

# Northern Territory Suicide Prevention

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Strategic Framework  
**2018-2023**

**IMPLEMENTATION PLAN**

**Second Progress Report Card**

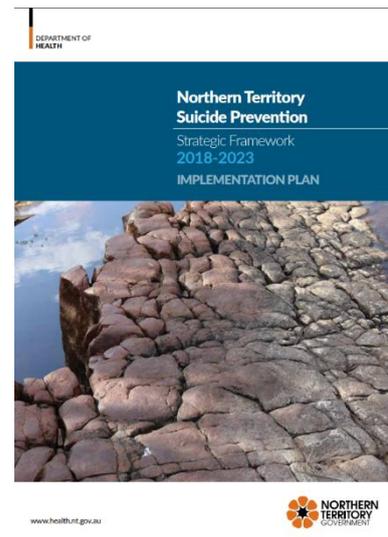


# Summary

The Northern Territory Suicide Prevention Strategic Framework (NTSPSF) Implementation Plan 2018–2023 was released in August 2018.

The second Progress Report Card for the Northern Territory Suicide Strategic (NTSPSF) Implementation Plan highlights key achievements during the second year of implementation 2019-2020. This progress report highlights areas where ongoing focus is needed and demonstrates the importance of remaining accountable and dedicated to each goal in the Implementation Plan.

Preventing suicide requires work in a wide range of areas. Our plans to prevent suicide must include whole of community awareness raising alongside targeted initiatives for people who are most at risk of suicide.



The Northern Territory Suicide Prevention Strategic Framework Implementation Plan 2018–2023

**Information in this progress report is organised under three priority areas:**

- 1.** Stronger community awareness and capacity
- 2.** Improved system integration, coordination and accessibility
- 3.** Focused support for vulnerable groups and a stronger evidence base.

# Top three achievements in suicide prevention actions



## Community Action Planning - A regional approach to preventing suicide

This includes identifying established community planning groups and suicide prevention networks in each region and supporting the development and monitoring of suicide prevention actions. In addition to a wider range of both fledgling and established community action group platforms, there are 14 dedicated Suicide Prevention Networks currently underway in the Northern Territory (NT).

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## Community Suicide Prevention Grants

Community groups and non-government organisations have been awarded grants of up to \$10,000 to assist in raising awareness about suicide and suicide prevention, focusing on community building and support for vulnerable groups. To date \$700,000 worth of community suicide prevention grants have been awarded for 92 distinct projects across 2018-2021. Examples of 2019-2020 projects include:

- a) *Canteen Creek Owairtilla Aboriginal Corporation - At Risk Response Group and Harm Minimisation Diversion Program - Canteen Creek Community*
  - b) *Rotary Club of Litchfield/Palmerston Inc. - Litchfield suicide prevention awareness Campaign form Males 40+ - Litchfield Municipality.*
  - c) *Yalu Marnggithinyaraw Indigenous Corporation - Galiwinku Yothu Miyalk mental health yarning circles workshops and web-based self help guide - Galiwinku*
  - d) *Time and Place Consulting and Collaboration - Co-creating the Tennant Creek Archive of Hope, Strength and Resilience: Women stories - Tennant Creek*
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## Funded training for staff and community members

Targeted training for community members and health and social care staff in supporting vulnerable people expands the capacity of the community to respond wherever the need is. In the past 12 months:

- SafeTALK: a total of 727 participants trained in the NT
- Applied Suicide Intervention Skills Training (ASIST) a total of 460 participants trained in the NT
- Mental Health First Aid (MHFA): a total of 206 participants trained in the NT

# Progress by goals and actions

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# Goal 1

Building stronger communities that have increased capacity to respond to and prevent suicidal behaviours through raising awareness and reducing stigma.

## Actions

- 1.1 Promote online and face-to-face prevention and awareness services and resources.
- 1.2 Increase accessibility to prevention, intervention and postvention initiatives being delivered in all sectors.
- 1.3 Identify and promote opportunities for training and awareness raising in the community and workplaces.
- 1.4 Promote and support resilience building for individuals, carers and communities through community level activities.

## COMPLETED

### Online training:

NT Health support for the 2020 Lifeline Australia / National Mental Health Academy delivery of a free online Suicide Prevention Summit conference for allied health professionals covering suicide prevention contexts including children/youth, Indigenous, lived experience, evidence-based approaches, counselling and access to technology.

### The Little Red Threat Book update

The Little Red Threat Book (LRTB) practical community guide in plain English tackling the issue of people using suicide as a threat and addressing a range of related and concerning behaviours. The book was updated from the 2007 edition by the Central Australian Life Promotion Network (LPN) and launched in 2020. Has been widely distributed free via social media and in hard copy to many community settings.

### Postvention and prevention support guidelines for primary health care staff:

To provide a process for primary health care managers and staff following an attempted / alleged suicide in a remote community, a set of guidelines has been developed to provide postvention support responses and ongoing prevention support services for affected individuals, families, and community health staff.

## Ongoing

### Online and face-to-face prevention and awareness services and resources:

A range of place-based community information access, awareness and help-seeking campaigns have been supported to develop as they emerge in various settings including;

- Media promotion including targeted radio announcements, podcasts, and community education campaigns.
- Increasing use of technology-based suicide prevention initiatives and access to online help and support services including clinician Suicide Risk Assessment Training.
- Promoting uptake of the Mental Health Professional On-line Development (MHPOD) training on suicide awareness and risk assessment.
- Exploring development, maintenance and marketing of an online portal of resources for Aboriginal and Torres Strait Islander individuals, families and workers.

### NT Health funded services:

NT Health funds a range of non-government service providers including \$1.925 million for the delivery of NT-wide evidence-based suicide prevention activities, grants and training workshops including Applied Suicide Intervention Skills Training (ASIST) SafeTalk and Mental Health First Aid.

### Examples of funded training and awareness activities

#### Anglicare (Top End) and Lifeline (Central Australia, Barkly) ASIST training

ASIST is a two-day skills-based workshop that helps equip people for 'suicide first-aid'. The focus is on increasing the ability of 'key responders' to promote the immediate safety of someone who may be at risk of suicide and link them to appropriate professional services.

### 2020-2021 Case study ONE

## The Way Back Support Service

The Way Back Support Service (TWBSS) also known as Aftercare Following a Suicide Attempt is best practice management of presentations for suicidal behaviour. TWBSS is focused on supporting people who have attempted suicide providing psychosocial non-clinical support assertive outreach service for up to three months with primarily face-to-face contact. This service is a partnership between clinical specialist Top End mental Health Service (TEMHS) and Non-clinical community focused support coordinators at Community Mental Health NGO and TeamHEALTH that connect referred clients

### Mates in Construction

As part of whole of government approach to suicide prevention in the Northern Territory, Mates in Construction (MIC) is jointly funded by NT Health, the NTPHN and other relevant industries. MIC is an evidence-based workplace suicide prevention model developed to reduce high suicide rates in the construction industry and includes:

- Establishing a crisis intervention network
- Resource development
- Training, education and workforce capacity building

### Other focused funded training and awareness activities

- Indigenist Pty Ltd – Aboriginal and Torres Strait Islander LGBTQTI+ regional inclusive practices workshops
- OzHelp - Tradies Tune-up Program

## Community Suicide Prevention Grants

Community groups and non-government organisations have been awarded grants of up to \$10,000 to assist in raising awareness about suicide and suicide prevention and focused on priority vulnerable groups. Previous grants totaled \$200,000 across 22 projects (2018-2019) and \$200,000 across 29 projects (2019-2020). In a third round, 2020/21, funds were increased to \$300,000 supporting 41 projects NT-wide. These Community Grants will continue aimed at locally- led activities and projects in three priority areas:

1. Building inclusive communities and strengthening community resilience.
2. Addressing stigma and discrimination.
3. Raising awareness of effective suicide prevention practices.

