

# **Suicide in the Northern Territory 1981–2002**

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2005

**Acknowledgments**

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**CAUTIONARY NOTE**

The public reporting of suicide may be a risk to vulnerable members of the community. This report collates statistics on suicide to inform clinical practice and for the development of policy and services for the prevention and management of suicide. Those people wishing to use the information for public reporting are reminded of the media code for the responsible reporting of suicide that is available at [www.mindframe-media.info/](http://www.mindframe-media.info/)

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## Summary

This report provides a statistical overview of suicide in the Northern Territory during the period from 1981 to 2002.

Some of the main findings are:

- Between 1981 and 2002 there was a total of 577 deaths due to suicide in the Northern Territory with a range for a single year from six deaths in 1983 to 55 deaths in 2002
- Over the 22-year period from 1981 to 2002, the vast majority of suicide deaths in the Northern Territory were of males (504, 87 percent)
- During the more recent period from 1995 to 2002, the rate of suicide in the Northern Territory has increased while the Australian rate has remained relatively stable
- From 1981 to 2002, the suicide rate among NT non-Indigenous males in the NT was relatively stable but consistently higher than the national average
- Throughout the 1980s the suicide rate among NT Indigenous people was much lower than the rate for Australia. During the 1990s, however, this rate increased substantially and by 2002 was two to three times higher than the Australian rate
- While the rate of suicide in NT women is substantially lower than in NT men, the rate appears to be increasing for both the Indigenous and non-Indigenous populations
- The rate of hospital separations due to intentional self-harm increased considerably through the 1990s and early 2000s among all NT population groups
- On average, the hospital separation rate for intentional self-harm was at least five times higher than the suicide death rate
- In the Top End of the Northern Territory from 2000 to 2002, the most common factors associated with suicide were alcohol and drug use, mental illness, relationship problems and unemployment.

# 1. Introduction

In the 20 years from 1981 to 2000, injury accounted for 18 percent of all deaths in the Northern Territory. Injury was the leading cause of death among NT non-Indigenous males and the second-most common cause of death among NT Indigenous males.<sup>1</sup> Suicide accounts for a substantial proportion of all injury deaths. In the NT it accounted for 17 percent of all injury deaths compared with 28 percent in Australia for the period 1981–2000.<sup>2</sup> To date, there has been little information available on suicide in the NT. Detailed information about suicide is required to assess the extent of the problem and to explore the factors associated with those at risk. This information assists with the formulation of effective strategies for suicide prevention. This report was commissioned by the Mental Health Policy Branch in the NT Department of Health and Community Services (DHCS) to provide key information for the development of a locally relevant and targeted NT Suicide Prevention Strategy.<sup>3</sup>

The key purpose of this report is to assess the magnitude of suicide deaths among Territorians. Information on the demographic, socio-economic and behavioural factors associated with suicide has been used to identify population groups most at risk. The report also includes information on attempted suicide by analysing available data on clients admitted to public hospitals with a diagnosis of intentional self-harm.

This report consists of four chapters.

- Chapter 1, the introductory chapter, contains details on the data sources and the methods that have been used in the report, as well as a discussion of the report's limitations
- Chapter 2 presents comparisons of NT and Australian suicide rates including details for specific population groups
- Chapter 3 provides information on hospital separation rates for attempted suicide and a comparison of suicide and hospital separation rates for each specific population group
- Chapter 4 provides information from NT Coroner's data on factors associated with suicide.

## 1.1 Data sources

This report presents information from four sources; Australian Bureau of Statistics (ABS) Death Registration Data, NT Department of Health and Community Services (DHCS) public hospital morbidity database, DHCS population data and data from the Northern Territory Coroner's Office. It provides summary statistics on all suicide deaths and hospitalisations for intentional self-harm occurring in the Northern Territory between 1981 and 2002. Information on NT residents who died in other jurisdictions and 14 interstate residents who died in the Northern Territory are included in all analyses apart from those in Chapter 4.

Data on deaths registered during the period 1981–1999 were obtained from the Australian Bureau of Statistics (ABS). The Northern Territory Registrar of Births, Deaths and Marriages and Registrars in all other Australian jurisdictions collected the death data. The ABS used the International Classification of Diseases: Ninth Revision (ICD-9) to code the cause of deaths registered between 1981 and 1996 and the Tenth Revision (ICD-10) for deaths registered between 1997 and 1999. These data were used to produce suicide rates by Indigenous status, sex, age and region for the period 1981 to 1999.

Data on all deaths registered in each Australian jurisdiction including the NT were used to calculate national and Territory specific rates. Complete data on deaths occurring between 2000 and 2002 were not available from the ABS at the time of analysis and the NT Coroner's office agreed to provide details of suicides in the NT during this period. Only cases where the coronial investigations were completed were included with the exception of one case. The investigation for this case was being finalised at the time of data collection and it was, therefore, included in the calculation of death rates. It was not possible to calculate Australian suicide rates for the years 2000–2002 as the data were not available. As the Australian rates had been stable for a long period of time, it was assumed that the rates for 2000–2002 would be very similar to those for 1996–2000.

The NT Coroner's Office also granted permission for the authors to collect information from individual files on the factors associated with suicides. This data was available for deaths occurring in the Top End region of the NT between 2000 and 2002. The collection of this information was completed within the NT Coroner's Offices under strict confidentiality and privacy conditions.

Information on admissions to hospital for intentional self-harm or suicide attempts was obtained from the NT DHCS hospital morbidity database. This database contains information on hospital admissions to all five public hospitals in the NT. The principal reason for admission refers to the main condition that has been diagnosed and treated. It is, therefore, the usual practice to classify the principal diagnosis at the time of discharge from hospital, also known as the time of separation. It is for this reason that admission rates to hospitals are generally referred to as hospital separation rates. This report contains information on hospital separations due to intentional self-harm by sex and Indigenous status for the period 1992–2002. It includes admissions of all NT residents and the few interstate residents admitted during this period to a public hospital in the NT. Data on admissions to the single private hospital in the NT and on admissions of NT residents to interstate hospitals were not available for inclusion in this report.

Detailed information on the population of the NT is required to produce age-specific and age-adjusted death rates and hospital separation rates. The ABS produces annual Estimated Resident Population figures for the NT and for the NT Indigenous population. Separate estimates for the non-Indigenous population are not produced by ABS and were, therefore, calculated by DHCS using the NT total and NT Indigenous population estimates. Estimated Resident Population data were further modified to produce comparable experimental population estimates for Indigenous and non-Indigenous populations by year, sex, region and five-year age group.<sup>4</sup>

## 1.2 Methods

Age-specific and age-adjusted death and hospital separation rates by sex were calculated for Indigenous and non-Indigenous populations using the available data sources. Death and hospital separation rates were adjusted for differences in the age structure between NT Indigenous and non-Indigenous populations and the Australian population using the direct method of standardisation. The 1991 Australian Estimated Resident Population (ERP) was used as the standard population.

Trend lines were fitted to all death and hospital separation rates. Data definitions and a data collection sheet were developed to assist with the extraction of data from records in the Coroner's office (see Appendix A4).

## 1.3 Limitations

Suicide refers to someone intentionally taking his/her own life. Suicide should never be presumed, but must always be based on some evidence that the deceased intended to take his/her own life.<sup>5</sup> This definition requires strong supportive evidence before a death can be deemed a suicide. It is recognised that the conservative nature of a non-presumptive determination of suicide may contribute to under-reporting of suicide as a cause of death. The true suicide death rate may be higher than the reported figures.

Suicide cases are always the subject of a coronial investigation and the death is not registered until the investigation is complete and a cause of death assigned. As these investigations can take a considerable amount of time, deaths due to suicide may not be registered in the year of death. Due to the late registration of some deaths, there may be some deaths that have not been included in this report. This limitation is only an issue for the last years of reporting and to accommodate this delay, data on deaths registered up until the end of 2000 are used to produce suicide rates occurring up to and during 1999.

Rates of hospital separation for intentional self-harm (attempted suicide) were calculated using hospital morbidity data from all five NT public hospitals. Data on admissions to the Darwin Private Hospital in the NT were not available for inclusion in this report.

In Chapter 4, information is presented on factors associated with suicide. This information was recorded by the Coroner's Office in Darwin and therefore only relates to those cases of suicide occurring in the Top End region of the Northern Territory. Comparable information on suicide in Central Australia was unable to be collected during the study period.

A final limitation is that in 1997 there was a change in the classification system used to code deaths from the International Classification of Disease, Ninth Revision (ICD-9) to Tenth Revision (ICD-10). The Australian Bureau of Statistics assessed the comparability between the two classifications and reported that "intentional self-harm" has a comparability factor of 0.97 for ICD-10 and ICD-9 code, that is of 100 deaths coded as "suicide or intentional self-harm" in ICD-9, 97 deaths were coded with the same classification in ICD-10.<sup>6</sup> Given the high comparability, the series has been treated as consistent and has been presented as a continuous time series. At a similar time as the change in mortality coding there was a parallel change in hospital morbidity classification. There is no published information available on the comparability of the hospital morbidity data and the authors have therefore accepted the general anecdotal reporting that the extent of any difference is similar to that found in the assessment of the mortality codes.

