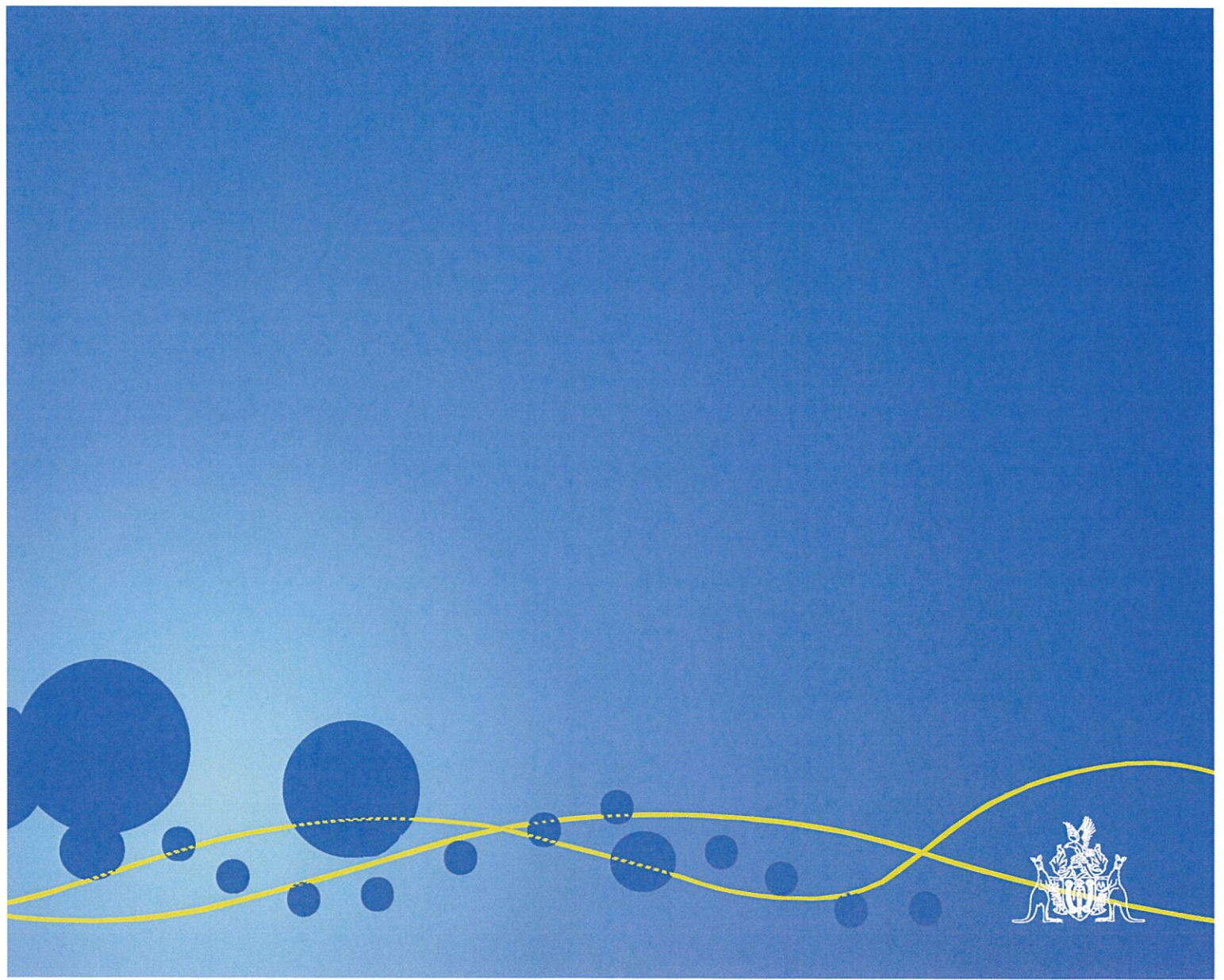


Report on Child and Youth Suicide in the NT

NT Child Deaths Review and Prevention Committee



NT CHILD DEATHS REVIEW AND PREVENTION COMMITTEE REPORT ON CHILD AND YOUTH SUICIDE IN THE NT

INTRODUCTION

Purpose

The Child Deaths Review and Prevention Committee (the Committee) was established pursuant to Part 3.3 of the *Care and Protection of Children Act* (the Act). The purpose of the child death review process undertaken by the Committee is to assist in the prevention and reduction of child deaths. One of the methods used to achieve this is by conducting research about child deaths.

Reporting Obligations

Pursuant to section 214 of the Act, the Committee must provide this report to the Minister for Child Protection. The Minister must table this report in the Legislative Assembly within six sitting days after receiving the report.

Acknowledgements

The Committee would like to thank the Menzies School of Health Research (Menzies), in particular, Associate Professor Gary Robinson, Professor Sven Silburn and Mr Bernard Leckning, for providing us with a well researched and comprehensive report on the issue of child suicide in the NT.