## Community Action Planning - A regional systems-based multi-intervention approach to preventing suicide

This work includes identifying established community planning groups and networks in each region and supporting the development and monitoring of localised Community Action Plans (CAPs) for suicide prevention actions aligned with the community grants program. There has been a marked increase in the reach and effectiveness of CAP and community awareness and support services.

Development of a CAP map and activity evaluation guide is underway for key stakeholder to enhance community engagement, resource sharing and reflection for suicide prevention activities undertaken. Regional groups engaged in CAP activities across NT regions include suicide prevention networks, community action and youth coordination groups.

### Activities undertaken to progress CAP

- Improving the dissemination of research and information and sharing information across regional networks and inter-agencies.
- Support for community information and awareness campaigns.

- Support for developing community profiles and activity readiness assessments.
- Supporting development of community flow charts that identify natural helpers, and linkage with relevant agency contacts.

## Development of monitoring and evaluation *how to guide* for community-focused suicide prevention activities

In conjunction with Price Indigenous Consulting (PIC) and Thamarrurr Development Corporation (TDC) Men's shed in Wadeye, a Monitoring and Evaluation - *How to Guide/Toolkit* has been developed for community groups to utilise for building the capacity to share their stories. The *How to Guide/Toolkit* is also designed to enhance community project management processes and support reflection on suicide prevention activities.

## YouthWorx NT - Lifeline Australia youth help-seeking initiative

NT Health provide linkage and facilitation support for YouthWorx NT and Lifeline Australia to collaborate on a project to secure help-seeking role-play education and resources for high risk 15-24 year olds who participate in YouthWorx NT training and education programs. YouthWorx training and employment participation includes 200+ youth (150+ Indigenous) across Darwin and Palmerston areas.

## Bereavement support services

NT Health supports the development of services for those bereaved by suicide, affected by suicide attempts and community organisations responding to emerging clusters by:

- Supporting the development and implementation of best-practice guidelines for establishing suicide support groups.
- Supporting coordinated community response plans.
- Developing appropriate support services for those affected when someone close to them makes a suicide attempt.

## 2020-2021 Case study TWO

### Mates in Construction

Between 2001 and 2015 a total of 256 employed men died by suicide in the NT, of these 25% were construction workers. Suicide rates in the NT construction industry between 2013-15 were 45 in 100,000, more than twice the national average of 22 in 100,000 (Maheen & Milner, 2017).

Mates in Construction (MIC) is an evidence-based workplace suicide prevention model, developed to reduce high suicide rates in the construction industry (Heller, Hawgood, & De Leo, 2007; Maheen & Milner, 2017). The program applies a systematic approach aligning with the full spectrum of the LIFE Framework and has been recognised by several state and National Awards. In 2018, in response to a whole of government approach to suicide prevention in the Northern Territory, MIC proposed a project joint funded by the Northern Territory Government (NTG), Northern Territory PHN (NTPHN) and the relevant industries. The program was expanded to the Northern Territory. MIC includes;

- Establishing a crisis intervention network to support individuals engaging with existing services
- Resource Development – modifying for small businesses and rural remote sites to the Northern Territory and culturally acceptable delivery.
- Training, Education and Workforce capacity building to mirror safety structures onsite and engage all the workforce in providing a mentally safer and healthier workplace.

This program is also aligned with the key messages of the NT Suicide Prevention Strategic Framework, and provides needed interventions for a workforce that we know is vulnerable and needs evidence-based support. An initial 2-year service plan has allowed for a more effective decision to be made regarding the funding future of this program. In the first year of the service, 1,500 individuals were involved in the program and 244 individuals received workshop training in the MATES' NT program.

## 2020-2021 Case study THREE

### Community Suicide Prevention Grants

#### Mangarrayi 'minds alive' - musical Therapy for Jilkminggan

Jilkminggan Community Suicide Prevention Network developed the idea to improve community life through music. There are a number of experienced musicians in Jilkminggan, eight of which were approached by the Network and together it was decided to create a music project that could touch everyone's life in the community. Community Suicide Prevention Grant funds were provided for guitars, keyboards, drums and music accessories. The Jilkminggan Suicide Prevention Network were targeting social isolation and an inclusion of community members who may be at risk. The Network wanted those people to rediscover friendships through both an opportunity to learn to play instruments with musician guidance at weekly music events and with long-term goals to relieve community stressors and related illnesses. A new community band was created out of the weekly music sessions and these new musicians have come through not just a musical journey but a resilience building exercise, feeling confident and joyful looking forward to the weekly whole of community music events. This project is ongoing in Jilkminggan, keeping the whole community engaged in healthy, stimulating and emotionally rewarding activity through life-giving, "Minds Alive" music.

# Goal 2

Informed, inclusive services that provide timely, integrated, compassionate and culturally safe responses that meet the diverse needs of people across the NT.

## Actions

- 2.1 Agency collaboration to ensure service coordination, aligned with system reforms.
- 2.2 Establish an online platform covering all of the NT.
- 2.3 Develop and improve coordination and analysis of relevant data to inform ongoing prevention activities and enable innovative service responses.
- 2.4 A clear public policy, across government that supports suicide prevention.

## COMPLETED

### Collaborative practices across social and justice services towards models of suicide prevention, intervention and postvention

- Development, implementation and evaluation of interventions to reduce the risk of suicide for people being discharged from mental health inpatient services.
- Improved responsiveness to, and management of, suicide risk by primary care services through the implementation of the way back service co-design processes.

### Community resilience coordinators

NTPHN and the NT Social and Emotional Wellbeing (SEWB) Working Group have committed to supporting SEWB Socio-cultural position funds for Suicide Prevention or Community Resilience Coordinator positions within Aboriginal Community Controlled Health Services (ACCHS), Northern Territory Government (NTG) Primary Health Centres or other NGO agencies where need is identified. Eligible agencies who re-purpose SEWB positions to suicide prevention or community resilience

coordinators may contribute to a reduction in suicide and suicidal behaviour in regions by:

- Improving safety, effectiveness and access to local services for people at risk of suicide and their families.
- Strengthening relationships and structures to support collaboration across local agencies involved in suicide prevention.
- Developing and implementing an integrated and evidence-based regional suicide prevention community action plans.
- Ensuring needs within local communities are being adequately addressed.

### World Suicide Prevention Day

The NT Department of Health in a partnership with Billeroy Veterans & Families Community Centre and the Department of Veterans Affairs/Open Arms - Veterans and Families Counselling came together for a cross-agency event for World Suicide Prevention Day 2020 to recognise and acknowledge our first responders and the risks of critical event and cumulative traumatic experiences. This event further focused attention on the needs of people at risk of suicide, suicide attempt survivors and people bereaved by suicide.

## Ongoing

### Joint regional planning towards integrated mental health and suicide prevention services

As reform of mental health and suicide prevention services moves towards whole of system integration, governments are required to jointly develop suicide prevention approaches between Primary Health Networks (PHNs) and Local Hospital Networks (LHNs). This group is made up of commissioning organisations, services providers, mental health advocacy bodies, and lived experience representatives.

### Whole of government approach

Suicide prevention is most effective when understood as a whole of society issue and delivered through a whole of government approach with defined roles and responsibilities, joint service planning and co-funding.

### Northern Territory Suicide Prevention Coordination Committee

The Northern Territory Suicide Prevention Coordination Committee (NTSPCC) comprises senior representation from 17 government and non-government agencies who meet to monitor effective, linked-up suicide prevention services across different sectors and to put in place solutions to any identified gaps or problems with service delivery. Representation includes NTG Departments, Australian Government Departments, Northern Territory Primary Health Network (NTPHN) and Aboriginal Medical Services Alliance Northern Territory (AMSANT).