## 2. Deaths due to suicide in the Northern Territory 1981–2002

### 2.1 Number of deaths

Table 2.1 Number of deaths due to suicide, Northern Territory, 1981–2002

	Male		Female		Total
	Indigenous	Non Indigenous	Indigenous	Non Indigenous	
1981	1	7	0	0	8
1982	0	17	0	0	17
1983	1	5	0	0	6
1984	3	15	0	2	20
1985	2	13	0	1	16
1986	1	14	0	3	18
1987	4	16	0	2	22
1988	0	13	0	1	14
1989	0	21	0	2	23
1990	1	31	0	3	35
1991	0	13	1	4	18
1992	6	14	1	0	21
1993	3	17	1	5	26
1994	4	13	0	1	18
1995	3	21	0	1	25
1996	10	20	1	6	37
1997	5	26	2	3	36
1998	9	25	3	4	41
1999	15	15	3	2	35
2000	14	25	2	3	44
2001	15	22	2	3	42
2002	25	19	5	6	55
<b>Total</b>	<b>122</b>	<b>382</b>	<b>21</b>	<b>52</b>	<b>577</b>

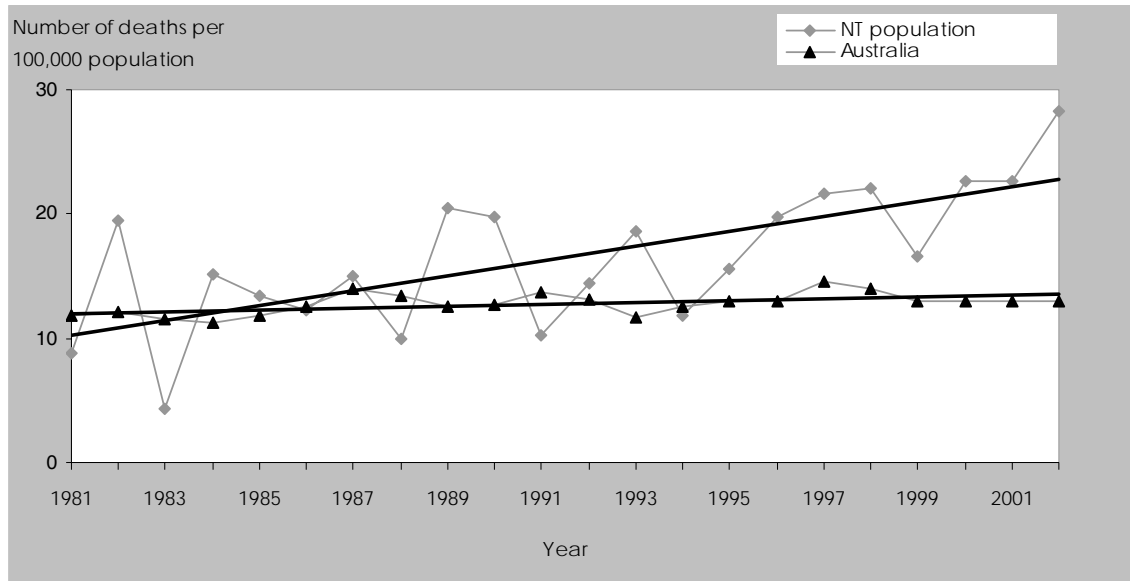
Note: Source: 1981–1999 ABS death registration data, 2000–2002 NT Coroner’s data (unpublished).

- From 1981 to 2002, there were 577 suicide deaths in the Northern Territory. The number of deaths in a single year varied from six in 1983 to 55 in 2002.
- The majority of the deaths occurred in males (504, 87 percent), with fewer deaths in females (73, 13 percent).
- Over the 22-year period, 434 (75 percent) of the 577 deaths were of non-Indigenous people and 143 (25 percent) were of Indigenous people.
- The annual number of deaths from suicide increased substantially from the mid 1990s, with 25 deaths in 1995 rising to 55 deaths in 2002.



## 2.2 Suicide 1981–2002: Age-adjusted rates, Northern Territory and Australia

Fig 2.1 Suicide, age-adjusted death rates, Northern Territory and Australia, 1981–2002



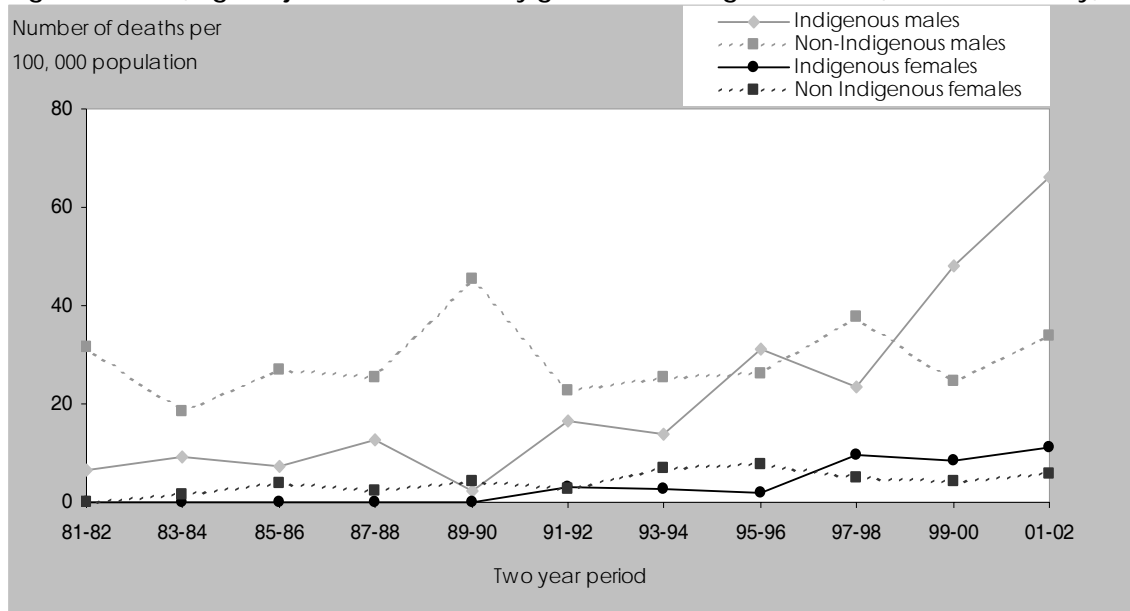
Notes: 1. Source: 1981–1999 ABS death registration data, 2000–2002 NT Coroner’s data, (unpublished).  
 2. ABS death data for Australia were not available for years 2000 to 2002 at the time of writing the report and suicide rates for 2000, 2001 and 2002 were based on the 1999 rate.

- For most years from the late 1980s up until 2002, the age-adjusted suicide rate in the NT was higher than the comparable Australian rate.
- Although annual rates fluctuate, the long-term trend lines highlight the divergence between a relatively stable national trend and a sharply increasing NT rate. In 2002 the NT rate was approximately twice the projected national rate and almost three times the rate reported for the NT in 1981.

## 2.3 Suicide 1981–2002: Sex-specific rates

The NT rates are based on small numbers and are therefore relatively unstable. Caution should be taken when interpreting variations between individual two year periods.

**Fig 2.2: Suicide, age-adjusted death rates by gender and indigenous status, Northern Territory, 1981–2002**

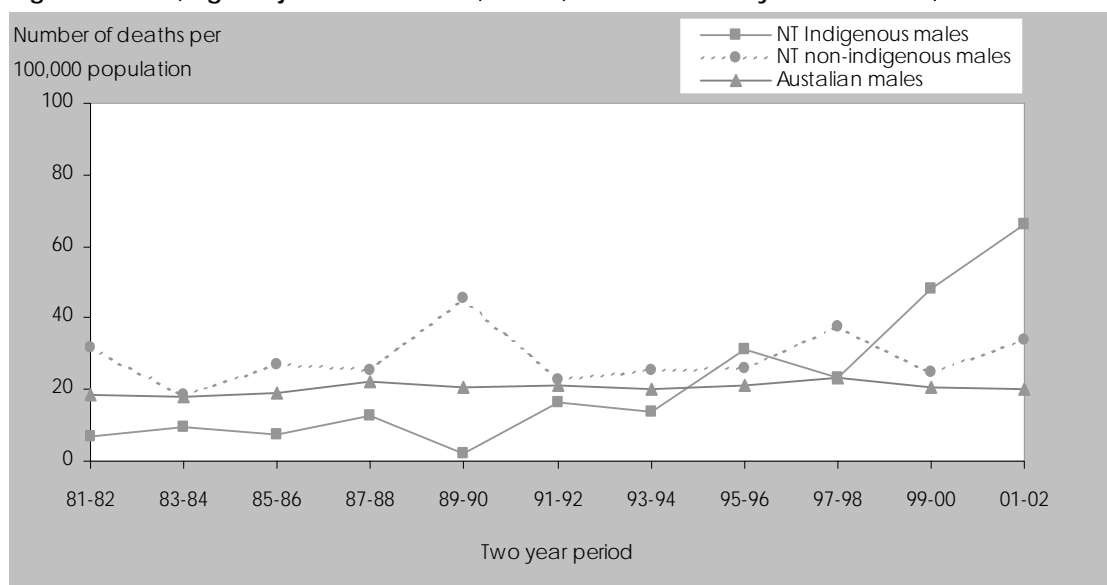


Note: 1. Source: 1981-1999 ABS death registration data, 2000–2002 NT Coroner’s data, (unpublished).

- Age-adjusted suicide rates for males have been consistently higher than for females throughout the 22 years to 2002.
- Up until 1998, the non-Indigenous suicide rate for males was higher than for other population groups in the NT.
- In the 1980s, both the male and female non-Indigenous suicide rates were approximately twice those reported for Indigenous people.
- The suicide rates among the non-Indigenous population were relatively stable compared to the Indigenous rates during the 11 years from 1992 to 2002. The Indigenous rates have been steadily increasing and in the four years from 1999 to 2002 were almost twice the rates of their non-Indigenous counterparts.

