



Northern Territory Suicide Prevention

Strategic Framework
2018-2023

IMPLEMENTATION PLAN

3rd PROGRESS REPORT

Summary

This is the 3rd Progress Report Card of the Northern Territory Suicide Prevention Strategic Framework (NTSPSF) Implementation Plan 2018–2023. It highlights key achievements during the year 2020-2021, as well as areas where ongoing focus is needed.

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.

NT Suicide Prevention Strategic Framework (2018-2023) Implementation Plan

Top Achievements 2020-2021

1. Community action planning (CAP) - 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 of community action plans (CAPs). There has been a marked increase in the reach and effectiveness of community awareness and support services. Development of a Community Action Planning (CAP) focus group activity and evaluation guide has been completed Stakeholders include:

- Community Suicide prevention grant recipients
- Aboriginal community controlled health services (ACCHS)
- Regional community service workforces
- Cross-sector service agency workforces
- Community members.

Providing an opportunity for people to come together for focused discussions have resulted in shared ideas, learnings and resources and enhanced partnership opportunities. These will lead to future activities focused on:

- Developing suicide prevention collaboration Networks
 - Developing expertise in relevant in suicide prevention practice and activity
 - Increasing and improving strategies to raise suicide prevention awareness in the community
 - Increasing the profile of Aboriginal suicide prevention activity
 - Fostering lived experience representatives including Aboriginal experiences
 - Improving the dissemination of research and information across regional networks
 - Supporting developing community profiles and activity readiness assessments
 - Supporting development of community flow charts that identify natural helpers, and linkage with relevant agency contacts.
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2.

Community Suicide Prevention Grants:

Since 2018, 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, focussing on community building and support for vulnerable groups. To date \$1 million worth of community suicide prevention grants for 131 distinct projects across 2018-2021.

In 2021, an additional category was added, supported by the NT Primary Health Network (NTPHN), which has seen funds awarded to agencies to upskill their staff.

In 2020-21 39 grants were awarded – with \$235,000 for community programs and \$35,000 for workforce training.

Examples of current community grant projects include:

- a) *Suicide Awareness Through Art (SATA) Program - FORWAARD Aboriginal Corporation Darwin*
 - b) *Litchfield Suicide Prevention Awareness Campaign for Males 40+ - Litchfield Municipality Rotary Club of Litchfield/Palmerston Inc*
 - c) *West Arnhem Community Suicide Prevention Initiatives - West Arnhem Regional Council - Jabiru / Warruwi / Maningrida*
 - d) *Build 'em up: Suicide Prevention through Skateboarding and Balanced Choice - Thamarrurr Youth Indigenous Corporation – Wadeye*
 - e) *Suicide Awareness Camp Youth Camps – Local partnerships - Borroloola*
 - f) *ASIST Suicide Awareness training for Tennant Creek Educators - Tennant Creek*
 - g) *Workforce Suicide Prevention Training- CAAPU (Central Australian Aboriginal Alcohol Programmes Unit – Alice Springs.*
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3.

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 528 participants trained in the NT
- ASIST: a total of 361 participants trained in the NT
- Mental Health First Aid (MHFA): a total of 206 participants trained in the NT
- Other relevant Training:
 - General Awareness Training = 315
 - Suicide Safe = 60
 - Youth Mental Health First Aid = 20
 - Accidental Counsellor = 118

In addition, 2020-21 has seen an increased focus on system reform particularly in the post-vention and aftercare follow up including:

- **NT Data Collection System for suicide behaviours initiative**
 - Focus on the provision of multi-agency non-health data for at risk cohorts
 - To enhance understanding of suicide and self-harm to help deliver more agile and appropriate supports for communities in need
 - Project partners include NT Health, AMSANT, NT PHN & NIAA and relevant agencies.
 - **Postvention and Prevention Support Guidelines for Primary Care**
 - Developed in partnership with Aboriginal Medical Services Alliance Northern Territory (AMSANT), these guidelines provide a process for Primary Health Care managers and staff, following an attempted / alleged suicide in a remote community to provide postvention support responses and ongoing prevention support services for affected individuals, families, and community health staff.
 - **The Way Back Support Service Aftercare Project**
 - Following hospital presentations following a suicide attempt or crises
 - Focuses on wraparound needs including families and carers, that may require more tailored approaches to suicide prevention
 - Project partners include NT Health, TeamHealth, NTPHN, Beyond Blue, AMSANT, TEMHCO.
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Progress by Goals and Actions

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 ongoing support for the 2021 Lifeline Australia / National Mental Health Academy delivery of free online Suicide Prevention Summit conference for allied health professionals covering a comprehensive suite of suicide prevention resources for children/youth, Indigenous, lived experience, evidence-based approaches, counselling and access to technology.

Link: [Mental Health Academy: Suicide](#) prevention.

NT Health website

Updated NT Health Suicide Prevention Information and Support website

- A comprehensive list of the NT suicide prevention community grants projects funded since grants commenced in 2018.
- A monitoring and evaluation toolkit including a tool to guide the measurement of participant journeys
- A list of NT suicide prevention training providers
- Information about online, telephone and face-to-face bereavement support.

Community Service Teams Forum

NT Suicide Prevention team presented an overview of suicide in the NT at West Arnhem Community Service Teams Forum; including staff from; Aged Care, Youth Sport and Rec, the Safe House and Community Safety.

Two Way Learning/Working in Two Worlds and how that informs and shapes our practice.

The Little Red Threat Book (LRTB) updated 2019-edition ongoing NT distribution

Threat Book is a 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. The LRTB has continued to be widely distributed free via social media and in hard copy to many community settings.

Cross-sector linkage and Facilitation

NT Health suicide prevention team have worked with funded contractors to identify, promote and facilitate local connections, resources and support pathways for NGO community referrals and contracted training in remote and rural NT communities. For example; working with NIAA-funded Mental Health First Aid providers to identify and connect training to priority communities. Threat Book is a 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. The LRTB has continued to be widely distributed free via social media and in hard copy to many community settings.