Background

In the 2010 Annual Report of the Committee, a comparative analysis was conducted of child deaths occurring in 2006-09 resulting from intentional self-harming (suicide) by hanging. This was conducted in light of the high rate of occurrence of these types of deaths in the NT. That analysis indicated that the NT rates were up to 13 times greater than in some other jurisdictions.

As a result of these observations the Committee commissioned Menzies to conduct an exploratory study of recent trends in suicide among NT Children and Youth. The study focused on providing a concise review of recently published and unpublished literature of this topic within the NT context and as the suicide deaths predominantly involved Indigenous children there was a further focus on Australian and international reviews dealing with Indigenous populations.

The study examined 18 child deaths in the NT from 2006 to 2010 where the coronial findings provided the cause of death as suicide or otherwise resulting from self-harm. The aims of the case reviews were to:

1. explore the recent trends and methods in child and youth suicide;
2. determine if any evidence of clustering exists by geographical area or particular community groups and the nature of any socially mediated contagion factors; and



3. establish the existence of contextual elements such as alcohol and/or drugs misuse close to the event, child protection involvement, educational engagement levels, mental health interaction or criminal history which might be considered risk factors for suicide.

Due to the level of detail about individual cases in the Menzies study, the Committee determined that it would not be in the families' or the deceased individual's interests to publicly disclose those details of that research.

Attached is the report prepared for public release by the Menzies School of Health Research.

RECOMMENDATIONS

Based on the Menzies study and the expertise of the Committee the following recommendations have been formulated in the following broad categories:

- Preventive Services
- Targeted Prevention Services
- Policy Framework Review
- Postvention services
- Trauma, coping mechanisms and self regulation
- Departmental service and Coordination of responses to Suicides.
- Developing the Evidence base on Suicide in the NT.

Preventive Services

The research indicates that risk associated with suicidal behaviour is closely related to social conditions and the more adverse the conditions the higher the risk. In the NT, the widely documented adverse social conditions in remote settings and town camps includes community and family violence, over-crowded housing, lack of job opportunities, educational disengagement and chronic welfare dependence. These conditions place enormous stresses on families and individuals leading to abuse and neglect, alcohol and drug dependence as well as increased risk of self-harming behaviours including suicide.

This being the case the Committee strongly supports current government policy aimed at improving the social conditions in growth towns, very remote areas and town camps as articulated in the NT *Working Futures* initiative and the various NT and Australian Government *Closing the Gap* initiatives. In particular, the Committee endorses the strong emphasis on universal early childhood development and support services such as those offered by the emerging child and family centres, Families as First Teachers (FAFT) and the Australian Government funded program *Communities for Children*.

The research suggests that young people tend to be at particular risk in the NT and that adequate counselling services may not be available to meet their needs. Recent family breakup and parental separations, along with parental suicidality and psychopathology are clear risk factors for young people; there is a need to ensure that preventive strategies that identify these risks are developed and that support services are provided to children that experience these and other forms of family stress.

Psychology and counselling services closely linked to schools are able to establish strong relationships with the target group, as well as teachers who are key informants. It is essential that



service providers are able to engage with children and adolescents who do not attend school, as well as those who do, and that they are able to deal with families as well as school aged clients.

Recommendation 1

The Committee endorses the current focus on preventive services supporting early childhood development and recommends that they remain a key priority of the NT Government.

Recommendation 2

Any program or resource developed in response be delivered as strength based and culturally appropriate, with the aim of building resilience in Aboriginal children and young people through promoting and affirming the importance of culture.

Recommendation 3

Given the lack of counselling services, particularly in remote areas, the Committee recommends that access to counselling services for children, adolescents and their family members be made widely available to children across the Northern Territory. Such services may be provided in school settings but will need to have an outreach component to children and young people who are not attending school.

Targeted Prevention Services

There is a significant presence of early childhood difficulties including impaired parenting, neglect and abuse, and both past and current substance misuse and violence in families in the cases of child suicide audited in this study.

Family suicidal behaviour, including suicide threats and attempts by parents, is a significant predictor of suicide attempts among the young; there was evidence of suicides and suicide attempts by parents and other family members of young persons who had committed suicide.

Recent family breakup and parental separations, along with parental suicidality and psychopathology are clear risk factors for young people; there is a need to ensure that preventive strategies that identify these risks are developed and that support services are provided to children that experience this form of family stress.

Recommendation 4

The Committee strongly endorses the Board of Inquiry into the NT Child Protection System recommendations about the need for significant and sustained investments in prevention measures targeting high risk children and parents, and calls for the urgent implementation of the Board of Inquiry's recommendations regarding these children and their families.

Recommendation 5

The Committee recommends that community members, teachers, counsellors, health care and child protection workers are given education to identify high-risk interactive patterns of behaviour to recognise that these patterns of behaviour can lead to suicide and to mobilise supports for these young people.



Policy Framework Review

Recommendation 6

The Committee urges the development of a new NT *Strategic Framework for Suicide Prevention*. The new framework should be built on the evidence including a review of the previous framework, and incorporate an evaluation process.

