resilient and safe communities.</p>
	<p>2.1.a.iii The Office of Multicultural Affairs will continue to administer funding through its multicultural grants program to assist migrant and multicultural communities by providing funds towards projects that benefit the NT in terms of social inclusion, social cohesion and/or cultural and linguistic diversity. This includes funding towards the operation of the Multicultural Council of the Northern Territory, Multicultural Community Services of Central Australia and Multicultural Youth NT.</p>
<p>2.1.b Long term sustainable prevention strategies that build resilience and promote social and emotional wellbeing are specifically developed for Aboriginal and Torres Strait Islander families and children.</p>	<p>2.1.b.i DOCS to continue to work with the Australian Government under the Stronger Futures Partnership Agreement to develop the NT Aboriginal Workforce Development Strategy outlining their ten year commitment to improving the employment, career development and retention of Aboriginal people in the NT.</p>
	<p>2.1.b.ii The Office of Women's Advancement (OWA) to run programs and initiatives that focus on empowering women, celebrating women's achievements and promoting positive role models.</p>
	<p>2.1.b.iii Under "Framing the Future" the NT Government will implement the National Plan to Reduce Violence Against Women and Children 2010-2022 and develop a whole of Government Domestic and Family Violence Strategy.</p>
	<p>2.1.b.iv DOCS to implement A Conversation in the Community providing inspirational speakers to promote discussion and debate on a wide range of issues including domestic and family violence, gender equality and women's leadership and participation.</p>
	<p>2.1.b.v Whole school behaviour and mental health approaches to be supported in NT Government Schools.</p>
	<p>2.1.b.vi Whole school approaches to social and emotional learning are adapted to suit local contexts in Government Schools.</p>
	<p>2.1.b.vii Under the "Pillars of Justice" framework, DAGJ will provide support to victims of crime including through the Crimes Victims Services Unit funded programs delivered by the non-Government sector.</p>



OUTCOME		ACTION	
2.1.c	Mental health tools adapted to improve access and use.	2.1.c.i	School counsellors and psychologists continue to work in culturally appropriate ways .
ENCOURAGING AND SUPPORTING HELP SEEKING			
2.2.a	Access to wellbeing services among Aboriginal and Torres Strait Islander males is improved.	2.2.a.i	Establishment and resourcing of a Male Policy Unit and support of the newly established Indigenous Male Advisory Council established by the Chief Minister to give men a voice in suggesting strategies for reducing family and community violence and child abuse.
2.2.b	Programs targeting male resilience and relationship issues are developed and existing programs expanded.	2.2.b.i	Support OzHelp Foundation Ltd with the delivery and expansion of the Tradies Tune Up program.
		2.2.b.ii	Support existing suicide prevention programs that focus on male relationship issues and provide guidance in the development of new initiatives.
		2.2.b.iii	Funding of Central Australian Aboriginal Congress to provide programs that strengthen family relationships in Central Australia.
		2.2.b.iv	“Men’s Behaviour Change Program” in Alice Springs to be delivered under the Integrated Response to Domestic and Family Violence Project. The program will support men who use family and domestic violence to change their behaviour ensuring the safety of women and children, and contributing to long term change.
2.2.c	NT Aboriginal and Torres Strait Islander organisations supported to provide counselling and therapeutic support.	2.2.c.i	Investigate options for the provision of an Aboriginal and Torres Strait Islander telephone support service in the NT.
		2.2.c.ii	Support existing training opportunities for Aboriginal Health Workers and Aboriginal Mental Health Workers.
2.2.d	Participation of Aboriginal and Torres Strait Islander people in the suicide prevention and wellbeing workforce is strengthened.	2.2.d.i	Support the pathways outlined in the NT Aboriginal Health Strategy (2014) to increase Aboriginal Mental Health training and workforce.