Alcohol and Drug Foundation (ADF) - Local Drug Action Teams (LDAT) initiative

NT Health has conducted numerous meetings with Alcohol and Drug Foundation (ADF) facilitating connections with six distinct existing NT suicide prevention projects that may have Local Drug Action

Teams (LDAT) relevancy/local benefits. As a result, the Banatjarl Strongbala Wimun Grup – Jawoyn Association Aboriginal Corporation has received an initial grant and support from the ADF to develop an evidence-based LDAT Community Action Plan.

ONGOING

Online and Face-to-Face Prevention and Awareness Services and Resources: A range of placed-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 engagement.

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 NT 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 clinical and non-clinical, social and justice services towards integrated models of suicide prevention, intervention and postvention services:

External Review of Suicide prevention responses in Top End Region was undertaken in 2021:

This review was conducted to assist Top End Region evaluate service capacity, capability, models of care and to assist TER to provide better preventative and interventional care to people at risk of suicide. Future actions will include:

- Ongoing implementation and evaluation of systems, processes and interventions to reduce the risk of suicide for people presenting to hospital or health settings and being discharged from mental health inpatient services
- Improved responsiveness to, and management of, suicide risk by primary care services through the implementation of co-designed aftercare services.

Suicide Prevention / 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 ACCHS, 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 co-ordinators 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
- Wurlu Wurlinjang Health Service has taken up this option in 2021.

ONGOING

Joint Regional Planning towards Integrated Mental Health and Suicide Prevention Services in the

NT: As reform of mental health and suicide prevention service systems moves towards whole of system integration, governments are required to jointly develop suicide prevention approaches.

NT Health contributed to the completion of a joint NT Mental Health and Suicide Prevention Regional Plan (Foundation Plan) which endeavours to:

- Address identified gaps, deliver on regional priorities, and drive evidence-based service
- Integrate mental health and suicide prevention services and pathways for people with or at risk of mental illness or suicide
- Set out collaboration and integration opportunities to meet short and long-term mental health and suicide prevention objectives identified across the NT.

Department of Education Schools Counsellors and Headspace Schools: NT Health undertakes scheduled cross agency meetings with the Department of Education Schools Counsellor management and Headspace schools representative staff. The focus of these ongoing meetings include:

- NT education settings student protective and risk reducing planning /activity / efforts
- Cross sector connections and collaboration across Community / Health / Education settings
- NT schools whole of school care environment approaches
- NT school specific suicide prevention planning efforts
- Information sharing pathways across the Health and Education Nexus.

Cross Agency development of data sharing protocols: In response to a number of critical incidents where High School students have presented to Top End Mental Health Service (TEMHS), mental health clinicians have met with the Department of Education to ensure communication channels and data-sharing pathways exist for safety planning for school aged children. This initiative aims to strengthen the structural and care environment for for school-aged children.

NT Suicide Prevention Peak Body: Following the 2021 release of National Suicide Prevention Advisers Final Report and numerous representations from various stakeholders, NT Health hosted coordinated regional meetings with a range of agencies and organisations, CEOs and associated representatives to discuss and gather stakeholder understandings and perspectives on a collaborative umbrella, peak or alliance mechanisms for suicide prevention in the NT.

Key themes included:

- Alignment with existing regional models and regional governance structures
- Bi-directional flow of ground up information from community networks informing resources and support required
- A collaborative network representative of a “peak” organisation
- Functions may include information clearing space, training, resourcing, advocacy, supervision.

Royal Commission on Defence and Veterans Suicide: NT Health has contributed to a Royal Commission into Defence and Veterans Suicide examining systemic issues, common themes and past deaths by suicide of Australian Defence Force (ADF) members, Veterans and experiences of members and veterans who may continue to be at risk of suicide. The commission was tasked to examine all aspects of service in the Australian Defence Force including, importantly, experiences of those transitioning from active service; the availability and quality of health and support services; pre-service and post-service issues for members and veterans; members’ and veterans’ social and family contexts, such as family breakdown, as well as housing and employment issues for members and veterans.

Whole-of-Government Approach to Suicide Prevention: 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.

NT Health National Prime Ministers Taskforce

Collaboration: As a National suicide prevention initiative, the Prime Ministers Suicide Prevention Advisor provides a national framework integrated with NTSPSF IP 2018-2023. The National Suicide Prevention Advisor (NSPA) report has recommendations in three broad areas for consideration of Federal and State/Territories First Ministers and Health Ministers.

Keys focus areas include;

- Co-ordinated whole of government approaches including specific focus on non-health government agencies and organisations particularly in the social determinates sectors. What contributions those types of agencies can make to integrated whole of community suicide prevention.
- Aftercare and Post-discharge services. A previous suicide attempt is the highest risk factor for suicide. Building on existing pilots to improve after-care and post-discharge services for people who have attempted suicide, including sub-acute community based residential and non-residential services and intensive proactive follow-up case management is an opportunity to reduce the incidence of suicide. For example, The Darwin Way Back Support Service.
- Data sharing and information. A project at the Australian Institute of Health and Welfare is looking at the capture and utilisation of National and Regional information around suicide, suicide attempts and hospitalisations from self-harm to look at how we can maximise prevention services. Jurisdictional partnerships are underway for information sharing opportunities to assist in both service planning and responses as well as prevention activities.

Community Grants Examples:

Live to Ride and Ride to Live - by getting a Motorcycle Licence

Specifically aimed at Aboriginal youth living on town camps and residential area of Alice Springs, this project had the aim to provide motorcycle riding instruction and training in order to obtain a motorcycle licence. The program included; training to ride a motorcycle, road knowledge testing by the NT motor vehicle registry, updating licence's and to have talks about feelings of depression and suicidal thinking and to show how motorcycle riding can be therapeutic, especially with group riding and having the ability to go for a ride while being fully licenced. The outcome of this project gave young people the opportunity to participate in having safe group discussion about suicide and what you might be able to do in becoming part of positive riding group that enjoys living and riding.