## Suicide among NT males

Fig 2.3 Suicide, age-adjusted death rate, males, Northern Territory and Australia, 1981–2002



Notes: 1. Source: 1981–1999 ABS death registration data, 2000–2002 NT Coroner's data (unpublished).  
 2. Death rate standardised to the 1991 Australian Estimated Resident Population.  
 3. Suicide data for Australia were not complete for 2001–02 at the time of this report. Australian rates for 2001–02, therefore, refer to the period 1999–00.

Table 2.2 Suicide, age-adjusted death rate (rate ratio), males, Northern Territory and Australia, 1981–2002

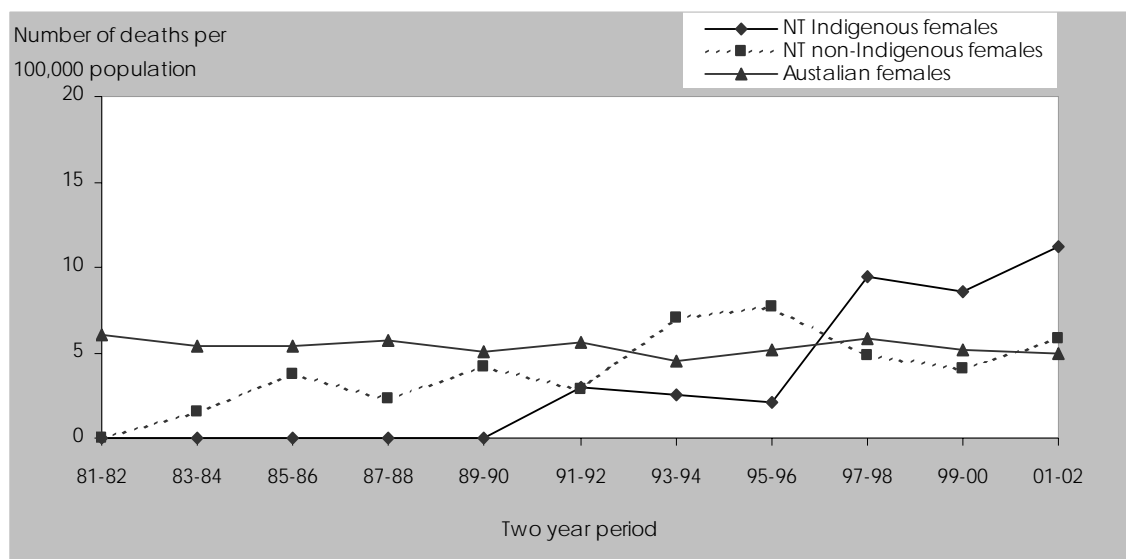
	NT Indigenous	NT non-Indigenous	Australia
	Rate (ratio)	Rate (ratio)	Rate
1981-1985	8.0 (0.4)	26.7 (1.5)	18.1
1986-1990	7.5 (0.4)	32.9 (1.6)	20.9
1991-1995	15.1 (0.7)	24.7 (1.2)	20.7
1996-2000	38.0 (1.8)	29.9 (1.4)	21.7
2001-2002	66.3 (3.1)	34.0 (1.6)	21.7

Notes: 1. Source: 1981–1999 ABS death registration data, 2000–2002 NT Coroner's data (unpublished).  
 2. Death rate standardised to the 1991 Australian Estimated Resident Population.  
 3. Rate is number of deaths per 100,000 population. Ratio is the NT rate versus Australian rate.

- The rate of suicide in both Indigenous and non-Indigenous males in the NT increased during the 1990s and early 2000s. In contrast, the comparable figure for all Australian males remained stable.
- Throughout the 22 years under review, the rate of suicide among NT non-Indigenous males was consistently higher than that for all Australian males.
- From 1992 to 2002, the gap between the NT Indigenous rate and the Australian rate widened.
- Between the two periods of 1991–1995 and 2001–2002, the suicide rate for NT Indigenous males increased four-fold. During the same period the NT male non-Indigenous rate increased by 27 percent.
- In 2001–2002, the rate of suicide among NT Indigenous males was approximately three times the comparable Australian rate and the NT non-Indigenous male rate was approximately 1.6 times the Australian rate.

### Suicide among NT females

Fig 2.4 Suicide, age-adjusted death rate, females, Northern Territory and Australia, 1981–2002



Notes: 1. Source: 1981–1999 ABS death registration data, 2000–2002 NT Coroner’s data, (unpublished).  
 2. Death rate standardised to the 1991 Australian Estimated Resident Population.  
 3. Suicide data for Australia were not complete for 2001–2002 at the time of this report. Australian rates for 2001–02, therefore, refer to the period 1999–2000.

Table 2.3 Suicide, age-adjusted death rate and rate ratio, females, Northern Territory and Australia, 1981–2002

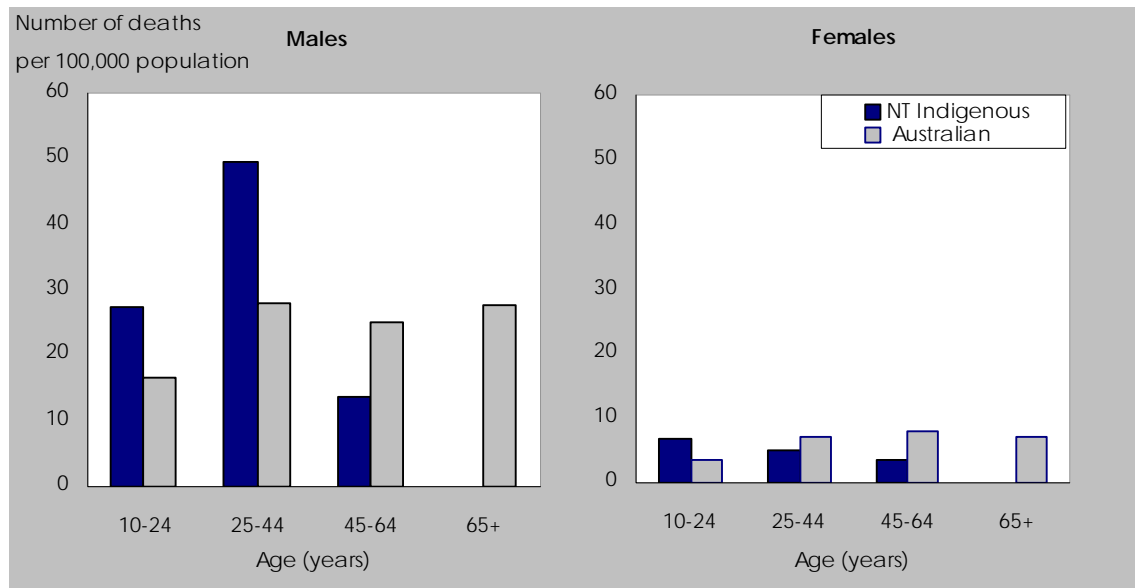
	NT Indigenous	NT non-Indigenous	Australia
	Rate (ratio)	Rate (ratio)	Rate
1981-1985	0.0 (0.0)	1.0 (0.2)	5.6
1986-1990	0.0 (0.0)	3.7 (0.7)	5.4
1991-1995	2.2 (0.4)	5.5 (1.1)	5.1
1996-2000	8.1 (1.5)	5.4 (1.1)	5.3
2001-2002	11.2 (2.1)	5.9 (1.1)	5.3

Notes: 1 Source: 1981–1999 ABS death registration data, 2000–2002 NT Coroner’s data, (unpublished).  
 2. Death rate standardised to the 1991 Australian Estimated Resident Population.  
 3. Ratio is the ratio of NT rates to Australian rates.

- From 1981 to 1990, there were no reported suicide deaths among NT Indigenous females. From 1991 onwards the suicide death rate increased substantially and by 2001–2002 was twice as high as the projected all Australian female rate.
- During the period 1981 to 1990, the rate of suicide among non-Indigenous females in the NT was lower than Australian females. The rate then increased through the 1990s to a level similar to comparable Australian rates.
- The suicide rate for Australian females was relatively stable during the period covered by this report.

## 2.4 Suicide 1981–2002: Age-specific death rates

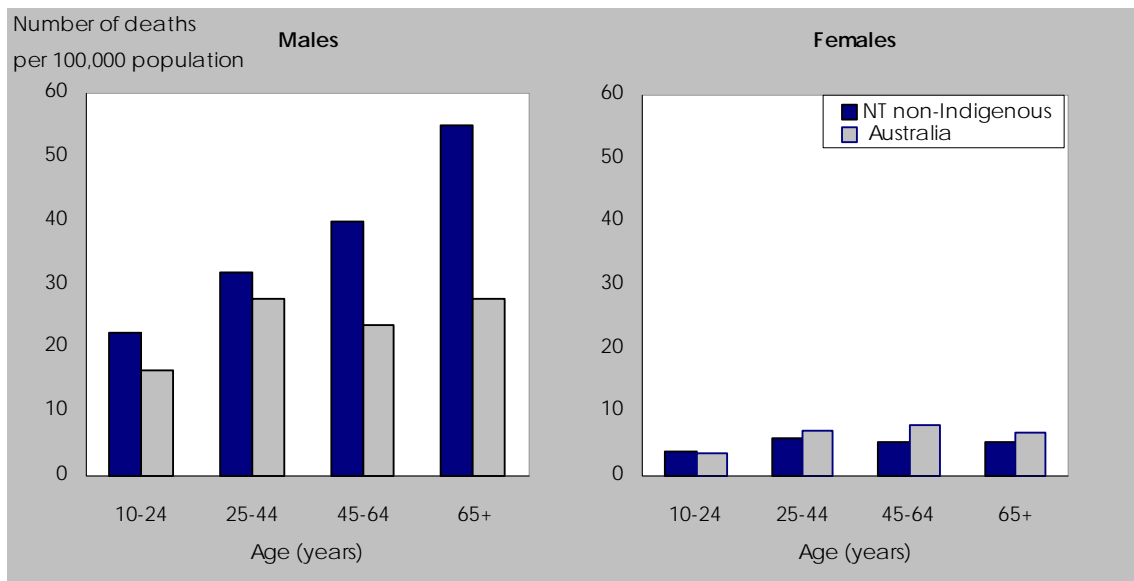
Fig 2.5 Age-specific death rate, suicide, Northern Territory Indigenous population and Australia, 1981–2002



Note: 1. Source: 1981–1999 ABS death registration data, 2000–2002 NT Coroner’s data, (unpublished).  
 2. Suicide data for Australia were not complete for 2001–02 onwards at the time of this report. Australian rates, therefore, refer to the period 1981–1999.