## Examples of whole of government responses

### Child youth and family services

#### Territory Families

In 2019-20 Territory Families continued to support a cross-government response to high risk young people. Work highlights include:

- Improving the quality of care provided to Children in Care. Specifically the greater Darwin region engaged with Top End Health (TEHS), focused on the significant needs of youth with complex and very high risk behaviours.
- Aboriginal Health Services contracted by the Department of Health to provide broader range of health and wellbeing services to young people at Don Dale and Alice Springs youth detention centres.
- Liaison between Territory Families and Department of Health in relation to appropriate responses to young people requiring mental health services in hospital, including principles for responding to presentations and treatment needs.
- Improvements to youth justice reporting in the Northern Territory, including compliance with reporting against the national minimum dataset which features a performance indicator for suicides in detention.
- Continued operation of the Families and Children's Enquiries and Support (FACES) phone-line. The FACES team facilitates an 1800 number for the public, providing initial information, support and referral to any community or government service. FACES is set up alongside the Territory Families intake team.

## 2020-2021 Case Study FOUR

### Community Suicide Prevention Grants:

#### Emotional wellbeing promotion through the honouring of women

Minjilang community has been affected by multiple suicides since the start of 2019 having never had a suicide on the Island before 2017. Following a number of tragic losses and a dramatic rise of suicide threats and attempts recorded through the clinic, the majority female, discussions between clinic staff and community leaders led to the commencement of a 25 strong Women's group 'to sit down and talk'.

Many of the women spoke of depression and expressed wanting to lose weight through exercise and also discretion. There was unanimous agreement that exercise in the privacy of the clinic would provide a great opportunity to meet regularly and continue to build a support network. Three evenings a week, a local Aboriginal health practitioner opened the health clinic as a "gym", albeit without equipment. Participating in this exercise program planted the seed for the ensuing discussion on mental health and wellbeing and from this the idea was born to build on the physical exercise sessions by coming together for a dress-up and photographic event to capture all that should be celebrated about Minjilang women.

From the initial group, which provided a safe space to discuss personal issues, discussions ensued around self-esteem and options when life becomes challenging. A Community grant was then awarded to first purchase gym equipment treadmills, an exercise bike, rowing machine, vibration boards, cross trainer and freight to Minjilang island). The second stage of the project, Photographic Portraits, were taken by the local women supported by a professional photographer. The event included stations for hair, makeup, clothes and portrait photographs. The project was held in safe, confidential and supportive atmosphere, resulting in raised self-esteem and lasting positive self-images of the women, to be kept at home. From this project Minjilang women gained an understood that there is always a way to find help for depression and that each other are the best supports.

### Northern Territory Multi Agency Community and Child Safety Teams

In 2019-20 Territory Families designed the NT Multi Agency Community and Child Safety Teams (MACCST) model for implementation in 2020-21. The fortnightly MACCST meetings will prioritise the safety and wellbeing of children and their families and also promote community safety for children. The initiative includes children and families primary health care interventions with specialist support and expertise supported through the Northern Territory Suicide Prevention Strategic Framework (NTSPSF) Implementation Plan 2018-2023 to deliver timely, coordinated community responses on two levels:

- Children and families with needs that increase their risk of harm to themselves and/or others; and
- Thematic social issues affecting groups of children and their families in the local community where statutory responses may be required or where there is concern for a group of children or young people.

### Schools and educational settings

- Promotion of anti-bullying strategies including the use of the Australian Student Wellbeing Framework for preventing and addressing bullying in schools.
- Access of support, resources and professional development relating to suicide prevention through external services providers, i.e. headspace schools and Beyond Blue
- Development of targeted professional learning opportunities for school leaders, teachers and school support staff to complement the NT Social and Emotional Learning (NT SEL) package which is inclusive of the Resilience, Rights and Responsible Relationships learning materials and NT SEL Supplementary Resources.
- Implementation of evidence based, school wide approaches to establish and maintain safe and inclusive learning environments which maximise opportunities for children and young people to develop socially, emotionally and academically and reach their full potential.
- Promotion of the eSafety Toolkit which provides a suite of resources to support primary and secondary schools to create safer online environments.
- Release of the School Counselling Service Handbook and Department of Education's employment of a second senior School Counsellor as part of the School Counselling Service Action Plan 2019-2023.
- Provision of support to students and schools across the NT through the School Counselling Service, School Chaplaincy Program and education advisors.

- Access for all educators to comprehensive online training courses that cover topics such as attachment and trauma, supporting student wellbeing and mental health and understanding and support behaviour.
- Worked collaboratively with government and non-government agencies within the bounds of the Information Act 2002 and the Care and Protection of Children Act 2007 to ensure a coordinated response to the safety and wellbeing of children and young people.

### Police services

- Providing MHFA training to first responder staff to assist in their preparedness for responding to calls for acute assistance from the public.
- Co-operative relationship between Police and mental health service providers through the development and delivery of Multi-Agency Care plans and operating protocols.
- Delivery of Mental Health First Aid training (or similar) for all first responder staff across the full gambit of first responders so a consistent and standardised response understanding is maintained.
- Development of Co-Response Model in partnership with St John Ambulance and Top End Mental Health Service

### Corrections facilities

- All custodial staff and community corrections staff receive training to diagnose, assess and manage risk. Trainee Correctional Officers (TCOs) attend the Mental Health First Aid program.
- The Initial Risk Needs Assessment (IRNA) is completed by custodial reception staff and by community corrections officers within their first 24 - 48 hours of release or an order being written by the court. At risk inmates can also be reported by any officer from primary health care staff at reception intake assessment up to initial health assessment or at any later stage during incarceration
- At Risk training is delivered during the TCOs and Senior Correctional Officer Program, other sessions are delivered during the TCOs program which include discussions with people from the Sentence Management Team, Forensic Mental Health and other areas in the Correctional Centres.
- TEHS provide two full time psychologist for prisoner grief, loss, depression, stress, anxiety and trauma needs addressing a distinct gap previously subject to coroner recommendation.

- Elders Visiting Program – The Elders Visiting Program provides access to cultural leaders from a number of communities who support and offer cultural safety for people in prison. Also provides support to prisoners on release. Depending on which community they reside in Elders will work with family of those in prison.
- Visiting pastoral care services providing prison fellowship include the following denominations, Catholic, Anglican, Islamic, Uniting, Darwin Community Church.

### Recreation and Sports Settings

#### COVID crisis issues and responses

- Sports in the NT plays a significant role in community societal health, connectedness and mental health.
- Great efforts have been made restarting clubs and activities as timely as possible.
- NT sports rely on members' fees and also funding from National sports bodies for local club grants especially as corporate socially responsible sports sponsorship decreases.
- NT sports participation statistics include a general increase in adult participation for example rugby league, rugby union and soccer, whereas spectator participation has decreased.
- Recreational activities, bike riding, swimming, yoga in the park, walking with friends, lessons online is not as affected the same as funds through registered club team sports.
- NT Tourism Voucher round release is very successful with two more tranches yet to be released to counter major tourism organisations financial difficulties.

### Housing and Community Development

#### Department of Local Government, Housing and Community Development (DLGHCD)

- **Workforce Training:**
  - 1833 people attended 105 sessions for 36 training courses.
  - » Combat bullying
  - » Cross cultural awareness training
  - » Mental Health First Aid Training - 23% workforce trained in Mental First Aid

- **Community development**

Community Development Officers working across 79 communities to support capacity building and undertake community development projects and with councils and local authorities to build leadership, strengthen governance and facilitate local decision making.