The project was a successful for those young participants that had the opportunity to gain a licence to ride a motorcycle in Australia.

Office for Commissioning of Public Employment (OCPE) NT Public Sector (NTPS) Mental Health in the Workplace framework: The Commissioner for Public Employment has prioritised the development of a Mentally Healthy Workplaces Framework for the NTPS that will set out enterprise wide actions and implementation mechanisms as well as mechanisms for grass roots support and action for all elements of a mentally healthy workplace.

Northern Territory Suicide Prevention Coordination Committee (NTSPCC): The 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 Northern Territory Government 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, Housing and Communities:

In 2020-2021, Territory Families continued to support a cross-government response to high risk young people and building resilience through universal engagement programs. Highlights include:

- **Office of Youth Affairs (OYA)** has an extensive NT network across young people, families local government, organisations, service and activity providers.
- OYA social media shares prevention and awareness services with 4,500 followers and Youth NT Instagram has 1000 followers.
- OYA staffed an information stall at the Darwin High School Health Expo in June 2021 and presented to school nurses with the Department of Education and participated in the Tennant Creek Youth Forum “Youth Talk” which included an awareness raising session on Health and Wellbeing: trauma, suicide, sexual and mental Health.

Regional Youth Services Program (OYA); Darwin, Palmerston, East Arnhem, Katherine, Tennant Creek and Alice Springs: facilitates development, implementation and review of local Youth Action Plans (wellbeing focus) delivered through the partnership of Territory Families Housing and Communities and the Department of the Chief Minister and Cabinet.

Youth Program Coordinators supported by OYA are based in Darwin, Palmerston, East Arnhem, Katherine, Tennant Creek and Alice Springs facilitate collaborative and cooperative delivery of preventative and early intervention services across agencies and organisations to provide pro-social after hours activities for young people at risk. These initiatives, funded through the Regional Youth Services Program, include development of a local Youth Action Plan, funding activity programs that include mentoring and support for young people and a strong focus on trauma informed and culturally safe service delivery. OYA funds programs for after-hours and school holiday periods providing access for young people to engage, connect with others, reduce isolation and build relationships with mentors and workers that can support referral to additional services as needed. Ensuring co-design is consistently used in efforts to strengthen Indigenous social and emotional wellbeing and improve mental health. This underpins the Regional Youth Services Program through the participation of young people and their families in design and delivery of programs. Regional Youth Services Program services including the Regional Youth Activities Grants prioritise activity and support programs that are responsive to the level and complexity of needs of trauma, harm and powerlessness experienced by vulnerable young people. OYA supported the following initiatives to increase accessibility and participation in prevention, intervention and post-intervention supports:

Darwin

- Damien Mick funded for Identity, Belonging and Connection/ Yarning Through the Fire - guiding a strong foundational and network of peers to foster social and emotional growth for young future leaders. Focused on the needs of young people from culturally and linguistically diverse backgrounds, offering a process of exploration, collaboration and consultation with kinship, carers and the community.
- TwoTwoOne funded for djembe drumming as an engagement tool. After-hours wellbeing activity for young people to positively engage, participate and learn communication and coping skills. The program produced Improving Wellness YouTube Series – Mental Health Chats.
- TwoTwoOne funded for a Girls Only Friday night for young women aged 12-17 years offering fun, empowerment support and learn about health and mental health.
- Danila Dilba in collaboration with The SHAK funded for youth after-hours program targeting vulnerable young people at risk of anti-social behaviour. Yarning Circles with mentors helped to plan and map out actions recommended by the Young Women's Cultural activities group, and similarly with the Young Men's Cultural activities group.
- CAAPS funded for Do It in Darwin program to engage 12 to 17 year olds at risk, and improve their social and emotional wellbeing. Each participant assigned a mentor to provide practical support assisting participants to overcome challenges and barriers. Like several Darwin social and emotional wellbeing programs, this program was recorded and distributed on YouTube to raise awareness and reduce stigma.

Palmerston

- PaRBA funded for Youth Drop In Sports that link young people with mentors and fun activities in a safe environment.
- City of Palmerston funded for Urban Jam Events delivered in partnership with service providers facilitating 'hot topic' discussions including Headspace Darwin available each session for early intervention mental health information.
- Palmerston Youth Program Coordinator supports the Palmerston Indigenous Network (PIN) Grow Well Live Well (GWLW) - collective impact project. These networks offer services and improvements to community delivery involving Aboriginal people in the Palmerston region to influence and support community change: the PIN was funded to host ChangeFEST; GWLW consults and surveys community including a focus on improving outcomes in the mental health and wellbeing of young people.
- Palmerston Youth Program Coordinator facilitates and shares training opportunities including River of Trauma Care Training developed by Aboriginal trainers and Elders to provide cultural context to the impact and healing of trauma. Funding was provided through the Palmerston Child and Family Centre Community Fund and delivered through Palmerston Indigenous Network.
- Larrakia Nation funded for Young Mulliga's and Cudgeries connecting young people to culture (families also welcome to attend) through cultural and art based sessions delivered by members of the Larrakia community.
- Yarraman Territory funded to use horsemanship to engage and connect with young people from at risk backgrounds.
- Mic Check Palmy funded for SoundED workshops engaging young people and providing skills in music creation and video production.
- Speaking Links Research in partnership with Larrakia Nation funded for Speaking up about Wellbeing producing artwork for cards for use in therapeutic settings including group work with young people to prompt discussions about wellbeing and mental health.