Action Area 3: Improving wellbeing and resilience of communities across the NT

OUTCOME	ACTION
IMPROVE COMMUNITY WELLBEING AND RESILIENCE ACROSS THE NT	
<p>3.1.a Communities are supported to develop strategies to promote and increase community awareness and develop and implement community suicide prevention plans.</p>	<p>3.1.a.i The Wesley LifeForce suicide prevention program continues to be funded to establish community based suicide prevention networks.</p> <p>3.1.a.ii Continue to provide support and guidance to communities in the establishment of suicide prevention networks.</p> <p>3.1.a.iii Continue to support the work undertaken by the Indigenous Men’s Health Promotion Officer across the Top End.</p> <p>3.1.a.iv DOH to investigate the provision and training of mental health and wellbeing coordinators to larger communities.</p> <p>3.1.a.v NT Police, in conjunction with local community leaders and other agencies, continue to operate Community Safety Committees (CSCs) to produce Community Action Safety Plans with the goals of i) mutual respect and working partnerships, ii) reduction of domestic and family violence, iii) reduction of substance abuse, and iv) improvement of community amenity.</p> <p>3.1.a.vi DOH to oversee the promotion of suicide prevention promotional events and/or initiatives.</p> <p>3.1.a.vii Support for the Nhulunbuy community to develop services that promote community wellbeing.</p>
<p>3.1.b Communities are assisted to plan and implement both short term and long term early intervention and prevention activity.</p>	<p>3.1.b.i Police Officers conducting community engagement activities continue to participate in school-based activities in remote communities to heighten youth awareness of behaviours detrimental to emotional well-being. The current Community Engagement Police Officer (CEPO) Program is a federally-funded trial for which continued funding is being sought.</p> <p>3.1.b.ii DOH continue to support the Mental Health Association of Central Australia (MHACA), to provide and extend provision of Suicide Story to the Top End and youth.</p>
<p>3.1.b Communities are assisted to plan and implement both short term and long term early intervention and prevention activity.</p>	<p>3.1.b.iii DOH to continue to fund provision of suicide prevention awareness training for communities provided through Anglicare NT and Lifeline Central Australia.</p> <p>3.1.b.iv Scoping and consideration of youth counselling and services in the Barkly region.</p>



OUTCOME		ACTION	
3.1.c	Retention and fostering of NT Aboriginal Culture is recognised as being integral to Indigenous Suicide Prevention.	3.1.c.i	Police Officers conducting community engagement activities continue to work with Indigenous elders to support their standing in communities and direct governance issues through them. This support is seen to be crucial to effective self-support mechanisms in remote communities.
3.1.d	Programs to record, retain and use NT Aboriginal languages are developed/ expanded.	3.1.d.i	Aboriginal Interpreter Service to provide a Territory wide 24/7 interpreting service to organisations to effectively communicate and engage with their Aboriginal clients and to Aboriginal people where English is not their first language.
		3.1.d.ii	Police Officers conducting community engagement activities to assist other agencies in remote communities to achieve retention and promotion of language, e.g. input into the development of the newly-released Groote Eylandt safety film, which has been produced in English and Anindilyakwa.
		3.1.d.iii	Provision of community health wellbeing and suicide prevention promotional DVD's and pamphlets in local language is extended.
		3.1.d.iv	DOH to investigate viable technology-based suicide prevention initiatives.
3.1.e	Programmes utilising a return to country and fostering relationships between elders and youth to encourage connection and cultural knowledge are established/maintained	3.1.e.i	Police Officers conducting community engagement activities continue to support return to land schemes in remote areas.
		3.1.e.ii	Sport and Recreation Officers work in with elders to provide opportunities for those exposed to suicide to return to country in areas.
		3.1.e.iii	NT Police continue to support activities of the various Indigenous Ranger and Sea Ranger programs operating in Indigenous Protected Areas and coastal communities.
3.1.f	Sport and the Arts in the Territory are supported and expanded due to their protective nature and capacity to enhance wellbeing.	3.1.f.i	The Counterpunch Program is evaluated for effectiveness and value.
		3.1.f.ii	Provision of the Clontarf Academy continues to be supported.
		3.1.f.iii	DOH promotes suicide prevention training opportunities.
		3.1.f.iv	The Sports Voucher Scheme is expanded in order to encourage participation in sport, recreation and cultural activities in the Northern Territory owing to its protective influence. Peak Sporting Bodies are funded to deliver sport to increase wellbeing by targeting capacity building and sustainability to attract and retain participants in the sport across the NT and across the lifespan.
		3.1.f.v	Cultural art centres in community are maintained to assist in maintaining connection to culture.