- **Housing**

Housing is a well acknowledged social determinant of health. Poor housing conditions, including sanitation, crowding, air quality, and contribute to a range of communicable diseases, chronic diseases, injuries. Housing is a significant factor for good health, wellbeing and protective component of suicidal behaviours.

- » The *Our Community Our Futures Our Homes* (OCOFOH) program promoting local economic development with a focus on developing Aboriginal Business Enterprises (ABEs), opportunities for joint ventures, and local employment attended 102 community meetings with the Aboriginal Interpreter Service covering Aboriginal languages.
- » *Room to Breathe* have scoped 648 households, and have added 231 living spaces in 144 homes across 24 communities.
- » *Room to Breathe* employment achievements averaged 49% for the proportion of Aboriginal people employed.
- » The \$100 million public housing stimulus program awarded 187 contracts for works packages to 197 homes.

- **Homelessness**

In 2019, the Northern Territory Government (NTG) released Pathways out of Homelessness - Northern Territory Homelessness Strategy 2018-23 focused on prevention and early intervention, improving service integration and collaboration with key non-government service providers, peak bodies and NTG agencies across the Children and Families Cluster. Projects include;

- » *Transitional Accommodation Program* transfer of 17 dwellings across Greater Darwin, Alice Springs and Katherine regions to the Department of the Attorney-General for refurbishment.
- » *Housing for Young People Program* in response to address young people leaving care at risk of homelessness.
- » *Homelessness Innovation Fund* identified *Doorways Hub* in Katherine delivering innovative and vital

housing and homelessness services to vulnerable individuals and families providing food, showers, toilets and washing machines. *My Place* in Alice Springs delivers *Subsidised Private Rental Program* and *Private Rental Liaison Program* to help people who can afford a private rental property to overcome barriers accessing the private rental market housing 29 adults and 35 children in the private rental market in Alice Springs.

- » *Short Stay Accommodation (SSA)* targets homeless with complex support needs include short-term visitors from remote communities without secure housing. Darwin SSA is delivered through pre-purchase of beds and meals and referrals access through the Aboriginal Hostels Ltd Galawu Hostel.

## National Indigenous Australians Agency (NIAA)

- **Mental Health First Aid**

Mental Health First Aid (MHFA) delivered in the NT, through National Employment Services Association (NESA) (delayed due to COVID19 travel restrictions). Mutitjulu/Imanpa, Galiwinku and Darwin have been identified as priority high risk locations for delivery of Mental Health First Aid over this financial year. Three sessions have been held in Darwin and further sessions will be scheduled.

- **Centre of Best Practice**

\$3.15 million (2016-17 to 2020-21) to support the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATISIP) which identifies, translates and promotes the adoption of best practice in Indigenous suicide prevention activity.

- **SEWB Services**

In 2020-2021 NIAA have committed \$5,742,593 to 10 Aboriginal Community- Controlled Organisations (ACCOs) in the Northern Territory to provide social and emotional wellbeing counselling and support to Aboriginal and Torres Strait Islander individuals, families and communities.

- **Healing Foundation**

NIAA fund the Aboriginal and Torres Strait Islander Healing Foundation to support community-based healing initiatives that address the traumatic legacy of past governments' policies (\$6.6m nationally 2020-21).

- **Indigenous youth connect to culture**

NIAA has committed \$5 million for cultural activities in selected communities over 2020 to 2024. Funding will be allocated for activities that support young people to connect with their culture, Elders and families. This initiative is guided by ATSIPEP report findings, especially with regard to building protective factors. The report highlights that strong connections to culture and Elders is a protective factor against suicide. Important to the process is working with the young people in the design of the activities, to ensure they are central to decision making, in consultation with Elders. NIAA want to work closely with relevant agencies and local service providers, to ensure we link in with existing youth/cultural/suicide prevention activities happening in the selected communities. Community consultation has been delayed due to COVID-19 restrictions and has not yet commenced. The communities selected will be announced once we've had the opportunity to discuss it and they've agreed to participate in the measure.

- **Darwin suicide prevention trial**

Darwin is one of the twelve trial sites under the National Suicide Prevention Trial. Primary Health Network NT and Australian Government Department of Health take a lead role and NIAA is a participant with policy responsibility for Indigenous Affairs. The focus for the Darwin trial site is Indigenous peoples. The Steering Committee is co-chaired by the Hon Ken Wyatt AM MP, Minister for Indigenous Australians, and the Hon Natasha Fyles MLA, NT Minister for Health.

The trial aims to provide evidence of how a systems-based approach to suicide prevention might be best undertaken at a regional level to better respond to local needs, and to identify new learnings in relation to strategies for at risk populations. The trial covers a four-year period from 2016-17 up to 2019-20, including development, implementation and evaluation. The trial was extended to 2020-21 to support transition strategies and sustainability of existing suicide prevention activities. It will also allow time for the Australian Government to consider the findings from the trial evaluation. Australian Government Department of Health evaluation of suicide prevention trials is on track for completion by December 2020.

- **Upcoming suicide prevention evaluations**

During 2019-2020 an external summative evaluation on National Indigenous Postvention Service (NIPS) was undertaken by the Human Capital Alliance (International) Pty Ltd. In May 2020 NIAA received the

final evaluation report which found that the NIPS is a highly valued and unique service that has an immediate and positive impact for clients. It is anticipated that this report will be publicly available on the NIAA Website later this year. National Suicide Prevention Adviser Christine Morgan was appointed as the first National Suicide Prevention Adviser in 2019, reporting directly to the Prime Minister. Indigenous suicide will be a central focus for this new Adviser.

- **Australian Institute of Health and Welfare**

This project being delivered by the Australian Institute of Health and Welfare (AIHW) will contribute to a better understanding of the risk factors in different parts of the country. The new data will help identify more of the underlying factors that lead to Indigenous suicides, as well as complement and inform current national mental health and suicide data priority initiatives being led by AIHW, including the development of the National Suicide and Self Harm Monitoring System. The project consists of four inter related projects to build an evidence base that maps suicide prevalence over time by age and sex, analyses suicide risks, examines the availability of services as well as investigating different data collections to see how they can be enhanced and what more they can be telling us about other related risk factors. The monitoring and mapping of prevention information will help focus the Government's efforts on where investments can make the biggest difference.

- **Gayaa Dhuwi Proud Spirit Australia**

Established in late March 2020, Gayaa Dhuwi (Proud Spirit) Australia is the new Aboriginal and Torres Strait Islander social and emotional wellbeing, mental health and suicide prevention national leadership body. It is governed and controlled by Indigenous experts and peak bodies working in these areas, promoting collective excellence in mental health care. The new body takes its name from the Gayaa Dhuwi (Proud Spirit) Declaration (Declaration).

- **Youth mental health and suicide prevention plan**

The Australian Government has committed \$461 million in a Youth Mental Health and Suicide Prevention Plan which is the largest suicide prevention plan in Australia's history and focuses on expanding the headspace network, Indigenous suicide prevention and early childhood and parenting. See Federal Budget 2019-20: Prioritising Mental Health - youth mental health and suicide prevention plan on 31 March 2019. <https://www.health.gov.au/resources/publications/budget-2019-20-prioritising-mental-health-youth-mental-health-and-suicide-prevention-plan>.