Katherine

- Katherine Regional Arts funded for to engage a guest speaker for the Katherine Suicide Action Groups R U OK Day event 2021.
- Katherine Youth Program Coordinator is trained in ASIST to increase mental health support for young people and community members who work within the youth space.

Alice Springs

- The two funded drop-in after-hours youth centres in Alice Springs can provide early intervention support/warm referrals as required to specialist providers (Headspace/CAAC Social and Emotional Wellbeing or MHACA).
- Better Bodies funded for to deliver a school holiday program engaging 10-17 year olds including at-risk youth and focussed on building self-esteem, fitness, nutrition and strengthening mental health and endurance.
- Alice Springs Youth Programs Coordinator participates in Remote Youth Mental Health Group facilitated by NPYWC, membership of the Life Promotions Network facilitated by Mental Health Association of Central Australia and on the planning group for World Suicide Prevention Day events.
- Alice Springs Youth Program Coordinator disseminates professional development opportunities including ATSI Youth Mental Health First Aid Training in Alice Springs, Kintore and Mutitjulu.

East Arnhem

- Youth Action Plans goals and actions are currently in development with a strong focus on wellbeing and strength in culture to keep young people and families connected and healthy.
- East Arnhem Youth Program Coordinator is a safeTALK trainer, and delivers regularly to schools and other stakeholder/organisations.

Tennant Creek

- Youth Action Plans includes specific goals and actions for suicide prevention: to activate DoH led suicide prevention strategies: DoH convened an Aboriginal and Torres Strait Islander Suicide Prevention Focus Group followed up with a local NT Suicide Prevention agency roundtable with key service providers providing culturally appropriate activities to engage vulnerable youth, build cultural strengths, leadership, life skills and social competencies

Youth Engagement Grants Program (OYA) - this program offers grants of up to \$2000 across the NT.

- Youth Disco during Easter school holidays had a focus on females engaging in positive activities in a free safe space and forming relationships with female mentors – to build resilience and create a comfortable space for young females to ask questions, make hard decisions and healthy choices in their lives
- Youth Disco program also ran in July School Holidays focusing on wellbeing, emotional regulation and self-care, sense of connection with community introducing new girls in and sharing ownership of the space, identity explored through relationships with mentors, increasing confidence, healthy behaviours and attitudes
- YMCA Youth Camp provided many forms of social and emotional connection, sitting by a campfire having yarn and/or sharing a meal. This environment encouraged positive and respectful relationships with peers, family and community – and to safely address who am I, a sense of belonging and activating individual connections – accepting cultural differences and learning together
- Katherine Outback Experience to increase confidence and self-esteem through building

relationships and taking responsibility of an animal, increasing respect and gaining communication skills through working as a team and training animals

- Strong Young Women's Week empowerment focusing young females on self-esteem, respectful relationships, setting boundaries and how to seek support for any related issues
- Healthy Minds and Bodies targeting multicultural youth in middle/high school and university to maintain a healthy lifestyle and raise awareness to deal with common issues experienced by youth and how to deal with study pressure, mental health issues, healthy relationships and self-management
- Dreamvaders theatre production staged by young people with a disability was performed during Youth week 2021. It focused on their own issues about dealing with worry and anxiety, and celebrated the performers' positive and resilient ways of dealing with their fear and issues through their upbeat attitude, inclusion and engagement in community and social activities
- Mind Your Art Prize was an opportunity for young people around Alice Springs to enter their artworks focused around mental health awareness
- Barefoot and Bitless Youth Week provided natural horsemanship sessions can produce positive outcomes such as trust, respect, confidence, self-esteem, emotional control, calm assertiveness, awareness of energy and body language and improved human relationships.

Young Achievers Award supported by OYA and NTG: Glencore McArthur River Mining Regional and Rural Initiative Award to Melanie Gunner, advocate for youth mental wellbeing. She was 2020 Chair of the NT Youth Round Table, Youth Engagement Officer at the Alice Springs Town Council and Community Engagement Officer at Headspace Alice Springs. Melanie also won the 2020 Young Person Award for Mental Health Week and delivers workshops, presentations and community events.

The Office of Gender Equity and Diversity provided sponsorship to the 2020 International Men's Day Forum held in Darwin on 19 November. The focus and content of the forum was developed by men and concentrated on providing avenues for men to connect with each other, positive role modelling and positive mental health and wellbeing outcomes for men. The sponsorship was used to support young Indigenous men from the Clontarff Foundation and other areas to attend the event free of charge. All attendees of the Forum were tasked with identifying one thing that they can do as an individual to improve their mental wellbeing and one thing that they can do to inspire and support another male.

In the Don Dale Youth Detention Centre (DDYC), Danila Dilba Health Service is contracted by the Department of Health to provide a comprehensive range of culturally appropriate primary healthcare and wellbeing services to young people, who are at significantly higher risk of mental health conditions and impulsive actions. Service delivery includes assessing all young people for health, mental health, and/or other social service needs, including that of suicide and self-harm. When a young person enters DDYDC or the Alice Springs Youth Detention Centre, the initial assessment undertaken by the Specialist Assessment and Treatment Services (SATS) team, includes a full assessment of any risks related to suicide and self-harm. The team's psychologists and case workers liaise closely with other services within the centres and community based services to provide streamlined support and intervention to young people in detention.

An example of program delivery into the youth detention centres is the Aboriginal Elders and Mentors Program which assists young people in detention to develop a cultural plan to help them stay connected to culture and have their cultural needs considered. Elders and mentors are identified by Aboriginal community members and non-government organisation leaders.