- Male Indigenous suicide rates were substantially higher than the corresponding female rates for all age groups.
- During the 22-year period under review, NT Indigenous males aged 25-44 years had the highest suicide rate of all Indigenous people.
- Indigenous males in the two age groups of 10 to 24 years, and 25 to 44 years had rates of suicide approximately 1.5 times the comparable Australian rates.
- The suicide rate for NT Indigenous males aged 45 to 64 years was lower than the comparable Australian rate and there were no reported deaths for Indigenous males aged 65 and over.
- The suicide rate among Indigenous females aged between 10 and 24 years was twice the corresponding rate for all Australian females.
- Indigenous females in the two age groups of 25 to 44 years and 45 to 64 years, had lower suicide rates than the comparable Australian rates and there were no suicide deaths in NT Indigenous females aged 65 years and over.

Fig 2.6 Age-specific death rate, suicide, Northern Territory non-Indigenous population and Australia, 1981–2002



Note: 1. Source: 1981–1999 ABS death registration data, 2000–2002 NT Coroner’s data (unpublished).  
 2. Suicide data for Australia were not complete from 2000 at the time of this report. Data for Australia were based only on 1981–1999 data.

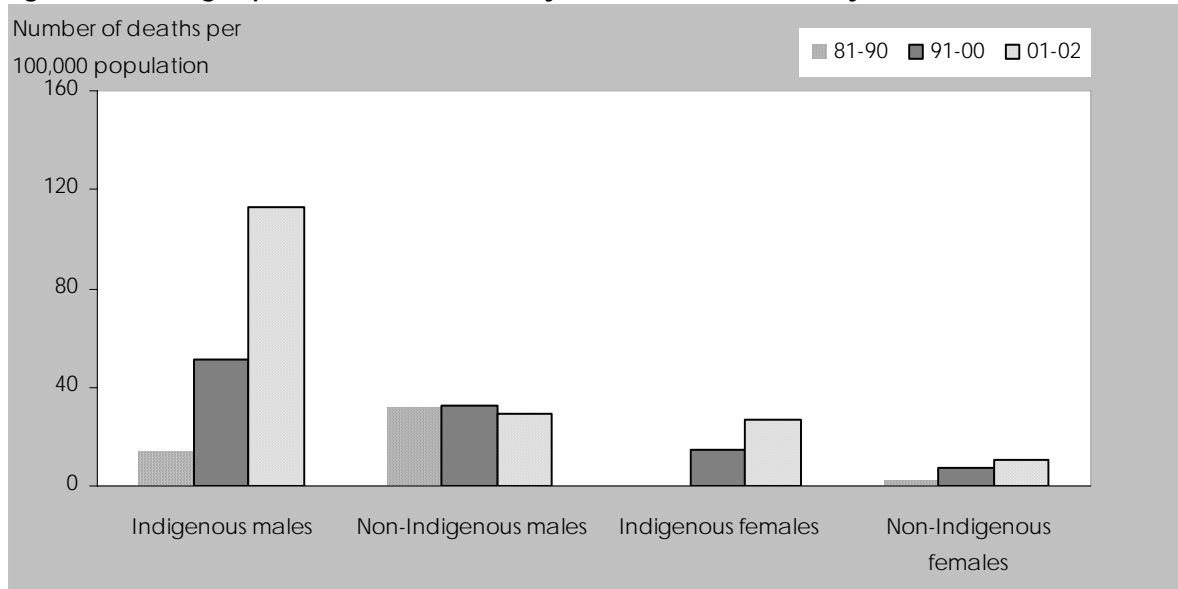
- During the 22-year period, NT non-Indigenous males of all ages had higher rates of suicide than other males in Australia.
- The suicide rate for NT non-Indigenous males increased with age during the period 1981 to 2002. Non-Indigenous males aged 65 years and over had the highest rate of suicide of all non-Indigenous people in the NT with a rate almost twice the corresponding Australian rate.
- The rate of suicide among non-Indigenous females aged 10 to 24 years was similar to the corresponding Australian rate. The rates for non-Indigenous females in other age groups were lower than the corresponding Australian rates.

## 2.5 Suicide 1981–2002: Trends in death rates for selected groups

The NT rates are based on small numbers and are therefore relatively unstable. Caution should be taken when interpreting variations between rates.

### *Suicide among 15–24 year olds*

**Fig 2.7 Suicide, age-specific death rate, 15-24 year olds, Northern Territory, 1981–2002**

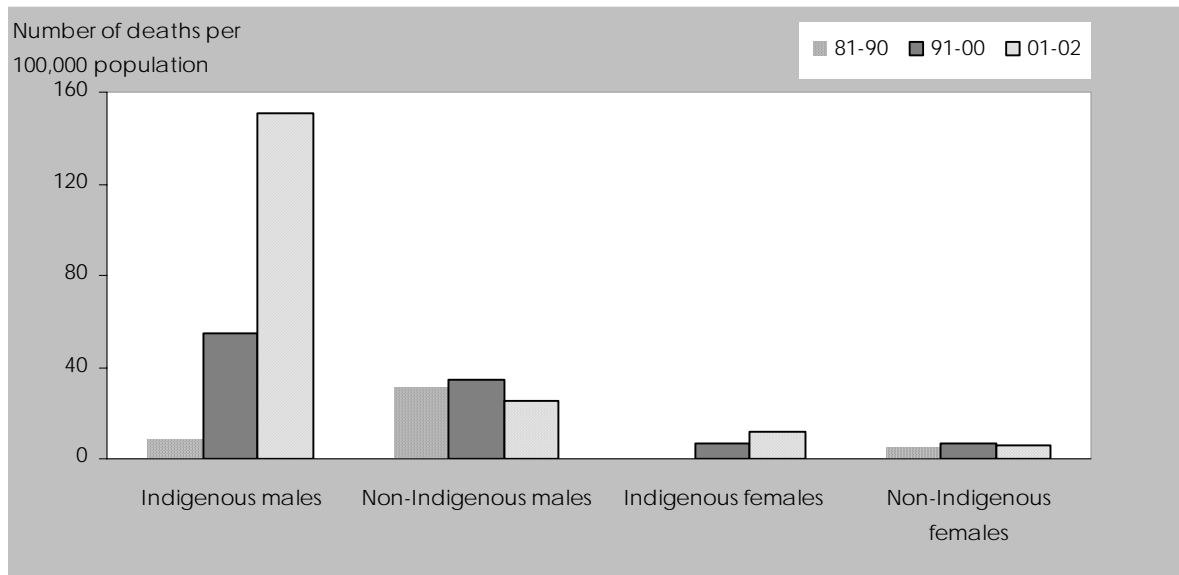


Note: 1. Source: 1981–1999 ABS death registration data, 2000–2002 NT Coroner’s data, (unpublished).  
 2. There were no reported suicide deaths among Indigenous females from 1981 to 1990

- The suicide rate for Indigenous males in the 15–24 years age group appears to have increased substantially from the 1980s to 1990s and into 2001–2002.
- The suicide rate for NT non-Indigenous males aged 15–24 years has remained reasonably constant during the study period.
- There were no suicide deaths among NT Indigenous females in the 1980s. There was an apparent increase through the period of 1991 to 2000 and 2001 to 2002.
- The rates observed for non-Indigenous females aged 15–24 years in the 1990s and in the first two years of the 2000s were higher than in the 1980s.