## Defence and veterans

- Establishment of a new National Commissioner for Defence and Veteran Suicide Prevention
- Department of Veterans' Affairs (DVA) have commissioned the Australian Institute of Health and Welfare (AIHW) to report the number and rate of suicide deaths in three Australian Defense Force (ADF) service status groups—personnel serving full time, personnel serving in the reserves, and ex-serving personnel. This online report National suicide monitoring of serving and ex-serving ADF personnel provides annual updates to information on the level of suicide among serving and ex- serving ADF personnel with at least one day of ADF service since 2001.
- Veteran Wellbeing Centre investment committed to Darwin for current and former serving Australian Defence Force (ADF) members, including reservists, and their families. ADF Suicide Prevention Program: 4 levels of Suicide Prevention Training;
  - » Level 1: Introductory suicide prevention training
  - » Level 2: Keep Your Mates Safe- Suicide Prevention Training
  - » Level 3: Suicide First Aid - Applied Suicide Intervention Skills Training (ASIST)
  - » Level 4: Clinical up-skilling- Suicide Risk Assessment Training (SRAT)
- Open Arms Counselling Service provides current and ex-serving ADF personnel and their families free and confidential support.
- ADF provide a mental health all hours support line (for current serving ADF personnel and their families).

## Governance, Oversight and Coordination

### Regional suicide prevention activities

- East Arnhem – participation in Nhulunbuy and Gove Peninsula suicide prevention networks.
- Barkly – developed the Tenant Creek Youth Action Plan in partnership with Territory Families (wellbeing focus).
- Central Australia – member participation in the Central Australian Life Promotion Network.
- Big Rivers – member participation in Katherine Suicide Action Group; Headspace Consortium; and Headspace PRISM Group.
- Top End – participation in the development and implementation of the Palmerston Youth Action Plan (wellbeing focus).

### Worker and wellbeing fund

- In March 2020 the NTG announced the \$5 million Worker and Wellbeing Fund. The aim of the Fund was to support local workers struggling with the economic effects of COVID-19.
- The Fund saw a range of initiatives funded across the NT including financial support (food, rent) medical expenses, linking people to resources, peer support and education, counselling, psychological and other wellbeing support, and developing capacity to sustainable solutions from the impact of COVID-19.
- A range of people were supported through the Fund, including international students, temporary visa holders, remote workers, multicultural groups, sex worker industry and the broader community.
- The Fund ceased in June 2020 however ongoing emergency relief is available through emergency relief providers across the NT, who have received additional funding from the Commonwealth Department of Social Services.
- Regional Local Decision-Making (LDM) initiatives have provided NT Health suicide prevention implementation with a collaborative strategic framework for integration and support regarding local CAP.

### NT suicide and serious self-harm information monitoring system workshop

The NT Clinical Senate, NT DoH and NTAHF co-hosted a workshop on 4 December 2019. The focus of the workshop was benefits and opportunities of an NT system for the collection and coordination of information on suicide and self-harm and addressing key needs in the NT to progress an NT suicide and/or serious attempt monitoring system.

The main points from the workshop discussion included:

- The importance of a system being in 'real-time'.
- A system should be well governed with clear definitions.
- The importance of a system that is responsive to clinical/postvention needs and integrated within the overall health system.
- A system should use data meaningfully and inform practice, and support action at the community level.
- A system should not duplicate other information.

### Lifeline National Suicide Hot Spots Project

NT Health's Top End Mental Health Service (TEMHS) and Central Australia Mental Health Service (CAMHS) and the NT Police, Fire and Emergency services (NTPFES) are collaborating with Lifeline Australia to support an investigation of protective factors to counteract suicide hot spots. Jurisdictional mental health services data is being cross-checked against NT police data over 2018-2019. The Northern Territory Suicide Prevention Coordination Committee (NTSPCC) considered the following NT priority "hotspots" for suicidal behaviour, which include heightened risk events and means restrictions as NT priorities as follows;

- Intentionality associated with car crashes
- Cyber-Bullying
- Development of a range of Community prevention and engagement models for addressing suicide behaviours.

### Service mapping of regional community postvention service responses

When a cluster of suicides occurs or where a strong indication that a cluster may form, NT Health will provide service mapping and coordination for community postvention service responses. For example, providing information, ensuring a coordinated approach, supporting training, and assisting with longer-term suicide prevention planning.

## 2020-2021 Case Study FIVE

### Community Suicide Prevention Grants:

#### Resilience Camp - Pioneer Football Club Incorporated

The Pioneer Football Club (PFC) in Central Australia received a community grant to host a Youth resilience camp at Hamilton Downs. The club tragically lost four young players to suicide over two years, all who played in the under 18's team. The clubs' young men were significantly impacted. There is a deep grief and a sense of loss felt by everyone connected with the club, from families and players to coaches and committee members. The camp was a follow up to a 2019 culturally-active therapeutic healing camp to support young people with their experience of suicide, raise awareness of suicide prevention strategies and contribute to building strength of mind, body and spirit so they can be better able to face life's challenges, and flourish. The camp raised awareness in the young people and shared appropriate tools through both therapeutic professionals and senior men and women for participants to heal together sharing stories safely in a culturally supportive environment to assist with grief and to break the taboo of silence so young people can express how they feel. The camp also educated the clubs coaches, parents, and committee members involved. An in-kind evaluation of the camp was conducted by PFC through experienced researchers involved with the club and presented to the Lifeline Promotion Network in Alice Springs. In the first year of the service, 1500 individuals were involved in the program and 244 individuals received workshop training in the MATES' NT program.

# Goal 3

Focused and evidence informed support for the most vulnerable groups of people.

## Actions

- 3.1 Promote local training opportunities for staff providing services to priority groups.
- 3.2 Identify the relevant priority groups to inform professional development needs across the region.
- 3.3 Embed professional development in workplaces to facilitate a culturally safe and trauma informed approach to engaging individuals and communities.

## COMPLETED

### **Priority groups identification and ongoing lived experience inclusion to inform the implementation of the NT Suicide Implementation Plan include:**

- Men
- Youth
- Older people
- Aboriginal and Torres Strait Islander People
- LGBTIQ+ People
- People in rural and remote communities
- People experiencing mental illness
- People who have previously attempted suicide or engage in self-harm
- People bereaved by suicide
- Migrant and refuge communities
- Current and former ADF personnel
- People in custody.

### **Funded training for staff working with priority groups**

Targeted training for health and social care staff in supporting vulnerable people, especially those in primary health care services:

- Lifeline's ASIST - Central Australia and Barkly
- Anglicare's ASIST - Top End
- Mental Health Association of Central Australia Suicide Story Training - Central Australia and Barkly
- MIC - Mental Health, Suicide Prevention Awareness Program - NT-wide
- Indigenist Pty. Indigenous LGBTIQ+ inclusive practices suicide prevention workshops - NT wide
- OzHelp - Tradies Tune Up Program - Mental Health and Suicide Prevention Awareness Program - Darwin and Palmerston.

## Ongoing

### Aboriginal Community Controlled Health Services – Aboriginal Medical Services NT

Focused and evidence informed support for the most vulnerable groups of people:

- Delivered three online educational sessions on vicarious trauma and Wellness to Social Emotional Wellbeing staff.
- Developed a 10 minute film clip on Trauma Informed Care (TIC) for GP's as part of PHN health pathways.
- Provided workforce development and support to Social Emotional Wellbeing and Alcohol and Other Drugs (AOD) workforce across the NT.
- Developed *Damulgurra* Culturally Responsive Trauma Informed Care manual.

Informed, inclusive services that provide timely, integrated, compassionate and culturally safe responses that meet the diverse needs of people across the NT:

- The Gaaya Dhuwi (proud spirit) workshop for Indigenous leadership in Mental Health and Suicide Prevention and Indigenous access to traditional and clinical mental health practices and to transition relevant services for Indigenous people to Indigenous providers.
- Aboriginal Medical Services Alliance Northern Territory (AMSANT) with the National Aboriginal and Torres Strait Islander Leadership in Mental Health and the Centre for Best Practices in Aboriginal and Torres Strait Islander Suicide Prevention ran last of 7 National workshops in Darwin.
- Developed a five year plan addressing mental health and social emotional wellbeing in NT Aboriginal Communities as a response to COVID-19.