Northern Territory Multi Agency Community and Child Safety Teams (MACCST): Territory Families designed the NT Multi Agency Community and Child Safety Teams (MACCST) model for implementation in 2020-21. The fortnightly MACCST meetings 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
- The MACCST model revolves around locally led decision making forums that deliver timely, coordinated, action based, early intervention responses to respond to the safety of children, families and communities. MACCST participating agencies are the Departments of Territory Families, Housing and Communities, Education, Health, Attorney-General and Justice, Chief Minister and Cabinet, and NT Police, in collaboration with non-government organisations and community leaders
- During 2020-21, MACCSTs were established in 12 communities and will continue to be set up across the NT. Shared Care Plans are being developed to deliver a multi-agency response to children and families who, in comparison to others in their community, are at significantly higher risk of harm to themselves and/or others. Community Safety Response Plans may be developed to address local thematic issues affecting a group of children in the community and wider community safety.

Housing and Community Development Settings

Territory Families, Housing and Communities

2020-21 contributions to suicide prevention and mental health and wellbeing activity included:

- Departmental workforce training and development, in particular for frontline staff in child protection, youth justice and public housing services, including:
 - Undertaking skills audits
 - Online wellbeing and self-care
 - Emotional intelligence and resilience
 - Trauma-informed Practice
 - Working with Children and Young People with complex trauma and attachment issues and needs
 - Youth Mental Health First Aid
 - Mental Health First Aid
 - Suicide Awareness and Intervention Skills
 - Communication and Interviewing Skills for Vulnerable People
 - Cross Cultural Awareness training.
- The Department utilises the Employee Assistance Program for services to its staff - EASA is funded to provide counselling and assistance for staff with emotional and psychological wellbeing issues
- A range of departmental programs and services are provided to support children, young people

and families with vulnerability and complex needs which may include mental health conditions, including those expressing suicidal ideation, self-harm or intention to harm others. Frontline child protection, family support, housing, youth engagement, community youth justice and youth detention staff receive foundation training such as Safe Talk, Suicide ASSIST and Mental Health First Aid to enable them to provide initial support and help to access emergency/acute services or referral to specialist mental health assessment and counselling services.

NT Homelessness: In 2019, the Northern Territory Government 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 Northern Territory Government agencies across the Children and Families Cluster. Projects include;

- Delivery of the Northern Territory Housing Accommodation Support Initiative (NT HASI). This provides a formal link to public housing, psychosocial support services and clinical mental health services to provide wrap-around care enabling effective and coordinated care that supports a person to recover from mental illness, with the aim of supporting the individual's tenancy to avoid becoming homeless. The NT HASI is a partnership between the Department of Health, Territory Families, Housing and Communities, Top End Mental Health Services and Anglicare NT. The initiative supports Territorians aged 18 to 64 with a mental illness living in public housing in Darwin, Casuarina and Palmerston. The NT HASI Program will provide wrap around care, including psychosocial community based support and treatment
- The Department's Industry Housing Assistance Scheme includes provision of industry housing dwellings which are leased to mental health organisations under a subsidy arrangement for the accommodation of clients with mental health conditions (Mental Health Association of Central Australia and Team Health in the Top End).

Living with Disability: The NT Government is a joint partner in the funding of the National Disability Insurance Scheme (the NDIS); and provides a significant annual contribution to the NDIS for the ongoing support of people with disability. The Department works closely with the NDIA to maximise support outcomes for participants and has a role in ongoing monitoring of the Scheme. There are currently 398 NDIS participants with psychosocial disability in the NT.

- The Northern Territory Disability Advisory Committee has actively supported the nomination and appointment of members who can provide lived experience of mental health issues. The Committee advises the Minister for Disabilities and has a key role in the development of the first NT Disability Strategy and related action plans to be released in 2021-2022
- The NT Disability Strategy will provide direction to government and the broader community to enable Territorians of all abilities to live life to their fullest potential and to access quality services. The mental health sector and people with living with mental health issues are key stakeholders in the development of the Strategy.

Schools and Educational Settings

Department of Education: School Counselling Service

- Schools counsellors have completed at least one OLT course in either 'attachment and trauma' or 'mental health and wellbeing'
- School counsellors have completed 'Working with Cultural Difference NT and Aboriginal History eLearn

- School counsellors are involved in small group cultural supervision sessions in Term 3 and 4
- Black Dog Institute will be providing one day training in September to school counsellors and school psychologist “Youth in Distress”.

Learning Outcomes:

- Identify and understand the context for distress in youth
- Effectively undertake a suicide risk assessment
- Develop a collaborative safety plan
- Implement a team approach to treatment planning
- Assess and manage self-harm
- Provide effective management following a suicide attempt
- Understand strategies for self-care for counsellors/psychologists
- Standby Response providing workshop with school counsellors/school psychologists in September 2021 with update on Suicide context in the NT and support options.

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 all first responders so a consistent and standardised response 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 Aboriginal and Torres Strait Islander 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
- NT Health Top End Region provide two full time psychologist for prisoner grief, loss, depression, stress, anxiety and trauma needs addressing a distinct gap previously subject to coroner recommendation
- The Elders Visiting Program aims to support the mental health and wellbeing of Aboriginal prisoners by maintaining links to community and culture whilst in prison through visits, by communicating in language, keeping prisoners and community informed on prison processes and community business and conducting ceremonies where appropriate. The program also aims to improve the reintegration prospects of Aboriginal offenders by Elders talking with them

about behaviours that led to their incarceration and discussing their pre and post-release plans, obligations and expectations upon returning to community

- Visiting pastoral care services providing church services in Darwin Correctional Centre including the following denominations; Catholic; Anglican; Islamic; Uniting; Darwin Community Church
- In Alice Springs Correctional Centre including the following denominations; Catholic, Uniting, Anglican, Baptist, Salvation Army, Desert Life Church, and the Lutheran Church
- Prison Fellowship Australia provide volunteer mentors for Pastoral care and Religious Services.

NT Primary Health Network (NTPHN) Activity

Big Rivers Region

- PHN has funded Mission Australia to deliver suicide prevention services, including early intervention, crisis follow up care, and postvention activities. In addition, the development and promotion of suicide prevention resources across Katherine outreaching to Mataranka, Binjari, Lajamanu and Jilkminggan.