### *Suicide among 25–44 year olds*

Fig 2.8 Suicide, age-specific death rate, 25-44 year olds, Northern Territory, 1981–2002



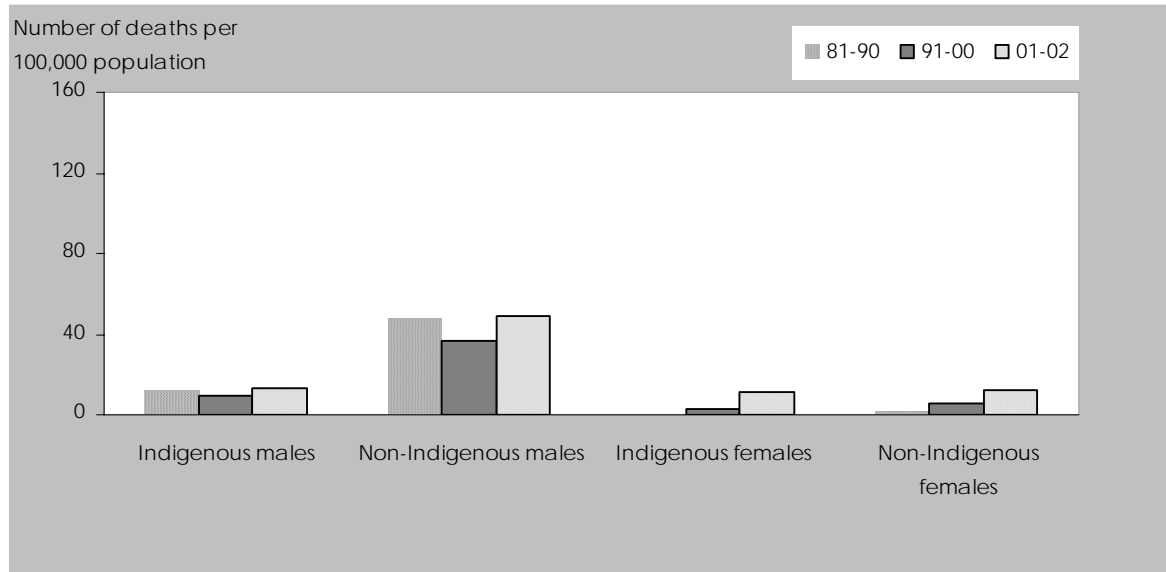
Note: 1. Source: 1981–1999 ABS death registration data, 2000–2002 NT Coroner’s data, (unpublished).

- The suicide rates for NT Indigenous males aged 25 to 44 years were comparatively low in the first decade of the study but increased substantially through the period 1991 to 2000 and 2001 to 2002.
- There were no suicide deaths among NT Indigenous females in the 1980s in this age group.
- Suicide rates for non-Indigenous males and non-Indigenous females in this age group appeared relatively stable throughout the 1980s, 1990s and early 2000s.



*Suicide among 45 years and over age group*

Fig 2.9 Suicide, age-specific death rate, 45 years and over age group, Northern Territory, 1981–2002

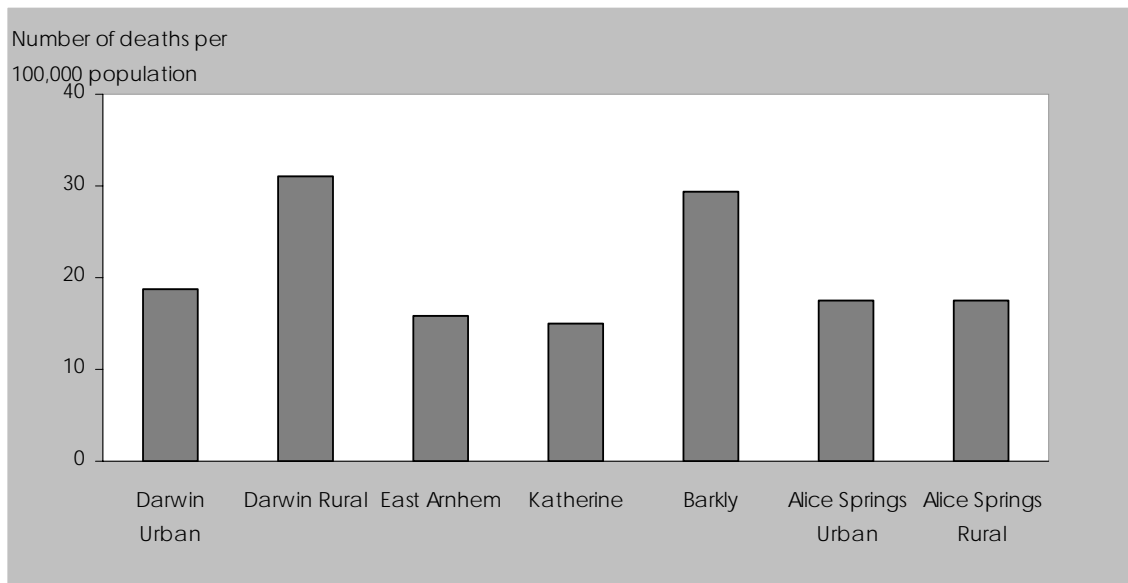


Note: 1 Source: 1981–1999 ABS death registration data, 2000–2002 NT Coroner’s data, (unpublished).

- There were relatively few deaths due to suicide among people aged 45 years and over.
- NT non-Indigenous males aged 45 years or more were at substantially higher risk of suicide than Indigenous males in the same age group.
- There were very few suicides among women in this age group. There is however a suggestion of an increase in the suicide rates for both NT Indigenous and NT non-Indigenous females through the three time periods under review.

## 2.6 Suicide: Usual residence

Fig 2.10 Suicide, age-adjusted death rates by health district of usual residence, Northern Territory, 1992–2002



Note: 1. Source: 1992–1999 ABS death registration data, 2000–2002 NT Coroner’s data, (unpublished).  
2. Deaths of non-NT residents are excluded from this analysis

- Data are available on the usual residence of those who completed suicide during 1992 to 2002.
- There was some variation in suicide rates across the NT, with the rates of suicide in the Darwin Rural and Barkly health districts approximately 60 percent higher than other health districts.

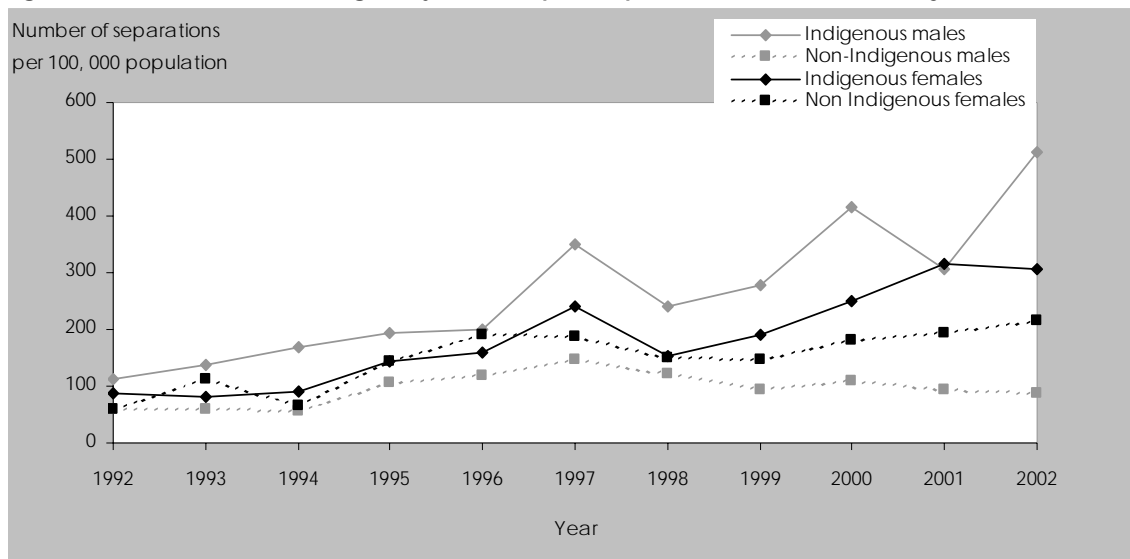
### 3. Hospital separations due to intentional self-harm

The hospital separation rate for admissions for intentional self-harm is an indicator of the level of self-harm in the community. It is, however, an underestimate of the true level of intentional self-harm as not all individuals with intentional self-harm are admitted to hospital. There will also be individuals who are admitted to hospital as a result of intentional self-harm but the diagnosis of intentional self-harm is either not recognised or not recorded.

#### 3.1 Hospital separations due to intentional self-harm, 1992–2002

From 1992 to 2002, there were 2602 hospital admissions to the five NT public hospitals with a diagnosis at separation of intentional self-harm. This was 5 percent of the total hospital separations for this period.

Fig 3.1 Intentional self-harm, age-adjusted hospital separations, Northern Territory, 1992–2002

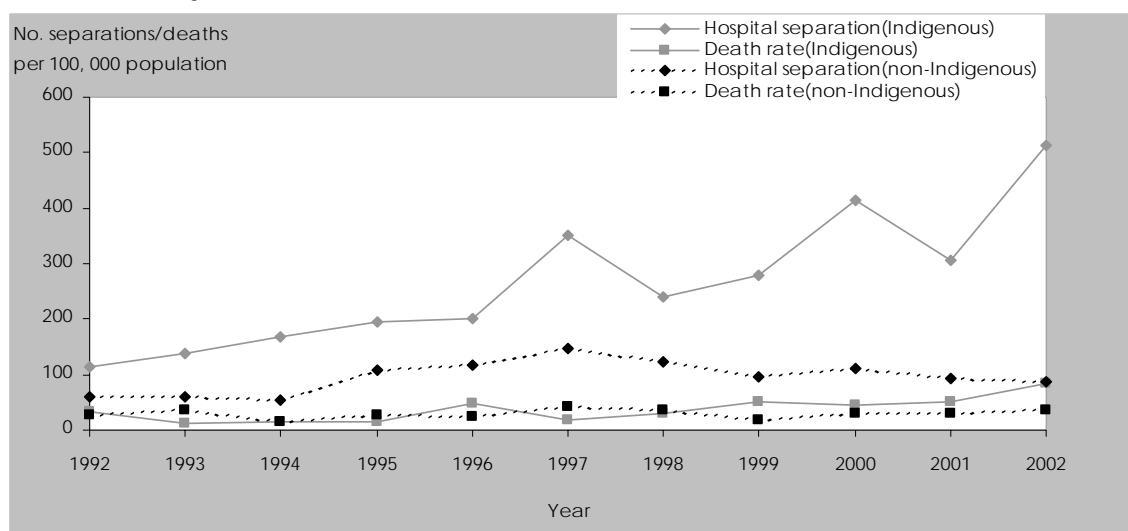


Note: 1. Source of the data: 1992–2002 NT public hospital morbidity data.