Focused and evidence informed support for the most vulnerable groups of people:

- Engaged nine primary health care services across the NT (ACCCHS & NTG) to deliver Trauma Informed Care training to staff as well as organisational support in uptake of TIC.
- AMSANT has been funded to partner with Danila Dilba to run trauma and healing responses to reduce the risks of suicide, which will be an Aboriginal led approach. The targeted cohort is NT Police, Don Dale and other Territory Families staff- juvenile justice and out of home care.

- Social Emotional Wellbeing Workforce Development and Support Unit (WDSU): In 2019 AMSANT were awarded the SEWB WDSU contract. The Workforce Development and Support Unit project is to develop and support the capacity and responsiveness of the Aboriginal and Torres Strait Islander SEWB and AOD workforce in the NT, inclusive of frontline staff, supervisors and managers. This is to address the significant need for SEWB, mental health and AOD assistance for Aboriginal and Torres Strait Islander individuals, families and communities through NIAA funded SEWB and AOD organisations. This links to suicide prevention initiatives by ensuring the workforce are supported. Linking workers to networks established through the AMSANT WDSU is also a strategy to mitigate against worker burnout and Post Traumatic Stress Disorder.

### Mapping and promotion of training opportunities and services across various agencies

Support for the increased provision of frontline workers training in suicide prevention, awareness and skills programs includes:

- Training on acute mental health and alcohol and drug presentations is provided to RDH Emergency Department in line with Way Back Support Program.
- GP and frontline staff mental health and suicide risk assessment training led by NT PHN, NT Health, NT Health and DSS.
- Support training of all Community Corrections staff in suicide prevention awareness programs and mental health awareness training.
- Training for primary health care staff and hospital emergency departments e.g. doctors, nurses and allied health staff e.g. Shared Suicide Risk Assessment Guidelines and training for clinicians.
- Promotion of access pathways for mental health and critical care services.
- Promoting uptake of the Mental Health Professional Online Development (MHPOD) training on suicide awareness and risk assessment for mental health professionals.

## 2020-2021 Case study SIX

### Community Suicide Prevention Grants

#### Suicide Prevention Awareness Campaign for 40+ year old Males in Litchfield Municipality - Rotary Club of Litchfield/Palmerston

The Litchfield Shire covers an area of 3,100 sq. kilometres with a population of about 25,000 and centres of Coolalinga, Howard Springs and Humpty Doo. Rates of suicide over time in Litchfield Shire have shown a high incidence for Males from 40-70 years old. In 2019, the Rotary Club of Litchfield/Palmerston Inc. collaborated with Litchfield Shire Council to undertake a regional Suicide Prevention Awareness Campaign aimed at providing strengths-based, positive messaging to encourage help-seeking specifically targeted at this vulnerable group. This included contacts for NT Mental Health 24-hour 1800 number, Lifeline, BeyondBlue, Suicide Call Back Service and Mensline Australia, all who provide appropriate assistance when contacted.

District Notice Boards throughout the wide Litchfield Council Municipality had help-seeking posters displayed and replaced if reported missing or taken down across the Campaign and banners were displayed at the Litchfield Council offices. The campaign ran for three months and an information stall was held at the largest shopping centre in the weeks before World Suicide Prevention Day and the campaign continued right through to World Mental Health Day and Mental Health Week. Posters and brochures, outlining contacts details and services were handed out at the Information booth to family and friends who believe a friend or family member may be at risk. There are three Medical Centres in Litchfield: Coolalinga, Howard Springs and Humpty Doo and the recently opened Palmerston Regional Hospital which is also in the Litchfield Municipality and sometimes just knowing where to go or who to contact may relieve the tension of a person with suicidal thoughts and talking to a counsellor may prevent an individual taking further desperate action.

The Rotary Club of Litchfield/Palmerston Inc. committed to reaching a maximum number of men aged between 40-70 years old in the rural area and providing them with the relevant information, phone numbers to contact, in an attempt to change the statistics by lowering the number of suicides.

- Promoting the benefit of suicide awareness training to frontline workers across NTG.
- StandBy Response Service to provide Suicide Bereavement Training to staff responding to incidents as well as individuals/families/support workers.
- Promoting annual on-line refresher training for all NT Police personnel to undertake 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.

#### Men's Healthy Lifestyle Program - Suicide prevention and awareness health promotion

NT Department of Health collaborated with TEHS Community Development Office to develop a remote community suicide prevention health promotion module. The compiled modules will be integrated with several health services and interrelated based on major themes of cultural respect and resilience.

#### Wesley Lifeforce program - National Australian Community Suicide Prevention Networks Conference

NT Health represented the NTSPSF Implementation Plan 2018-2023 successes of a community development approach to supporting community suicide prevention networks and community working groups in the NT to adopt regional Community Action Planning (CAP) to reducing suicidal behaviours.

#### Health-related qualifications

Cross sectoral strategic conversation to facilitate education and training needs of new staff in health-related fields for example:

- Charles Darwin University (CDU) Certificate IV in Mental Health.
- Batchelor Indigenous Institute of Education, Certificates' in Primary Health Care (Mental Health).
- CDU college of Indigenous Futures, Arts and Society, Trauma-Informed qualifications.
- Development of core competencies in suicide prevention in clinical placements undertaken within NT Health.

### **Culturally and linguistically diverse multicultural suicide prevention projects**

- Hayath “In Celebration of Being Alive” - Suicidal Thinking Protection - UMNT Incorporated
- CALD Mental Health Champions resources - Ignite Potential Incorporated
- Awareness program of Mental Health and Suicidal Issue - Non-Resident Nepali Association Australia Limited

### **LGBTIQ+ community suicide prevention**

- Indigenist Pty Ltd - Indigenous LGBTQI+ Inclusive Practice Workshops - NTWide
- Rainbow Territory - NT LGBTIQ+ community human rights advocacy group- NTWide
- The Gap - Youth and Community Centre Aboriginal Corporation - CentralAustralia
- Headspace Consortium - Darwin
- NT AIDS and Hepatitis Council (NTAHC) - NT Wide
- Tiwi Strong Women: Watering the Tree of Life: Suicide Prevention Community Grant (2019-2020)

### **Culturally-secure partnerships that embed resources into practice**

- Partnerships between mainstream specialist mental health, Aboriginal and Torres Strait Islander wellbeing services and community organisations continue to be maintained and strengthened.
- Culturally appropriate community activities to engage youth, build cultural strengths, leadership, life skills and social competencies are provided.
- Co-design programs and services that are underpinned by the level of complexity of trauma, harm and powerlessness. Presenting response needs to improve and reflect the diversity, and try to lessen the harm and grief for Aboriginal people.
- Support of SEWB initiatives e.g. Trauma-Informed education.
- Culturally-safe Peer Support Group and Individual mentoring training.

### **Gayaa Dhuwi (proud spirit) Declaration and Indigenous governance framework implementation workshop**

The Gaaya Dhuwi (proud spirit) Declaration promotes, develops and advocates for Aboriginal and Torres Strait Islander and community-controlled leadership in mental health and suicide prevention, including transitioning of services and funds to Aboriginal and Torres Strait Islander providers as preferred default providers for Aboriginal and Torres Strait Islander people.

NT Health supports the Aboriginal Medical Services Northern Territory (AMSANT), the National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH) and Centre for Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSIISP) hosted a stakeholder workshop in Darwin on the 19th of September 2019 which included;

- Broad cross sector invitation, 50+ delegates attending.
- Identifying and achieving the required mix and level of Aboriginal and Torres Strait Islander specialist mental health workforce to meet the social and emotional wellbeing and mental health needs of Indigenous people and communities.
- The role of cultural and traditional healers and how Indigenous people and communities can access these healers.
- Supporting and promoting Aboriginal and Torres Strait Islander leadership in the mental health system.
- Supporting Aboriginal Community-Controlled organisations enhanced role in the mental health space.
- Ensuring co-design is consistently used in efforts to strengthen Indigenous social and emotional wellbeing and improve mental health.