Postvention Services

In many instances of suicide, the event has a complex and long-lasting impact on relatives, friends and other community members. In some cases there were further suicide attempts and completed suicides with some evidence of 'clustering' or 'copy cat' effects. Anecdotally, there have been reports of on-going clan tensions, threats of revenge against putative perpetrators, and allegations of 'black magic' being involved in the deaths. Given this complexity, it is imperative that a structured and reliable postvention response process is developed that is triggered where there is a completed suicide or a serious attempt.

This should, at least, involve a clinical assessment of the needs of family members, friends, school students and members of the broader communities who may have been affected, followed by the provision of supportive interventions. On a broader level there should also be an assessment of any on-going fallout within the community or peer group of the young person and the development of a strategy to address the needs. It is apparent that current responses vary greatly depending on the locality where the death occurs; hence there should be emphasis on a consistent NT-wide response.

Recommendation 7

The Committee calls for the establishment and implementation of a formal and structured post-vention program with adequate personnel and resources to respond to all cases of child and youth suicide. Such a formal programme would provide support for individuals, families and communities directly affected by suicide. In addition it should be responsible for the provision of specialist training to relevant employees to facilitate their delivery of postvention services.

It is suggested that this response should include Aboriginal personnel with an understanding of complex community and cultural dynamics that are likely to be encountered. This process should engage services and families with support of community leadership.

Recommendation 8

That postvention planning strategies be developed in association with programs such as *Headspace School Support* administered by Headspace and funded by the Australian Government up to 2014.

This program's focus is delivery in secondary schools and once fully operational it will incorporate localised service delivery for initial response support, providing information sessions to teachers/parents, identifying at-risk children and longer term support follow-up to the school.

Recommendation 9

That DoH publishes an annual report on suicide in the NT, paying adequate attention to the protection of community, family and individual privacy.



Trauma, coping mechanisms and self-regulation

A large percentage of the deaths examined in the study, particularly those that occurred in the remote areas, involved immediate (or briefly delayed) reactions to relationship crises and/or violence. This pattern of response reactivity indicates an impaired capacity, and/or a lack of support to cope with high emotional stress.

DET currently provides the capacity for school based programs such as *Mind Matters* and *KidsMatter* to be implemented into individual school's curriculum. These programs assist in the promotion of mental health and the development of coping mechanisms for emotional stress.

Recommendation 10

That sufficient funding both for public and private schools should be provided to enable all schools to take advantage of these or similar programs.

Recommendation 11

It is recommended that research projects examining the impact of trauma in remote Aboriginal communities and into the development of programs to promote emotional self-regulation and coping mechanisms, be supported by government agencies.

Departmental Service and Co-ordination Responses to Suicide

The present research indicates that there is a need to improve access to basic services for families and children and to significantly improve integration and coordination through a holistic approach to service delivery. Government departments involved with young people need to ensure that guidelines are developed for employees who are likely to encounter a young person contemplating suicide so that they are able to link the young person with the appropriate support and intervention services (Government or Non-Government) to address their issues.

Recommendation 12

The Committee recommends that relevant government agencies such as NT Police, Department of Children and Families (DCF), Department of Education and Training (DET), DoH and Department of Justice (DoJ) have clear policies and procedures in place to provide for appropriate service responses to significant suicide attempts and completed suicides.

Developing the Evidence-base on Suicide in the NT

There is currently a lack of evidence for determining factors implicated in suicide deaths in children and young people in the NT. A process known as 'psychosocial autopsy'¹ is a systematic process of analysing an individual's social, physical and psychological circumstances to better understand the death. Such an enhanced analysis would highlight areas where effective prevention strategies could be employed. It is possible that in relation to child deaths, the Committee could undertake this role given its statutory powers to obtain information.



On a Territory level, consideration should be given to developing a comprehensive database focusing on the wellbeing of children and families, with data routinely obtained from all relevant NTG Agencies. Such a comprehensive database could supplement existing, more specific data collections (e.g. for health, education and child protection purposes) as well as Australian Government funded initiatives such as the AEDI. It would also provide additional and more specific local information that is currently available from the AIHW and the ABS. A centralised data repository would help inform policy development, and support research into critical areas such as suicide prevention.

Recommendation 13

That an appropriately resourced body be given responsibility to conduct a ‘psychosocial autopsy’ for each child or young person who dies as a result of suicide in the NT. This requires an enhanced response from the initial investigation onwards to ensure timely and comprehensive data and evidence gathering as well as the formal process of analysis and reporting.

Recommendation 14

That the NT Government actively support the use of data linkage to enhance the use of data from various government data collections, to support the role of a Child Deaths Register in population-level monitoring of child risk and vulnerability, and to enable production of epidemiological reports on risk indicators in NT communities.

Recommendation 15

That a comprehensive suicide register in the NT be established, to include known suicides in children and adults, as well as deaths for indicative conditions or instances of self harm where uncertainty exists about intent but which may include suicide.