- The hospital separation rate due to intentional self-harm consistently increased in Indigenous males and females and non-Indigenous females during the period 1992–2002. The most striking increase was among Indigenous males whose rate increased five-fold from 1992 to 2002. During the same period the rate for Indigenous females increased three-fold.
- In most years, Indigenous males had the highest rate of hospital separation for intentional self-harm, followed by Indigenous females and non-Indigenous females.

## 3.2 Hospital separation and suicide rates, NT male population

**Fig 3.2 Suicide deaths and hospital separations due to self-harm, age-adjusted rates, males, Northern Territory, 1992–2002**



Note: 1. Source of hospital data: NT public hospital morbidity data.  
2. Source of death data: 1992–1999 ABS death registration data, 2000–2002 NT Coroner's data (unpublished).

**Table 3.1 Suicide deaths and hospital separations due to self-harm, age-adjusted rates, males, Northern Territory, 1992–2002**

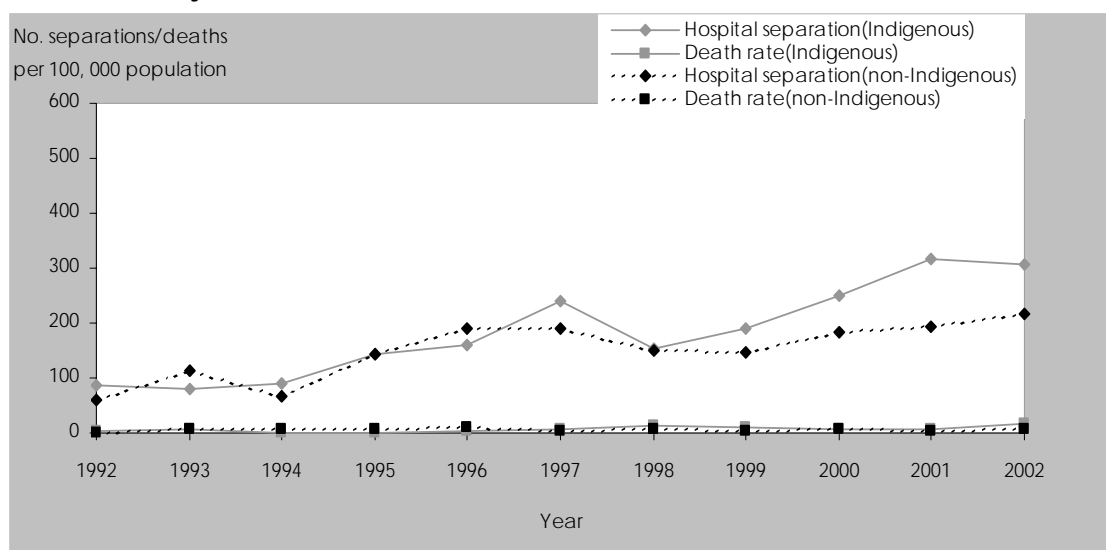
	Age-adjusted hospital separation rate		Age-adjusted suicide rate		Rate ratio	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
1992	113.3	59.6	32.7	25.8	3.5	2.3
1993	137.9	59.8	12.5	35.2	11.1	1.7
1994	168.9	55.1	15.4	16.0	11.0	3.4
1995	194.1	106.7	14.7	27.0	13.2	4.0
1996	200.2	117.3	47.1	25.4	4.2	4.6
1997	350.5	145.6	17.7	41.2	19.8	3.5
1998	240.4	123.3	28.9	34.6	8.3	3.6
1999	278.4	95.0	52.4	18.5	5.3	5.1
2000	415.3	110.1	43.7	30.9	9.5	3.6
2001	305.7	94.3	49.6	31.2	6.2	3.0
2002	513.8	86.5	83.3	36.1	6.2	2.4

Notes: 1. Source of hospital separation data: 1992–1999 NT public hospital morbidity data.  
2. Source of death data: 1992–1999 ABS death registration data, 2000–2002 NT Coroner's data (unpublished).  
3. Rate: Number of deaths/hospital separations per 100,000 population.  
4. Rate ratio: hospital separation rate versus suicide rate

- The ratio of the rate of hospital separations due to intentional self-harm and the rate of deaths due to suicide varied considerably between different population groups in the NT.
- In most years during the period of 1992 to 2002, the Indigenous male rate ratio was higher than for non-Indigenous males. The overall average for NT Indigenous males was 9:1 compared to the average for NT non-Indigenous males of 3:1.

### 3.3 Hospital separation and suicide rates, NT female population

Fig 3.3 Suicide deaths and hospital separations due to self-harm, age-adjusted rates, females, Northern Territory, 1992–2002



Notes: 1. Source of hospital data: NT public hospital morbidity data.  
2. Source of death data: 1992–1999 ABS death registration data, 2000–2002 NT Coroner's data (unpublished).

Table 3.2 Suicide deaths and hospital separations due to self-harm, age-adjusted rates, females, Northern Territory, 1992–2002

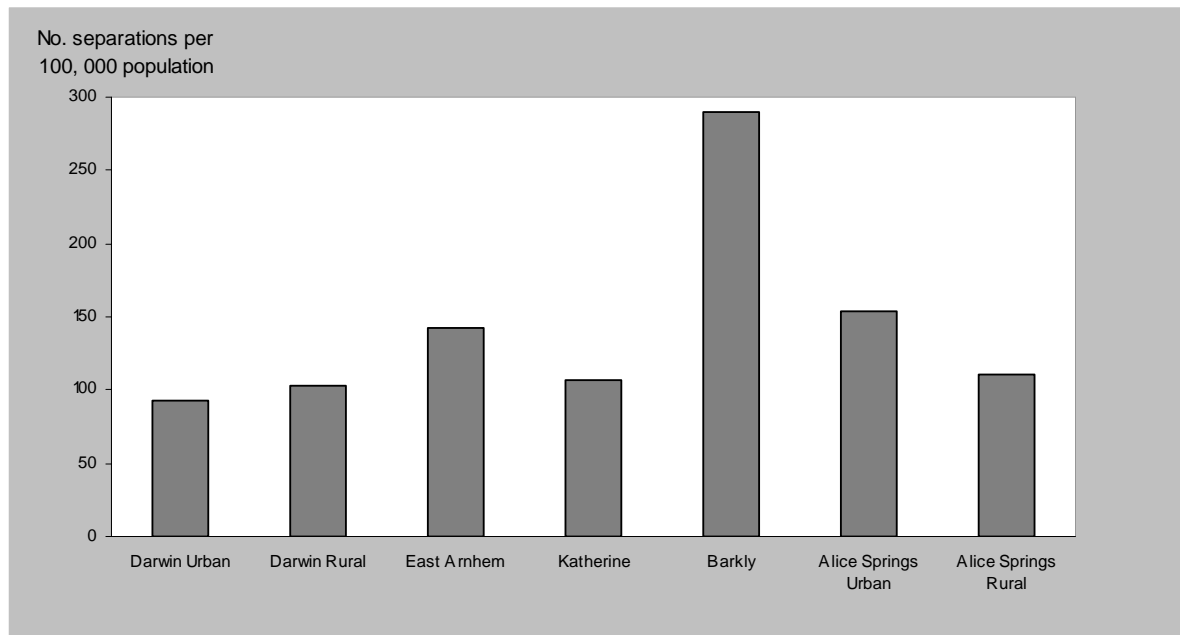
	Age-adjusted hospital separation rate		Age-adjusted suicide rate		Rate ratio	
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous
1992	86.2	60.9	2.9	0.0	30.2	N/A
1993	80.1	113.1	5.2	7.1	15.5	15.9
1994	90.9	67.2	0.0	6.8	N/A	9.8
1995	144.6	143.9	0.0	6.3	N/A	22.7
1996	160.2	190.2	4.2	9.4	38.5	20.3
1997	239.4	188.5	7.2	3.8	33.1	49.3
1998	153.4	150.9	11.7	6.0	13.1	25.4
1999	189.1	146.7	11.6	2.4	16.4	60.5
2000	249.8	182.4	5.7	5.7	43.8	32.0
2001	316.3	192.6	5.0	4.8	63.3	40.1
2002	307.4	216.4	17.5	6.9	17.6	31.4

Note: 1. Source of hospital separation data: 1992–2002 NT public hospital morbidity data.  
2. Source of death data: 1992–1999 ABS death data, 2000–2002 NT Coroner's data (unpublished).  
3. Rate: Number of deaths/hospital separations per 100,000 population.  
4. Rate ratio: ratio of hospital separation rate to suicide rate.

- In general, females had higher hospital separation rates than males.
- For the period 1992 to 2002, the average ratio of the hospital separation rate for intentional self-harm to the rate of deaths due to intentional self-harm was 18:1 for NT Indigenous females and 25:1 for NT non-Indigenous females.

### 3.4 Hospital separations: Usual residence

Fig 3.4 Intentional self-harm, age-adjusted hospital separation rates for NT public hospitals by health district of usual residence, 1992–2002



Notes: 1. Source of hospital separation data: 1992-2002 NT public hospital morbidity data.  
2. Hospital separations for non-NT residents are excluded from this analysis

- The population of the Barkly health district had the highest rate of hospital separations due to intentional self-harm with a rate approximately twice that observed for other districts.

