Northern Territory

Suicide prevention

A critical conversation for all our community

MAY 2017
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A CRITICAL CONVERSATION FOR ALL OUR COMMUNITY

Almost every week of the year, here in the NT, a person feels so vulnerable and overwhelmed that they cannot see a future for themselves. Every week, a family and a community have grieved the loss of a loved one whose life has ended too soon.

Purpose

Northern Territory’s suicide statistics are sadly the highest in the country. The NT Government is committed to halving the number of deaths related to suicide over the next 10 years. This discussion paper aims to engage Territorians across the whole of our community in these important conversations. A significant question we need to ask is:

What do we need to do differently, as a community, to prevent so many lives in the Territory being lost to suicide?

The main focus of this paper is to outline briefly what we already know about strategies that work to reduce suicide, and highlight the issues that will help inform community based discussions here in the Territory.

People from all sectors of the community are invited to contribute to a discussion that will help guide the development of a new Suicide Prevention Strategic Plan for NT. The focus of the Strategic Plan is to encourage everybody in our community to work together to halve the suicide rate in the NT over the next ten years.

Creating a suicide prevention strategic plan

The Suicide Prevention Strategic Plan that comes out of these discussions will seek to address the many factors that contribute to suicide.

No single agency or sector, alone and in isolation, can reduce suicide. Our plan will look at how people and agencies can work together, across Government and with all of the community, to focus on strategies and actions that have been shown to reduce death by suicide.
NT Suicide Prevention Strategic Plan

Aim
To reduce by half the numbers of early deaths by suicide in the Territory over the next 10 years

Priority Area 1
Engage the Territory community to explore strengths-based and community-led initiatives to ensure that the diversity of the NT is reflected in the strategy

Priority Area 2
Identify ways to improve the skills of people in our services to deliver culturally safe, trauma-informed practices

Priority Area 3
Improve collaboration to ensure access to appropriate support for those identified at risk

Priority Area 4
Evaluate what we all do so that initiatives and interventions align with best practice, and enable all Territorians to benefit
Background

Suicide affects families and communities all across Australia, and the world. In 2015, suicide rates in Australia were at their highest in the last 10 years, with 3027 people taking their lives – that is over 12 people for every 100,000 people in the population.

Rates of death by suicide in NT remain, sadly, the highest in the country. In 2015, 50 lives were taken by suicide in NT. That is a rate of 21 people for every 100,000 people in our community.

- Young people, males and Aboriginal and Torres Strait Islander people are especially overrepresented in those figures
- In 2015, suicide accounted for one third of deaths in the 15-24 years age group, and a quarter of those aged 25-34 years
- The rate of child suicide in NT was 13.6 per 100,000 – 4 times higher than the next highest state.

The impact of every suicide is felt by many. The most immediate impact is on family and significant others. Spouses, partners, parents, siblings, children – all are affected. Also affected are friends, work colleagues, classmates and the broader community. When a loved one dies through suicide, the grieving process is even more challenging, as people try to make sense of an early and tragic death. Many mixed and difficult emotions complicate the bereavement process.

Suicide also impacts upon service providers from a range of different professions – especially those who are first responders, such as paramedics, ambulance and police, and practitioners in acute health services, as well as those who provide ongoing support and treatment.

Each person in our community has the capacity to contribute to the cultural and economic life of the Territory. When someone dies prematurely, that contribution is lost. A conservative estimate shows that in Australia the national economic cost of suicide and suicidal behavior is over $17 billion per year. More important by far, is the loss of the unique contribution that the person who dies by suicide could have made to their family, their friends, and our broader community.

Evidence in Australia and internationally highlights that suicide prevention is a shared responsibility across the community, including families and friends, professional groups, and nongovernment and government agencies (LiFE Framework 2007, WHO 2014). We want to work with the community to create a plan which reflects this shared responsibility, and helps everyone to be able to make their contribution to this important work.
National Frameworks and Principles

The title of the draft Fifth National Mental Health and Suicide Prevention Plan was updated to include suicide prevention by the Council of Australian Governments Health Council on 24 March 2017.