Barkly Region

- Anyinginyi SEWB team facilitated a community event on World Suicide Prevention Day to create awareness and initiate conversations about suicide through wellbeing and community based activities
- Catholic Care in Tennant Creek are funded to facilitate network meetings where discussions around referral pathways, crisis solutions, community events and training opportunities as well as sharing public information. A poster "your life matters", was launched as a community resource.

Darwin National Suicide Prevention Trial (NSPT) Activity (Top End Region)

- The Darwin Suicide Prevention Trial is progressing a local evaluation to examine a range of activities that have been funded to deliver services through the systems based Strengthening Our Spirits Model. The SOS model is made up of the four elements fire, land, air, and water. This system has provided Aboriginal and Torres Strait Islander People with everything that they have needed to survive and thrive for more than 60,000 years
- Mission Australia in partnership with Larrakia Nation was funded through the Darwin National Suicide Prevention Trial (NSPT) to deliver a Community Wellbeing and Healing Program in Darwin. This service activity provides one to one case management for Aboriginal and Torres Strait Islander people who have been affected by suicide. Larrakia Nation provided facilitates, cultural connection, wellbeing and healing activities
- StandBy Support After Suicide developed the YouMe~WhichWay program funded by the National Suicide Prevention Trial. The program was developed as a cultural awareness training program to address the impacts of grief, suicide attempts and self-harm on Aboriginal and Torres Strait Islander people and their communities. The program is a train-the-trainer model and was rolled out in Darwin and tailored to local needs and context. The program has been based upon principles identified by expert Aboriginal and Torres Strait Islander academics and leaders as important for the success of suicide prevention programs for Aboriginal and Torres Strait Islander communities
- NSPT funds AMSANT to facilitate Damulgarra trauma-Informed training to embed culturally safe and trauma informed understandings into organisations and workforces in the NT
- NSPT provided funds to Top End Mental Health Service (TEMHS) for mental health-specific cultural awareness training for clinicians working with Aboriginal peoples across the Top End

Region to inform on Aboriginal & Torres Strait Islander Social and Emotional Wellbeing, models of recovery, trauma and intergenerational trauma

- Darwin Indigenous Men's Program was funded through the NSPT to coordinate, co-design and deliver an Indigenous Fathers Support Program for Aboriginal and Torres Strait Islander Young Fathers in the Darwin community
- NSPT delivered a range of youth focused suicide prevention activities focusing on youth healing camps including LGBTQI youth and their families.

NT Systems Activity

- NT PHN continues to participate in the Social and Emotional Wellbeing (SEWB) Working Group facilitated by AMSANT and attended by NT Health and ACCHS representatives. There is an ongoing commitment to funding and developing SEWB Socio-cultural positions to promote wellbeing in remote communities across the Northern Territory
- Annual updates to NT PHN's Needs Assessments includes Territory wide and place-based suicide data which contributes to ongoing evidence informed commissioning so that funds are directed to areas of identified need
- A number of these training activities have been coordinated with funding from; AMSANT have developed Damulgarra training which supports organisations to embed a culturally safe and trauma informed organisations and workforce in the Northern Territory.

National Indigenous Australians Agency (NIAA)

AIHW Data Project

The Indigenous suicide prevention data project has been funded through the Indigenous Advancement Strategy (IAS) and is being undertaken by AIHW. The Project has four interrelated components:

- Mapping of suicide prevalence among Indigenous Australians
- Contribution of risk factors to suicidal behaviours
- Relationship between suicide and service provision
- Investigating and enhancing Indigenous information in suicide relevant data sets. The Project will help the Australian Government to more effectively target suicide prevention initiatives and services to communities and individuals most at risk. It also complements other current national mental health and suicide prevention data initiatives led by AIHW, including the development of the National Suicide and Self-Harm Monitoring System.

Mental Health First Aid (MHFA)

The COVID-19 pandemic presented unique challenges across all Indigenous Communities due to lockdowns and border closures. This impacted the delivery of Mental Health and First Aid workshops in the Northern Territory, through NESAP people solutions (NESAPS).

NESAPS delivered a total of 62 workshops between October 2019 and 30 June 2021 across the NT.

An open competitive grant round was advertised in May 2021 for the delivery of the Indigenous Mental Health First Aid training in 2021-2024 (\$15 million / 3 years). NIAA is in the process of finalising the assessment and approval process. The objectives of this grant opportunity are to:

- Deliver IMHFAT nationally to community members and frontline workers employed by NIAA funded provider organisations in order to build awareness and ability to identify mental health impacts

- Deliver services through a qualified Indigenous workforce, with the capacity to locate, train and support local workforce in or near hot spots as identified/needed
- Utilise strong professional connections with relevant local services, educational institutions, and local government/councils to build local community capacity to support prevention activities
- Build awareness of mental health and social and emotional wellbeing among community members
- Provide attendees at workshops with the skills to assist individuals and families until appropriate professional help is received.

National Indigenous Postvention Service

Thirrili Ltd is currently providing culturally appropriate support during bereavement through their network of Indigenous suicide Postvention advocates. Thirrili Ltd has recently announced a partnership with the National Wellbeing Alliance to assist in restoring capacity for Indigenous Australians to improve their social, emotional and cultural wellbeing.

A competitive grant round was advertised in May 2021 for national delivery of the Indigenous Suicide Postvention Services in 2021-2024 (\$15 million / 3 years). The objectives of this grant opportunity are to:

- To support and work alongside bereaved individuals, families and communities and offer practical and social support, and facilitating connections and referrals to other services as required
- To conduct and coordinate postvention services that align culturally and practically to the needs of Aboriginal and Torres Strait Islander families
- Build critical incident support and trauma management within communities and ensure families and communities are equipped and supported to better respond to trauma.