## 4. Suicide and associated factors 2000–2002

Suicide is complex and is usually associated with many factors. These factors may affect an individual's ability to cope with everyday life and can include major stressful events such as divorce, unemployment as well as physical and mental illness and substance abuse.<sup>8</sup>

The Northern Territory Coroner's Office is located in Darwin and the Territory Coroner and Deputy Coroner are responsible for investigating all suicide deaths in the NT. Permission was granted by the Northern Territory Coroner's Office to extract information from the Coroner's files on factors associated with suicides during the three years from 2000 to 2002. This information was used to inform the development of the Northern Territory Suicide Prevention Policy. It includes basic demographic and other information associated with suicide cases, method of suicide and contact with health services. Information presented on associated factors does not suggest that individual suicides are directly attributable to these factors. A list of information collected from the Coroner's Office is included in the appendix of this report (Appendix Table A4).

During the three-year period under review there were 141 deaths from suicide in the NT of which 105 (74 percent) were in the Top End and 36 (26 percent) in the Central region (Centre). In this Chapter, Section 4.1 contains basic demographic information on all suicides in the NT and Section 4.2 presents information on socio-economic, psycho-social and behavioural factors associated with suicides that occurred in the Top End in 2000, 2001 and 2002. The Top End region is the area north of the Barkly region (Tennant Creek). The three most populous centres in the Top End are Darwin, Katherine and Nhulunbuy. Tennant Creek and Alice Springs are located in the Central region of the NT.

### 4.1 Suicide 2000–2002: Demographic factors

Table 4.1: Suicide by usual residence, sex, age and Indigenous status, NT, 2000–2002

	Number	Percent
<b>Usual residence</b>		
Top End	105	74
The centre	36	26
<b>Sex</b>		
Male	120	85
Female	21	15
<b>Age group (years)</b>		
0-24	34	24
25-44	71	50
45 and over	36	26
<b>Indigenous status</b>		
Indigenous	63	45
Non-Indigenous	78	55
<b>Total</b>	<b>141</b>	<b>100</b>

Note: 1. Source of the data: NT Coroner's data (unpublished).  
2. Three cases were excluded from the table, two were interstate residents and one was an incomplete case.

- Between 2000 and 2002, three-quarters of the NT deaths due to suicide occurred in the Top End and one-quarter in the Centre.
- During this period, the majority of deaths (85 percent) occurred in men.
- During the three years of available data, the male to female suicide ratio was 5.7:1. The ratio of males to females in the NT population for this period was 1.1:1
- The male to female suicide ratio in the NT was higher than the national ratio in 1998, which was of 4:1.<sup>6</sup>
- Of all deaths from suicide in the NT during this period, 45 percent were in Indigenous people. The proportion of Indigenous people in the total NT population was 29 percent for the same period.<sup>4</sup>
- 50 percent of all suicide cases in the NT were of people aged between 25 and 44 years.

**Table 4.2 Suicide by marital status, employment status and occupation, Top End, NT, 2000–2002**

	Number	Percent
<b>Marital status</b>		
Married/De facto	39	37
Divorced/Separated	18	17
Single/Widowed	43	41
Unknown	5	5
<b>Total</b>	<b>105</b>	<b>100</b>
<b>Employment status</b>		
Employed	50	48
Unemployed	43	41
Retired	3	3
Student	2	2
Unknown	7	7
<b>Total</b>	<b>105</b>	<b>100</b>
<b>Occupation</b>		
Manager/Professional/Self employed	9	18
Clerk	13	26
Physical worker	28	56
<b>Total</b>	<b>50</b>	<b>100</b>

Note: 1. Source of the data: NT Coroner’s data, Top End residents only (unpublished data).

2. Information on the occupation of those completing suicide in the Top End was unavailable for the majority of cases.

- 63 percent of people who completed suicide in the Top End during 2000, 2001 and 2002 were single, widowed, divorced or separated (unmarried). In comparison, 52 percent of all people aged 15 years and over in the NT in 2001 were unmarried.<sup>4</sup> The relatively higher proportion of unmarried people who completed suicide in the NT appears to be consistent with a previous finding that “marriage seems to protect people from suicide”.<sup>6</sup>
- 41 percent of people who completed suicide were unemployed at the time of death. In 2001, only 5 percent of the NT population were unemployed.<sup>4</sup> This suggests that unemployed people are at higher risk of suicide.
- People whose occupation involved physical work at the time of suicide represented 56 percent of all suicides in the NT from 2000 to 2002. In comparison, only 10 percent of the NT population were employed in physical work in 2001, suggesting that people involved in this type of work maybe at higher risk of suicide.<sup>4</sup>



## 4.2 Suicide 2000–2002: Associated factors

**Table 4.3 Suicide, alcohol and drug use, and mental illness, Top End, NT, 2000–2002**

	Number	Percent
<b>Alcohol and/or drug involvement</b>		
Alcohol only	38	36
Drug only	17	16
Alcohol and drug	21	20
No alcohol or drug	29	28
<b>Mental illness/attempted suicide</b>		
Yes	51	49
No	54	51
<b>Total</b>	<b>105</b>	<b>100</b>

Note: 1. Source of the data, NT Coroner's data, Top End residents only (unpublished data)

2. Alcohol or other drugs were detected at the time of the death or there was a history of alcohol and other drug use.

- All deaths in the NT which are suspected of being suicide are assessed for the presence of alcohol and cannabis use at or around the time of death. If the Coroner's Office has reason to believe that other licit or illicit drugs may be involved then appropriate tests are carried out.
- 56 percent of suicide cases had a record of some degree of alcohol involvement at the time of the death. This proportion was higher than a previous study conducted by Parker on suicide in the Top End between 1991 and 1998. This study reported that alcohol was involved in 44 percent of cases suggesting either an increased association of alcohol consumption with suicide or more complete testing and recording of information by the Coroner's office.<sup>7</sup>
- From 2000 to 2002, alcohol or other drug use around or prior to the time of death was recorded in the Coroner's files for 72 percent of suicide cases in the Top End. This proportion is higher than published data from Western Australia where 29 percent of male and 21 percent of female suicide cases had a current substance use issue.<sup>8</sup>
- A diagnosis of depression or other mental illness including previous suicide attempts was recorded for approximately half (49 percent) of all suicide cases in the Top End. This result, while lower than that of Parker's 1991–1998 study based on the Northern Territory Coroner's data (60 percent), was somewhat higher than results reported for WA.<sup>7, 8</sup> 40 percent of people in WA who completed suicide between 1986 and 1997 had a previously diagnosed mental illness.

**Table 4.4 Other factors associated with suicide, Top End, NT, 2000–2002**

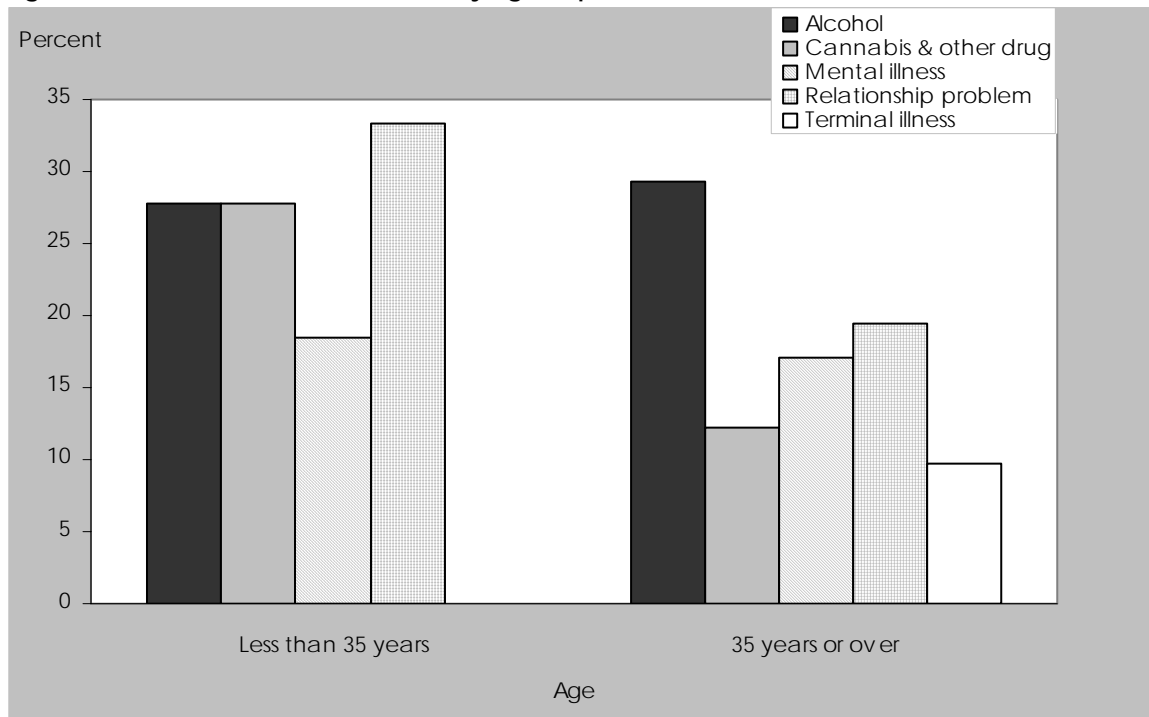
Related factors	Number	Percent
Alcohol and drugs	76	72
Mental illness	51	49
Relationship problem	27	26
Financial difficulty	6	6
Terminal illness/ill health	6	6
Recent death of family	4	4
Unknown	11	10
<b>Total</b>	<b>105</b>	<b>100</b>

Note: 1. Each case may have more than one factor.