Additionally, the following overarching principles have been developed to guide the implementation of suicide prevention strategies. The principles link with the themes of the LiFE Framework (2007) and are consistent with LifeSpan (a systems approach to suicide prevention which includes nine evidence-based suicide prevention strategies that range from the individual to population) and the recommendations in the ‘Solutions that Work’ ATSIPEP Report (2016).

The following principles from the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy will also underpin the Northern Territory’s approach:

1. Be based on respect and recognition for Aboriginal and Torres Strait Islander communities, culture and history.
2. Be founded in partnership between communities, organisations and governments and enabled through cross sectoral approaches to treatment and prevention.
3. Ensure that services maintain high quality standards of safety and security of care for Aboriginal and Torres Strait Islander individuals and families in need of assistance.
4. Be comprehensive, targeted and based on evidence.
5. Not lead to increased risk or vulnerability.
6. Be implemented to high standards of quality in culturally competent engagement and professional practice.
What factors make someone more vulnerable to suicide and suicide attempts?

There is no single reason that explains why people die by suicide. We know that many suicides are impulsive, and in such circumstances easy access to a means of suicide can make a difference as to whether a person lives or dies.

Many events that increase vulnerability and the psychological distress that may contribute to suicidal behaviour are day to day events that we can all identify with. These include things such as loss of a job, breakup of a relationship, overwhelming stress about a financial or other major life decision, or becoming intoxicated, either with alcohol or other substances. These are situational crises which act as a trigger at a particular point in time.

Other factors are longer standing and persist over time, for example, a history of trauma, significant social disadvantage (including poverty and longstanding unemployment), and family environment, including domestic violence. The long standing personality traits of a person can also be a factor - people who are impulsive and who struggle to find ways to cope with distress are more vulnerable.

Mental illness also increases the risk of suicide and suicidal behaviour. Early detection of, and good treatment for mental illness is clearly important. However, the extent to which a person with mental illness is at risk of suicide will be influenced by all of the above factors.

Social, psychological, cultural and other factors can interact to lead a person to suicidal behaviour, but the stigma attached to mental disorders means that sometimes people feel unable to seek help.

There are no simple answers to these challenges. However, we know from research and evidence in this field that while some factors increase a person’s vulnerability, other factors are protective, and reduce risk.

In the long-term, reducing risk will go part of the way towards reducing suicide. Building, at individual, family and community levels, those factors which are protective is critically important. Families, social circles, and community organizations that provide support can all play a part in suicide prevention. Knowing how to access support, including through referral to more specialist services, helps build resilience and provide more effective interventions to help loved ones. A social climate where help-seeking is not taboo, and where people are not afraid to share their thoughts and feelings will assist people in seeking out the help that could be life-saving. (WHO, 2014)

Understanding protective factors & identifying high psychological distress is crucial in helping us to identify what we need to build into our communities.
We know that many factors contribute to living a positive and healthy life. Protective factors are important because they help us to cope with day-to-day stresses of life. They influence what we do in any given situation.

Enjoying good physical as well as mental health is important as it contributes to a strong sense of social and emotional wellbeing. Having positive self-esteem, and being able to cope with stress and distress in a predictable and calm way is protective. Being able to connect and socialize with others, at home and in the broader community, is also protective of a good sense of wellbeing and belonging.

People who have positive and supportive relationships with significant others, who are more engaged with and connected to their local communities are also less vulnerable, as are people who feel safe in their homes and communities. People are also protected where they have good financial security, and where they have had positive educational and employment experiences.

Given that such a wide range of factors impact upon vulnerability, any prevention strategy will need to look broadly, across a range of areas.