OUTCOME		ACTION	
3.1.g	Schools are supported to provide wellbeing initiatives.	3.1.g.i	A whole-system approach to behaviour and wellbeing is developed to support all NT schools.
		3.1.g.ii	Maintain up to date and relevant policies and guidelines in relation to student wellbeing and behaviour.
		3.1.g.iii	Schools to have access to the DOE website “Safe Schools NT”, aligned to the “National Safe Schools Framework”. “Bullying No Way” and the “National Day of Action against Bullying and Violence” are promoted annually to all schools.
		3.1.g.iv	Continue to promote access to Kids Help Line in Schools to increase student, family and staff access to counselling and support.
3.1.h.	An increased focus on the importance of relationship information and services that promote healthy relationships for individuals and families and support people in crisis.	3.1.h.i	Schools access a Social and Emotional Learning Curriculum. Such learning is also a focus through the ACARA General Capabilities and National Safe Schools Framework.
		3.1.h.ii	Development and review of departmental policies and guidelines in relation to student wellbeing and behaviour.
		3.1.h.iii	Prison In-Reach Program to work with appropriate agencies to ensure counselling is available to offenders on establishing healthy relationships.
		3.1.h.iv	A whole-system approach to behaviour and wellbeing is developed and implemented.
INCREASED AWARENESS OF SUICIDE PREVENTION INFORMATION AND SERVICES			
3.2.a	Information and resources are available that are appropriate for the diverse needs.	3.2.a.i	Resources enhancing wellbeing, created in the community such as “Stay Strong Live Long” continue to be funded and promoted.
		3.2.a.ii	Resources continue to be developed in language or pictorially to promote understanding and access to mental health services..
		3.2.a.iii	DOH to investigate viable technology-based suicide prevention initiatives.
3.2.b	Provision of community based training to improve suicide awareness and prevention skills among “gatekeepers” and “natural helpers” in communities affected by self-harm and suicide.	3.2.b.i	Maintain funding to provide culturally appropriate ASIST training and Mental Health First Aid across the NT and oversee the coordination of training by all providers in the NT.
		3.2.b.ii	DOH continues to support the Mental Health Association of Central Australia (MHACA), to provide and extend provision of Suicide Story to the Top End and youth.
		3.2.b.iii	Under AG DOH funding the Primary Health Network continues the work undertaken by NT Medicare Local for the production of Community Flow Charts to identify natural helpers and capacity within communities in the NT.



OUTCOME		ACTION	
3.2.c	NT Suicide Prevention, Information and Support website be maintained in the NT.	3.2.c.i	Website to be maintained by the DOH, Mental Health Directorate.
IMPROVED CAPABILITY TO RESPOND TO IDENTIFIED COMMUNITIES AT RISK			
3.3.a	High levels of suicide and self-harm in communities are identified and monitored to facilitate a planned response.	3.3.a.i	NT Suicide Prevention Coordinating Committee meets quarterly to monitor the actions of the NTSPSAP 2015-2018 and to consider any new actions that are required.
		3.3.a.ii	CEPOs work with remote local communities to consider including Suicide Risk Strategies in Community Safety Action Plans.
		3.3.a.iii	Volatile substance clients are assessed to determine risk of self-harm and risk management plans developed.
		3.3.a.v	The Standby Response Service continues to be funded to provide individual and community bereavement postvention response in the NT.