## NT Community Suicide Prevention Grants

### SafeTalk training for 15 accredited sports trainers - Australian Sports Medicine Federation

Several NT sports clubs lost members to suicide across the past 12 months; three AFL players took their own lives as well as several others within wider sports club structures. Beyond immediate family this has an impact on everyone involved in clubs. This is difficult subject to broach and to provide training for in unless the club has specialised skills.

Sports trainers are often the point of contact when club members are feeling under pressure or not coping and can have very close mentoring relationships with members and are often called upon to provide support. Sports trainers are also often the first to recognise signs in their teams and currently many do not have the skills or knowledge of what to do if they are concerned for mental wellbeing. They are also the people who often recognise changes in club members. With this in mind, a Community Grant was awarded to the Australian Sports Medicine Federation to contract AnglicareNT to provide SafeTalk Training to 15 currently accredited Sports trainers in the NT, so that they may obtain the skills to provide earlier intervention for sports club members and athletes not coping. This training is not currently provided through Sports Medicine Australia. This course will provide sports trainers with some tools to assist 15 sports trainers attending the session, who work across many sports with many teams so that there would be an enormous reach for this training.

# COVID-19 and suicide prevention Supplementary

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# COVID-19 and suicide prevention

## Supplementary

There are unprecedented public health actions underway in Australia to curb the spread of COVID-19. Social distancing interventions have been in place to reduce human contact and reduce the rate of new infections. While the NT has not experienced the rates of infection incurring full lockdown scenarios as in other States/Territories there has been a need to anticipate and plan for the mental health and SEWB needs of the NT population including Aboriginal in communities where local Aboriginal organisations must be empowered to take the lead in the development of culturally-secure and effective health strategies, within these communities.

Understanding the social and economic factors that underlie distress and subsequent crisis and increase people's vulnerability to suicidality is critical if we are

to address the important secondary impacts of this pandemic. Economic recession can amplify risk factors for suicide, such as unemployment, financial stress, social isolation and mental illness. Actions are currently underway that focus on the immediate impacts of disruption and distress as well as broader social and economic factors that we know link with distress and the pathway to crisis and where the potential for adverse outcomes on suicide risk is high. Actions are also being taken to mitigate potential unintended consequences on suicide prevention efforts, and which also represent a Northern Territory public health priority. It is with this priority in mind that current NT Health Suicide Prevention Community Grants Round 2020-2021 was released ahead of the schedule.

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### COVID-19 public health interventions and suicide risk

Secondary consequences of social distancing may increase the risk of suicide and it is important to consider changes across a variety of economic, psychosocial, and health-associated risk factors for instance;

#### 1. Economic stress

Unemployment, Income Business closure, School closure and time off work to provide childcare, significant changes to superannuation funds are associated with higher suicide rates.

#### 2. Social isolation

Social connections play a protective role suicide prevention. Lack of connection to other people is a risk factor. Suicidal thoughts and behaviors are associated with social isolation and loneliness. Be mindful of the potential effects of social distancing.

#### 3. Physical distance - not social distance

Social distancing requires physical space between people, not social distance. Staying connected by telephone, video or social media can mitigate risk factors for suicide.

#### 4. Decreased access to community supports and events

The effects of closing community centers, sports clubs and churches may further contribute to social isolation and risk.

#### 5. Barriers to mental health treatment

COVID-19 screening at health centre entry points and cancelled appointments can mean reduced or perceived reduced access to mental health care affecting presentation and referrals for suicidal ideation.

#### 6. Medical problems

Exacerbated physical health problems could increase risk for some people, especially among older adults.

#### 7. National anticipatory anxiety

24/7 news coverage of unprecedented events may serve as an additional stressor for the present and future especially for individuals with pre-existing mental health problems. (Adapted from Reger et al., 2020).

# Timeline of COVID-19 announcements

## First Northern Territory COVID-19 - Mental Health and Suicide Prevention Plan Update

COVID-19 services response preparedness, response plans, and mitigation strategies particularly in relation to our NGO services

### Mental health for the NT

NT Health drafted a matrix strategy for the Pandemic Coordination Centre mapping responses against specific audiences/populations, from whole community awareness, to service responses to those in the care of mental health services. This was used to coordinate communication via the official channels, social media and any ministerial statements. NT Health increased links between hospital-based services and community accommodation providers to maximise step down out of the acute hospital environment, where clinically safe to do so. Top End Mental Health Service (TEMHS) and Central Australia Mental Health Service (CAMHS) have developed COVID-19 response Business Continuity Plans for existing clients.

### Outreach and community-based services (mental health)

- All counselling and group programs adapted to online and telephone provision.
- All remote projects have been suspended and grant milestones formally varied to allow implementation in second part of the year.
- Client safety and check in plans are being developed (e.g. daily phone calls).
- Home visits suspended – replaced with check in plans via phone and online social media.
- Additional staff training on social distancing and hygiene and identification of COVID-19 risk factors.

## Second Northern Territory COVID-19 - Mental Health and Suicide Prevention Plan Update

### Main focus areas

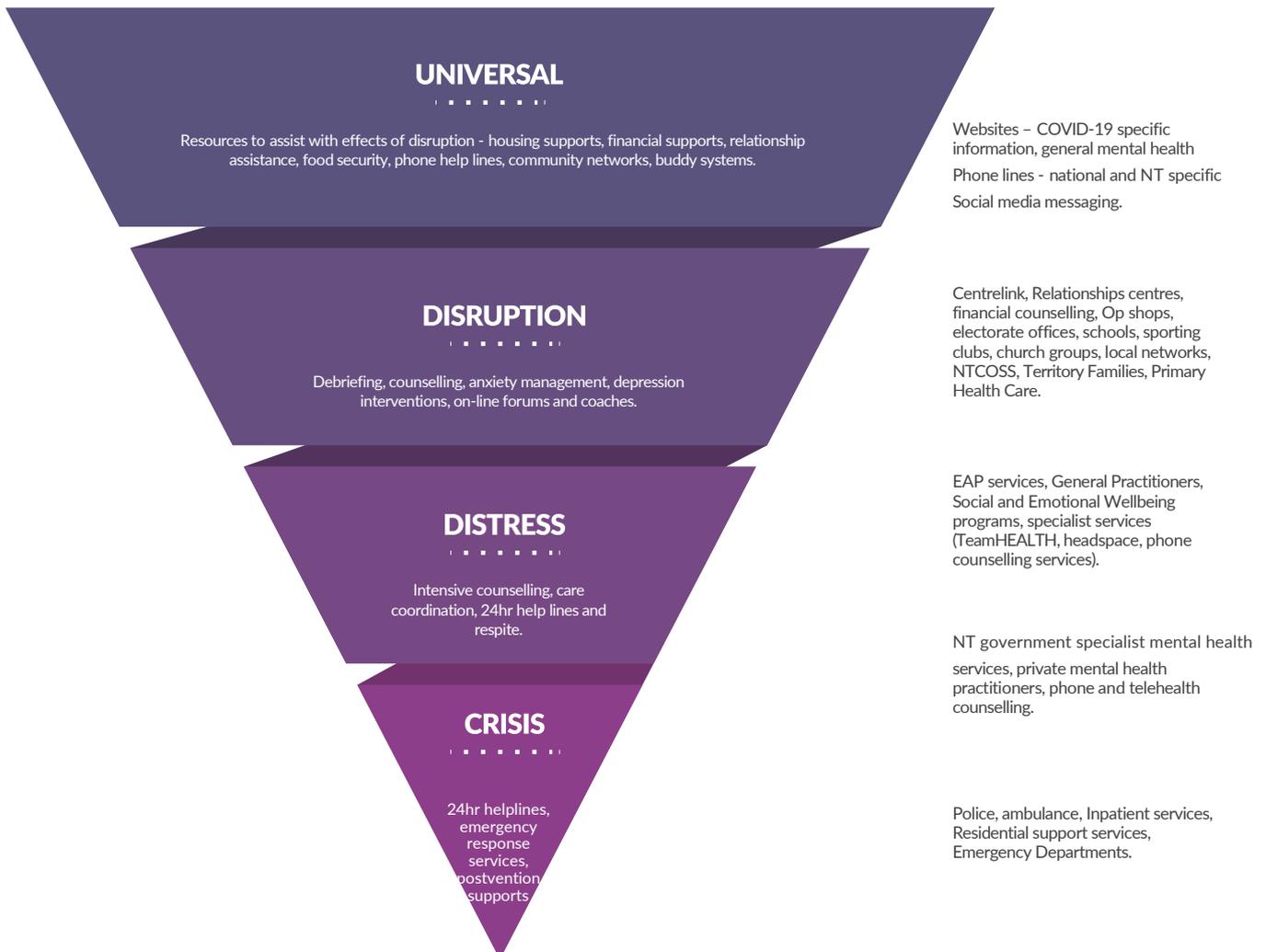
- Proactive interventions addressed at whole of community level to respond to distress caused from unemployment, social isolation, and uncertainty.
- Maintenance of supports and care for existing consumers and carers of mental health services and effective coordination of care.
- Crisis and emergency response capacity maintained and scaled up or down to need.