2. Source of the data: NT Coroner's data, Top End residents only (unpublished data).

- Relationship problems were associated with one quarter of all the suicides in the Top End during the period from 2000 to 2002. This result was lower than that reported for WA where the corresponding figure was 40 percent for the period 1986–1997.

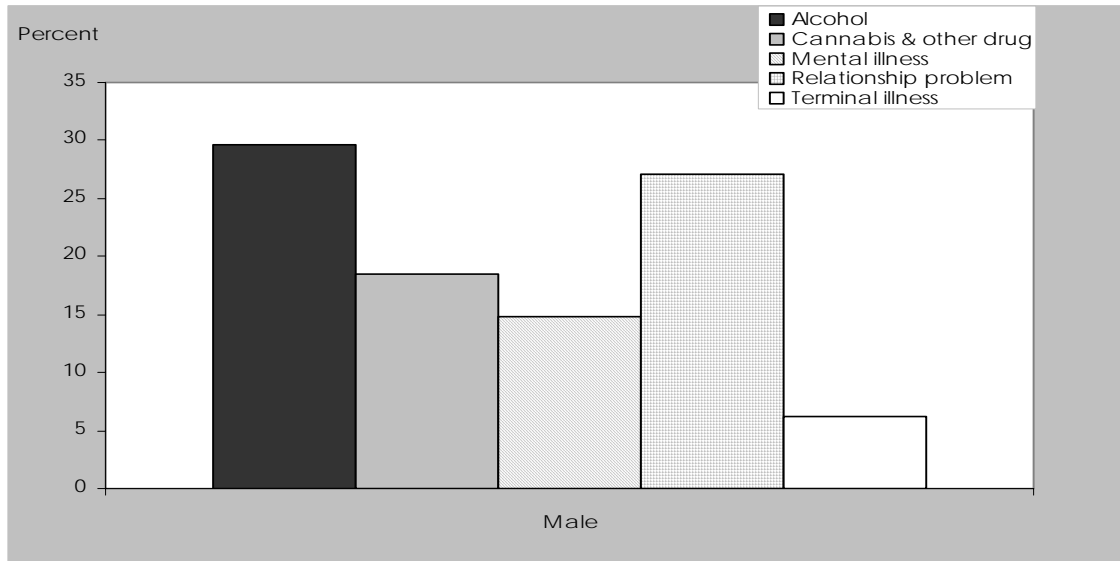
**Fig 4.1 Factors associated with suicide by age, Top End, NT, 2000–2002**



- Notes
1. Alcohol or other drugs were detected at the time of the death or had recorded history of alcohol and other drug abuse by the next of kin or other person relevant person to the investigation.
  2. Source of the data: NT Coroner's data, Top End residents only (unpublished data).

- For the majority (61 percent) of deaths, there was more than one factor associated with the suicide. The proportions presented above will, therefore, total more than 100 percent as individuals may be counted more than once in the numerator.
- Relationship problems were the most common factor associated with suicide of younger people, followed by alcohol and illicit drug use.
- For people aged 35 years and over, alcohol was the factor most commonly associated with suicide.

Fig 4.2 Factors associated with suicide, males, Top End, NT, 2000–2002



Notes 1. Alcohol or other drugs were detected at the time of the death or had recorded history of alcohol and other drug abuse by the next of kin or other person relevant person to the investigation.  
 2. Source of the data: NT Coroner’s data, Top End residents only (unpublished data).

- Males accounted for 85 percent of all suicides in the Top End from 2000 to 2002. The most common factor associated with suicide amongst this group was alcohol use followed by a relationship problem.
- As there were only 15 female suicide deaths during the period under review information on associated factors is not presented here.

### 4.3 Method of suicide

Table 4.5 Method of suicide, Top End, NT, 2000–2002

Methods	Number	%
Hanging	68	65
Gunshot	12	11
Poisoning & Carbon Monoxide	15	14
Other	10	10
<b>Total</b>	<b>105</b>	<b>100</b>

Note: 1. Source of the data, NT Coroner’s data, Top End residents only (unpublished data).

- During the period from 2000 to 2002, hanging was the most prominent method of suicide in the Top End and was used in two-thirds of cases. This figure has increased substantially from 1991-1998 where just over one-third (35 percent) of suicides among the same population involved hanging. An annual increase in hanging for male and female suicides of nine percent was observed in WA from 1986 to 1997.<sup>9</sup>

## 4.4 Recent contact of suicide cases with health services

Table 4.6 Recent contact of those completing suicide with health services, Top End, NT, 2000–2002

Contact with health services	Number	Percent
Yes	31	33
No	64	67
<b>Total</b>	<b>95</b>	<b>100</b>

Note: 1. Source of the data: NT Coroner's data, Top End residents only (unpublished data).

- One-third of the people who committed suicide had visited their General Practitioner or another health service provider in the 12 months prior to completing suicide. This result is similar to the previous study in the same region.<sup>10</sup>

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## Appendix

Table A.1 Suicide, age-adjusted death rate, Northern Territory and Australia, 1981–2002

Year	Male			Female		
	NT Indigenous	NT non-Indigenous	Australia	NT Indigenous	NT non-Indigenous	Australia
1981-1982	7	32	18	0	0	6
1983-1984	9	19	18	0	2	5
1985-1986	7	27	19	0	4	5
1987-1988	13	25	22	0	2	6
1989-1990	2	45	20	0	4	5
1991-1992	17	23	21	3	3	6
1993-1994	14	25	20	3	7	5
1995-1996	31	26	21	2	8	5
1997-1998	23	38	23	9	5	6
1999-2000	48	25	20	9	4	5
2001-2002	66	34	20	11	6	5

Note: 1. Number of deaths per 100,000 population.  
2. The death rate for Australia 1999–2000 was based on 1999 data.

Table A.2 Population of the Northern Territory, 1981

Age (years)	Males			Females		
	Indigenous	Non-Indigenous	Total	Indigenous	Non-Indigenous	Total
0-4	2796	4075	6871	2693	3857	6550
5-9	2831	4431	7262	2835	3868	6703
10-14	2540	3728	6268	2550	3417	5967
15-19	1959	3150	5109	2087	2785	4872
20-24	1725	4957	6682	1769	4608	6377
25-29	1428	5860	7288	1453	5142	6595
30-34	1109	5974	7083	1168	4985	6153
35-39	929	4474	5403	894	3247	4141
40-44	727	3290	4017	735	2187	2922
45-49	625	2159	2784	697	1339	2036
50-54	495	2000	2495	524	1105	1629
55-59	367	1305	1672	426	729	1155
60-64	325	734	1059	375	491	866
65-69	199	476	675	201	366	567
70-74	168	217	385	154	190	344
75+	172	183	355	177	180	357
<b>Total</b>	<b>18,395</b>	<b>47,013</b>	<b>65,408</b>	<b>18,738</b>	<b>38,496</b>	<b>57,234</b>

Table A.3 Population of the Northern Territory, 2000

Age (years)	Males			Females		
	Indigenous	Non-Indigenous	Total	Indigenous	Non-Indigenous	Total
0-4	3514	5509	9023	3329	5193	8522
5-9	3694	5381	9075	3334	5062	8396
10-14	3313	4847	8160	3029	4554	7583
15-19	3029	4741	7770	2949	4199	7148
20-24	2750	5767	8517	2687	5029	7716
25-29	2725	7181	9906	2697	6663	9360
30-34	2177	7104	9281	2247	6568	8815
35-39	1866	7176	9042	2005	6244	8249
40-44	1427	6365	7792	1541	5686	7227
45-49	1150	5978	7128	1241	5163	6404
50-54	847	5413	6260	900	4190	5090
55-59	582	3704	4286	642	2615	3257
60-64	430	2273	2703	516	1384	1900
65-69	254	1280	1534	355	880	1235
70-74	171	922	1093	221	633	854
75+	240	778	1018	269	857	1126
<b>Total</b>	<b>28,169</b>	<b>74,419</b>	<b>102,588</b>	<b>27,962</b>	<b>64,920</b>	<b>92,882</b>

Table A.4 Information collected from the Coroner's Office

Category
<b>Demographic Information</b>
Age
Sex
Indigenous status
Marital status
Locality
<b>Socioeconomic status</b>
Employment status
Occupation
<b>Behavioural</b>
Alcohol use
Cannabis use
Other illicit drug use
<b>Factors associated with the incident</b>
Relationship problem
Financial difficult
Recent suicide in the family
Recent death in the family
<b>History of mental disorders and other chronic illness</b>
Previous suicide attempt
Depression
Schizophrenia
Terminal illness
Chronic pain
<b>Contact with health services 12 months prior to the suicide</b>
Contact with GP
Contact with mental health services
Contact with other health services



## Selected Health Gains Planning Publications

### *Mortality:*

Measey ML, d'Espaignet ET, Cunningham J, **Mortality and Morbidity Attributable to Smoking – Northern Territory 1986 – 1995**, Territory Health Services, Darwin, 1998.

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Chondur R, Guthridge SL, Lee H, **Socio-Economic Indexes for Areas (SEIFA) of Administrative Health Districts and Urban Centres/Localities in the Northern Territory**, Department of Health and Community Services, Darwin, 2005.

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### *Upcoming Publications*

Li SQ, d'Espaignet ET, Guthridge SL, Paterson B, Measey ML **From Infancy to Young Adulthood, Health Status in the Northern Territory, 2005**. Department of Health and Community Services, Darwin