Action Area 4: Coordinating approaches to suicide prevention in the NT

OUTCOME	ACTION
POLICY AND PROGRAM COORDINATION AND COOPERATION	
<p>4.1.a Suicide prevention programs and policies are established and maintained across levels of government in the NT. There is planning and capacity to support regional and local coordination of suicide prevention.</p>	<p>4.1.a.i NT Suicide Prevention Coordinating Committee will continue to meet regularly to report on actions contained in the NTSPSAP 2015-2018 and to provide information and liaison between NT Government and Australian Government Departments and the NGO sectors they support.</p>
	<p>4.1.a.ii DOH continue to fund a Suicide Prevention Coordinator and Indigenous Suicide Prevention Project Officer to coordinate information and programs in the NT.</p>
	<p>4.1.a.iii Explore options and coordinate the establishment of a peak body for suicide prevention in the Northern Territory.</p>
SERVICE PROVISION IS COORDINATED AND EFFECTIVE	
<p>4.2.a Suicide prevention and bereavement support services are able to provide coordinated care.</p>	<p>4.2.a.i The Standby Response Service is resourced to provide coordination of services to the bereaved.</p>
	<p>4.2.a.ii headspace School Support continues to provide coordination, advice and resources to sectors, regions, principals, leadership teams and counsellors where school communities are affected by suicide.</p>
	<p>4.2.a.iii Continued support of The Way Back Support Service pilot which was funded by beyondblue to provide support and coordination of care to people who have attempted suicide.</p>
	<p>4.2.a.iv The NTCATT Service remains funded to provide 24-hour assistance for people experiencing mental health crises.</p>
	<p>4.2.a.v Under AG DOH funding the Primary Health Network continues the work undertaken by NT Medicare Local for the production of Community Flow Charts to identify natural helpers and capacity within communities in the NT.</p>



Action Area 5: Improving the evidence base and disseminating information

OUTCOME		ACTION	
UNDERSTANDING THE RISKS TO INDIVIDUALS AND COMMUNITIES IN THE NT			
5.1.a	Governments, agencies and services work together to improve accuracy of data collection on NT suicide, self-harm, risk and protective factors.	5.1.a.i	The Coroner's Office to investigate the establishment of an NT Suicide Register and provide input into National Minimum Data Set discussions.
		5.1.a.ii	DOH and the Coroner's Office to work collaboratively in the sharing of information on alleged suicides to assist with the coordination of appropriate interventions and preventative strategies.
		5.1.a.iii	DOH to promote best practice of self-harm reporting in the NT.
		5.1.a.iv	DOH to produce an annual NT suicide prevention report card on the Action Areas contained in the NTSPSAP 2015-2018 including feedback from major agencies.
DISSEMINATION OF INFORMATION			
5.2.a	Knowledge of NT and Australian services, policies and programs is available to service providers and individuals and communities at risk.	5.2.a.i	DOH to maintain and update the NT Suicide Prevention, Information and Support website.
		5.2.a.ii	DOH to provide conference and/or forum opportunities to enable service providers, researchers and interested parties to showcase NT and Australian practice and research.
		5.2.a.iii	Research into self-harm by Menzies School of Health Research completed to inform best practice approaches.
RESEARCH PARTNERSHIPS			
5.3.a	Partnerships are established and maintained between the NT and Australian Government, researchers, Aboriginal and Torres Strait Islander communities and community organisations to evaluate evidence-based best practice.	5.3.a.i	DOH continues to support suicide prevention research in the NT.

Action Area 6: Implementing high standards and quality in suicide prevention

OUTCOME		ACTION	
IMPROVED PRACTICE, STANDARDS AND LEARNING OPPORTUNITIES			
6.1.a	Standards are evident and promote family and community engagement and cultural awareness in wellbeing services.	6.1.a.i	DOE school staff are provided with mandatory reporting training
		6.1.a.ii	Development and review of policies and guidelines in relation to wellbeing and behaviour.
		6.1.a.iii	Continue to provide strategic policy advice and guidance in line with national standards.
INCREASED CAPABILITY AND PROMOTION OF SERVICE AND PRACTICE EVALUATION			
6.2.a	Programs are evaluated and there is quality support for program implementation.	6.2.a.i	Professional Supervision is provided to School Counsellors/School Psychologists to establish and maintain quality.
SUSTAINED IMPROVEMENTS IN THE QUALITY AND ACCESS TO EVIDENCE BASED NT INFORMATION			
6.3.a	Access to information on evidence based approaches, effective interventions, good practice and responsive communities, organisations and services is widely available.	6.3.a.i	DOH to maintain and update the NT Suicide Prevention, Information and Support website.
		6.3.a.ii	DOE will review relevant guidelines and resources to ensure schools are responsive to emerging cyber and social media related issues.
		6.3.a.iii	Development and review of policies and guidelines in relation to wellbeing and behaviour.
MONITORING AND EVALUATION			
6.4 a	Production of an Annual Report.	6.4.a.1	DOH to produce an annual NT suicide prevention report card on the Action Areas contained in the NTSPSAP 2015-2018 including feedback from major agencies.