## NT response to the national mental health pandemic response plan key priority areas

Focus areas	Current actions
<b>Meeting immediate mental health and well-being needs</b> by adapting current services and proactively engaging with those in need	Better links between hospital-based services and community NGO accommodation providers developed to maximise step down out of the acute hospital environment, and prevent hospitalisation where it is clinically safe to do so.  Greater involvement with Aboriginal Community Controlled Organisations social and emotional wellbeing programs as the frontline of responses.
<b>Implementing new models of care</b> to meet emerging needs that focus on strengthening our communities and community-based care.	Establishment of feasibility study for Stabilisation, Assessment and Referral attached to Emergency Department at Royal Darwin Hospital.
<b>Facilitating access to care</b> through coordination and integration.	The WAYBACK support service established at Royal Darwin Hospital for follow-up support of hospitals presentations for suicide attempts and crisis.
<b>Addressing complex needs</b> of those with severe, chronic or acute mental illness in ways that promote best practice care, assertively reach out to those who are ill, decrease reliance on inpatient services and increase services within the home and community.	Establishment of multi-sector <i>Place of Care</i> committee in the Top End. Care coordination between NGO and Government providers for people with moderate to severe illness.  Evaluation and recommissioning of NT Housing Accommodation Support Initiative (HASI) program in both Top End and Alice Springs.
<b>Reducing risk</b> by focusing on mental health and suicide risk factors in their full social context	NT Community Suicide Prevention Grants round awarded 1 July 2020. Local community grants throughout the NT to support community initiatives.
<b>Meeting the needs of our most at risk</b> with targeted responses that acknowledge the unique experiences and diverse requirements of vulnerable populations	The Department of the Chief Minister established a \$5 million Worker and Wellbeing Fund to support Territorians and local workers struggling with the economic effects of the coronavirus (COVID-19) crisis providing immediate financial and counselling support to international students and VISA holders who have lost employment and are not entitled to other benefit payments.
<b>Communicating clearly</b> with strategies that inform, provide consistent messages and use community communication as a prevention tool	COVID-19 awareness and emergency response websites had consistent mental health messaging  Two new phone support lines established by existing Community Mental Health NGOs to provide a local context for people seeking supports.
<b>A specific focus on coordinated suicide prevention action</b> facilitating a community-wide, cross-sector response.	NT Suicide Prevention Coordination Committee (NTSPCC) – meets quarterly with whole of government representation, key NGOs, Aboriginal organisations and consumer representatives.  Existing contracts for suicide prevention awareness have been asked to focus on social and economic settings for the next six months – with a focus on entry points like Centrelink, Family Relationship Centres, etc.
<b>Providing strong governance</b> and integrated coordination of Australia’s federated mental health system to drive implementation.	Continuation of planning processes with NTPHN to deliver the <i>Joint Regional Mental Health and Suicide Prevention Foundation Plan</i> by December 2020.

## Additional components towards increase system capacity

- People with general concerns and worries directed to large national phone lines and web forums (they have capacity and infrastructure).
- People experiencing increased distress encouraged to access support initially through (Lifeline, Beyond Blue).
- The NT Mental Health Line promoted to those in crisis or emergency, so that specialist clinical resources not overwhelmed.
- NTPHN distribution of additional resources for GPs to encourage self-care and mental health promotion in primary health care settings.
- Release of Northern Territory Aboriginal Mental Health and Social and Emotional Wellbeing COVID-19 Response Plan (MH & SEWB Plan) to assist Aboriginal Community Controlled Health Services (ACCHSs) plan for the mental health needs of Aboriginal communities during and after the COVID-19 pandemic.
- Aboriginal Medical Alliance Services NT (AMSANT) development of additional communication support through the Social and Emotional Wellbeing Program workers.
- Increased communication with Aboriginal Community controlled organisations responding at a community level within the bio-security zones.
- Increased telehealth and phone-oriented service delivery (including tele-psychiatry) during shut down, particularly in biosecurity areas.
- Two new phone support lines were established by existing NGOs in the NT to provide a local context for people needing support. This was possible through flexible agreement with the NTG and supporting funds from the Worker and Wellbeing Fund to continue the TeamTALK service from 1 July until 31 December 2021. The TeamHEALTH phone line TeamTALK is continuing and will be available.



## Collective effort

All jurisdictions are called on to continue their current commitments and accelerate change to include those actions, tailored to meet the needs of their specific communities. There is an immediate challenge to actively engage with those at risk including our most severely ill and those at risk of suicide. The total response called for is for a whole of government approach that is nationally consistent, builds on current momentum and innovation, and responds quickly to address critical gaps. These responses will enable mental health services to meet the growing and changing needs of Australians as a result of the pandemic. Australia's response to the COVID-19 pandemic will strongly contribute to our future. The compelling opportunity is to structure and implement the mental health and wellbeing response in such a way as to build on the system reform that commenced prior to the pandemic and shape and embed it to meet current and future needs. To achieve this is to ensure that the experience of the pandemic works in a way that supports the betterment of Australians.

## Immediate actions

Three areas in which all jurisdictions can immediately act to fundamentally alter the trajectory of mental health impacts of COVID-19 and limit adverse downstream outcomes are detailed below:

### 1. Data and modelling

- Gathering data to track and better understand mental health needs during the pandemic.

### 2. Outreach

- Introducing dedicated support services to provide assistance with mental health needs arising from the pandemic
- Expanding or enhancing the capacity of existing mental health support services to meet increased demand
- Enhancing access to telephone and online mental health services (including through supporting services to transition from predominantly face-to-face delivery to phone and online delivery) and providing additional resources for longer hours/increased capacity
- Providing targeted mental health support to vulnerable and at-risk groups.

### 3. Connectivity

- Providing advice or resources to government agencies, service providers and businesses on addressing mental health needs during the pandemic
- Developing public communication campaigns, including dedicated webpages through which people in the community can access information about mental health and available services

Establishing structures (such as dedicated roles, teams or committees) to oversee and drive coordinated mental health responses to the pandemic.