SEWB Services

In 2020-2021, NIAA invested \$5,327,592 in the NT to provide social and emotional wellbeing (SEWB) support and counselling to Aboriginal and Torres Strait Islander individuals, families and communities. Funding went to 10 services:

- Anyinginyi Aboriginal Health Service
- Balunu Foundation Ltd
- Central Australian Aboriginal Congress Aboriginal Corporation
- Danila Dilba Service Aboriginal Corporation
- Darwin Aboriginal and Islander Women's Shelter
- Miwatj Health Aboriginal Corporation
- Nganampa Health Council Inc (NYP lands)
- Urapuntja Health Service Aboriginal Corporation
- Wurli-Wurlinjang Aboriginal Corporation
- Katherine West Health Board

Healing Foundation

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

Indigenous Youth Connect to Culture

\$5 million has been committed for youth cultural activities in selected communities over the next 3 years (2020-2024). Funding will be allocated for activities that support young people to connect with their culture, Elders and families. This initiative is guided by ATSISEEP 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.

The 12 communities participating in the Indigenous Youth and Connections Culture (IYCC) program include:

- Nhulunbuy, Numbulwar, Borroloola and Alice Springs (NT)
- Mareeba, Palm Island, Doomadgee and Cherbourg (QLD)
- Perth (Gosnells) and Geraldton (WA)
- Pukatja (SA) and
- Kempsey (NSW).

Selected sites have been working through a co-design process to develop a Community Plan to prioritise cultural activities. Considerable co-design progress has been made in each of the 12 locations, with all sites committed to working with Elders, youth and service providers to develop a meaningful community plan supported by Governance structures. COVID-19 restrictions, community business/ closures, and natural disasters have delayed the finalisation of the community plans, however all 12 target locations remain dedicated to the IYCC planning process and are looking forward to finalising the community plans in preparedness to move into the implementation phase of the initiative later in 2021. During 2021, NIAA worked closely with relevant communities, service providers and agencies, to ensure linkages with existing youth/cultural/ suicide prevention activities happening in the selected communities.

Social Emotional Wellbeing Workforce Development and Support Unit (WDSU)

NIAA invested \$418,298 in 2020/21 to the AMSANT to provide workforce development and support to the SEWB and AOD workforce. 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, to address the significant and increasing need for SEWB, mental health and AOD assistance for Aboriginal and Torres Strait Islander individuals, families and communities to the NIAA Funded SEWB and AOD organisations. It will be important to link this work in with the suicide prevention initiatives to ensure the workforce are supported. Linking the workers into networks established through the AMSANT WDSU is a strategy to mitigate against worker burnout and Post Traumatic Stress Disorder.

Commonwealth Department of Health

Gayaa Dhuwi Proud Spirit Australia (GDPSA)

- GDPSA is leading the renewal of the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (NATSISPS)
- On 11 May 2021, GDPSA released a draft of the NATSISPS for public consultation. Public consultation ended on 28 May 2021
- GDPSA is also working on a refreshing and developing an implementation plan for the National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing.

Community Grants Examples:

Suicide Awareness Champions / Turtle Dreaming Camp - Pirlangimpi Community, Tiwi Islands

This community grant included a "Suicide Awareness Champions" project, to support Pirlangimpi community to raise awareness of strategies to prevent suicide, to address stigma and discrimination and to build an inclusive community. Aboriginal Mental Health First Aid training was arranged and delivered to local community members by Aboriginal facilitators, with participants attending from the from various Government and non-government organisations in Pirlangimpi. The other component of the community grant was working in collaboration with the Pularumpi primary schools annual Turtle Dreaming Camp and supported by the Top End Region Health Service, SEWB Outreach team, who focused their attention on prevention, social and emotional wellbeing messages and activities within a youth camp setting on country.

Pularumpi School's Turtle Dreaming Camp was held at Wulawunga Beach, where approximately 50 students attended with a focus on child centred therapeutic activities with parents participating. Activities included;

- Art Therapy
- Group yarnning circles discussing Drugs and Alcohol and how this can effect individual, family and community
- Mindfulness Activity
- Wellbeing activities
- Nutrition yarnning circle to talk about good food for good health, body and mind, including the Sugary Drink Board.

The purpose of the activities was to have some fun, whilst developing confidence to 'have a go' and to step outside comfort zones to build relationships. Students took part enthusiastically supported by school staff, parents and community members. Children and adults could be heard after the activities describing themselves and others in positive terms, which demonstrates the impact of a 'strengths-based' approach to well-being. The Turtle Dreaming camp involved the Tiwi Island Training and Employment Board, Tiwi Land Council Rangers, elders, parents, community members and stakeholders.

The Centre for Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISPS)

CBPATSISPS aims to reduce the causes, prevalence and impact of suicide on Indigenous individuals, families and communities, by identifying, translating and promoting the adoption of best practice in Indigenous specific suicide prevention activity, including that which is found in emerging national and international research. In June 2021, CBPATSISPS released their online Manual of Resources in Aboriginal and Torres Strait Islander Suicide Prevention to help communities and professionals quickly identify culturally responsive materials to support their work.

The Final Advice of the Prime Minister's National Suicide Prevention Adviser

The Prime Minister's National Suicide Prevention Adviser (NSPA) released her final report in April 2021. A key commitment has included a \$12.8 million investment to support the establishment of a National Suicide Prevention Office to oversee the national whole-of-government approach to suicide prevention, based on evidence and in collaboration with the mental health and suicide prevention sector. Establishing the Office is among recommendations and priority actions of the National Suicide Prevention Adviser's Final Advice report.