Suicide Prevention Policies And Plans

3.1 Northern Territory

Gone Too Soon: A Report into Youth Suicide in the Northern Territory

http://www.nt.gov.au/lant/parliamentary-business/committees/ctc/youth-suicides/Final_Report_on_Youth_Suicides.pdf

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

Report of Child and Youth Suicide in the NT – NT Child Deaths Review and Prevention Committee

http://childrenscommissioner.nt.gov.au/pdfs/other_reports/report_on_child_and_youth_suicide_in_the_NT.pdf

3.2 National

A Framework for Prevention of Suicide in Australia

http://www.mcsp.org.au/resources/LIFE_Framework.pdf

A National Framework for Recovery-Oriented Mental Health Services – Guide for Practitioners and Providers

http://www.ahmac.gov.au/cms_documents/National%20Mental%20Health%20Recovery%20Framework%202013--Guide-practitioners&providers.PDF

Commonwealth Response to “The Hidden Toll: Suicide in Australia”

[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)

Community Affairs References Committee: The Hidden Toll: Suicide in Australia

http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Completed_inquiries/2008-10/suicide/report/index

Lifeline’s Suicide Prevention Strategy

<http://www.lifeline.org.au/.../250/Suicide%20Prevention%20Booklet.pdf.aspx>

MindFrame: National Media Initiative

<http://www.mindframe-media.info/for-mental-health-and-suicide-prevention>

National Aboriginal and Torres Strait Islander Suicide Prevention Strategy - May 2013

[http://www.health.gov.au/internet/main/publishing.nsf/Content/305B8A5E056763D6CA257BF0001A8DD3/\\$File/Indigenous%20Strategy.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/305B8A5E056763D6CA257BF0001A8DD3/$File/Indigenous%20Strategy.pdf)

National Suicide Prevention Strategy

<http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-nsps#com>

Living Is For Everyone (LIFE) Framework

National Suicide Prevention Strategy Action Framework

National Suicide Prevention Program (NSPP)

Mechanisms to promote alignment with and enhance state and territory suicide prevention activities

Strategies to minimise the incidents of suicide and suicidal behaviour

<http://www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Publications/2013/ctgc-rs18.pdf>

Towards a National Aboriginal and Torres Strait Islander Suicide Prevention Strategy. Menzies School of Health Research

http://www.indigenoussuicideprevention.org.au/images/uploads/resources/Community_Forum_consultation_paper.pdf

Northern Territory Suicide Prevention Coordinating Committee

The objectives of the Northern Territory Suicide Prevention Coordinating Committee (NTSPCC) are to coordinate a whole of government approach in writing a new NT Suicide Prevention Strategic Action Plan 2015-2018 and to meet regularly to update progress against the Action Areas. It is envisaged that a new NT Suicide Prevention Peak Body will report to this committee.

The NTSPCC comprises senior representatives from those agencies considered to be the key stakeholders in formulating a whole of government response to the issue of suicide prevention. Nominated representatives are requested at the Director or Executive Director level and are required to have sufficient authority to represent the views and make decisions on behalf of their agency. The agencies currently represented on the NTSPCC are:

Current Membership

Northern Territory Government

- Department of Health (DOH)
- Department of Housing (DHsg)
- Alcohol and Other Drugs Program (AOD)
- Department of Children and Families (DCF)
- Department of Sport, Recreation and Racing (DSRR)
- Department of the Chief Minister (DCM)
- Department of Community Services (DOCS)
- Remote Policing Command, Police, Fire and Emergency Services (PFES)
- Local Government, Department of Local Government and Regions (DLGR)
- Department of Correctional Services (DCS)
- Department of Treasury and Finance (DTF)
- Department of Education (DOE)

Australian Government

- Australian Government Department of Health (AG DOH)
- Australian Government Department of Social Services (AG DSS)
- Australian Government Department of the Prime Minister and Cabinet (AG PMC)



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www.suicideprevention.nt.gov.au

www.nt.gov.au/health