Each of the vulnerability factors identified above creates an opportunity to intervene. No single intervention can prevent suicide. However, communities that focus on social connectedness, and actively work on reducing social isolation, and increasing support and social networks can achieve better health outcomes. Over the course of the last decade a growing number of researchers have emphasised the importance of community participation for successful health promotion outcomes.

Communities that employ a broad range of strategies to provide support and resources for those who are feeling vulnerable will be able to work to reducing suicide. Increasing an individual’s sense of belonging and participation in their community, and the availability of social supports, services and networks will mean that when they are at their most vulnerable they will be more able to reach out for support.
can occur at the following levels

### POPULATION BASED LEVEL (UNIVERSAL)
- raising public awareness about suicide
- encouraging all people to be sensitive to the needs of those around them
- reducing access to lethal means of suicide
- tackling the issues that lead to harmful use of alcohol and drugs
- sensitive media responses where there is a suicide

### TARGETED LEVEL
- these are those interventions that apply in certain settings where people are known to be vulnerable - (e.g. in primary health care, in schools, prisons and in emergency services)
- these interventions ensure that staff working in those settings are aware of the risks associated with people using those services, assess for vulnerability, and help a person who is vulnerable to access more specialist support

### INDIVIDUAL LEVEL
- these are the interventions directed to those who have attempted suicide, or those identified as being at an immediate risk
- they include comprehensive assessment, and integrated support for people that addresses their psychological as well as social needs
- the support can come from primary care level (e.g. training GPs in cognitive behavioural therapy) and ensuring that people with mental illness receive high quality integrated care and ongoing support.
- this especially applies to people who have been discharged from hospital in-patient wards as well as from emergency departments (e.g. Wayback)

www.suicideprevention.nt.gov.au
Share your views and experiences

Reducing the rate of suicide is something we all need to work towards. It will be a large task, and an ongoing piece of work. The views and experiences of all in our community, especially those who have been affected by suicide are important. Individuals, community groups, and stakeholders are invited to take part in this discussion, to help inform a Suicide Prevention Strategy. We want a Suicide Prevention Strategy that is the right one for our community.

Based on an understanding of what research tells us about suicide and suicide prevention, four priority areas below have been identified as a starting point for discussions. What do people think of them? Are there any other areas that need to be considered?

We would like feedback on these areas. This will help to clarify priority areas for the NT:

**Priority Area 1**
Engage the Territory community to explore strengths-based and community-led initiatives to ensure that the diversity of the NT is reflected in the strategy

**Priority Area 2**
Identify ways to improve the skills of people in our services to deliver culturally safe, trauma-informed practices

**Priority Area 3**
Improve collaboration to ensure access to appropriate support for those identified at risk

**Priority Area 4**
Evaluate what we all do so that initiatives and interventions align with best practice, and enable all Territorians to benefit
You may want to consider the following questions at a whole of NT level, a community level, or as an individual.

Q What is your understanding of suicide prevention?

Q Given that suicide prevention is everybody’s business, how do we identify what is already in place and working, across the NT or in your local community?

Q What ideas and suggestions do you have to reduce the number of suicides in the NT?

Q Any other views you would like to share?

Q What is currently being done that works or could be improved?

We also welcome feedback on any other issues that groups or individuals would like to raise.

For anyone wanting to participate in the consultation phase of the revised NT Suicide Prevention Strategy online survey, contact our team using the details below.

- suicide.prevention@nt.gov.au
- Mental Health Directorate on 08 89992553
- or by speaking to one of us at our community consultations.

SEEK HELP

Territory Crisis Services
- MHAT 1800 682 288

National 24/7 Crisis Services
- Lifeline 13 11 14
- Suicide Call Back Service 1300 659 467
- MensLine Australia 1300 78 99 78

National Support Services
General Support
- Beyond Blue Support Service 1300 22 4636 or email or chat at www.beyondblue.org.au
- Suicide Callback Service www.suicidecallbackservice.org.au
- SANE Australia Helpline 1800 18 7263
- Kids Helpline 1800 55 1800