The National Mental Health and Suicide Prevention Plan

The Australian Government is providing \$2.3 million in the 2021 Budget over four years to respond to the recommendations of the Productivity Commission's Report on Mental Health and the NSPA's final report. The Government has accepted all of the recommendations of both reports in full, in part or in principle. The majority of these recommendations require collaboration with state and territory governments, with a number to be pursued jointly through a new National Mental Health and Suicide Prevention Agreement. Suicide Prevention investments include:

- \$158.6 million for universal suicide aftercare services to all Australians discharged from hospital and pilot broader referral pathways to anyone who has attempted suicide or experienced suicidal distress that may not have presented to a hospital
- \$22.0 million to provide national suicide postvention services to support those bereaved or impacted by suicide, and
- \$31.2 million to directly help people experiencing psychological distress, including establishing a national distress intervention trial, implementing national standards for Safe Spaces services, and expanding the Roses in the Ocean CARE connect service.

In addition, the Australian Government has committed \$79 million to implement measures under the renewed National Aboriginal and Torres Strait Islander Suicide Prevention Strategy. Measures include:

- \$27.3 million to implement culturally-sensitive, co-designed aftercare services through regionally-based organisations, with Aboriginal and Torres Strait Islander organisations being preferred service providers
- \$23.8 million to support the establishment of regional suicide prevention networks and a commissioning officer in each jurisdiction
- \$16.6 million to Gayaa Dhuwi and Lifeline to establish and evaluate a culturally-appropriate 24/7 crisis line, to be governed and delivered by Aboriginal and Torres Strait Islander people
- \$6.1 million to support national Aboriginal and Torres Strait Islander leadership for suicide prevention
- \$1.5 million to support a review of the Aboriginal and Torres Strait Islander health sector delivering mental health services for Aboriginal and Torres Strait Islander people
- \$1.1 million to the Black Dog Institute to work with the Aboriginal and Torres Strait Islander Lived Experience Centre, supporting the inclusion of people with lived experience in the co-design, implementation and evaluation of suicide prevention activity.

Social Settings

Department of Social Services

NT Focused Programs

- Early Intervention for Children, Young People and their Families (EICYPF) \$1,393,806
- Family Mental Health Support Services (FMHSS) \$1,678,871
- Delivered by Team Health in the Top End Region
- Community Mental Health, Early Intervention for Children, Young People and their Families \$51,3506
- Family Mental Health Support Services \$61,8529
- Delivered by Waltja Tjutangku Palyapayi Aboriginal Corporation in the Central Australia Region
- Financial Wellbeing and Capability including Emergency Relief
- Early Intervention Families programs e.g. Communities for children, Family and relationship services, child and parenting, budget based funding.

National focused programs

- \$1.1 billion package which boosts mental health services, domestic violence support, Medicare assistance for people at home and emergency food relief
- \$45.7 million to extend Individual Placement and Support Trial extended for 2 years to help

improve job outcomes for young Australians with mental illness - Darwin and Alice Springs and to

- Develop a new National Disability Employment Strategy which will consider a diverse range of barriers to work for people with physical, neurological and intellectual disability as well as mental health issues
- Medicare support at home – whole of population telehealth
- Domestic violence support - \$150 million will be provided to support Australians experiencing domestic, family and sexual violence due to the fallout from coronavirus
- Mental health support – including \$74 million to support the mental health and wellbeing of all Australians; digital mental health portal, Head to Health www.headtohealth.gov.au ; information and guidance on how to maintain good mental health during the coronavirus pandemic and in self-isolation, how to support children and loved ones, and how to access further mental health services and care
- Relief services for vulnerable Australians - \$200 million will be provided to support charities and other community organisations which provide emergency and food relief as demand surges as a result of coronavirus

National programs available via phone/online:

- Lifeline
- Beyond blue
- Kids Helpline

Defence and Veterans Settings

- The Department of Veterans Affairs (DVA) is committed to improving the mental health and wellbeing of veterans and their families and recognises that good mental health is supported by whole of life wellbeing. DVA's Open Arms Veterans and Families Counselling, (Open Arms), supports improved mental health and wellbeing outcomes, and reducing the risk of suicide. Open Arms works with veterans and their families providing mental health services incorporating focused psychological intervention, share lived and living experience, group treatment and training and care coordination
- Open Arms within the NT continues to offer a suite of suicide intervention and mental health literacy workshops to the broader veteran community, include those members of the community who provide support, and those who are interested in the needs of veterans. Face to face groups include Mental Health First Aid (MHFA); Livingworks Applied Suicide Intervention Skills Training (ASIST) and Suicide Alertness for Everyone (SafeTalk). Open Arms also continues offer the Livingworks online skills training program Suicide Prevention Start
- Open Arms continues implementation of new a collaborative and prevention oriented risk assessment framework. This new framework is based upon the SafeSide Prevention model, which shifts away from a reliance upon risk prediction and categorical assessment, and incorporates an increased focus upon collaborative planning to enhance management of vulnerabilities that would otherwise increase risk
- Open Arms and the broader Department of Veterans Affairs continue collaboration with the lead agency, Mates 4 Mates, of the regional Veterans Wellbeing Centre. While the development the Veterans Wellbeing Centre operational framework is ongoing, Open Arms anticipates a continuing collaboration as an anchor-service within the future Veterans Wellbeing Centre hub
- Open Arms continues integration of shared lived-experience knowledge and practitioners across the suite of mental health services to complement and enhance clinical care.

Governance, Oversight and Coordination

Department of Chief Minister & Cabinet

Regional Network responses:

Top End

- Participation in Multi-Agency Community and Child Safety planning and fortnightly meetings
- Nine (9) funded suicide prevention programs/activities across the region.

Darwin, Palmerston and Litchfield

- Nineteen youth services/social inclusion activities across the region via Youth Engagement Grants Program and Regional Youth Services Programs.

Big Rivers

- Participation in the Katherine Suicide Action Group; Headspace Consortium and Headspace PRISM Group
- Katherine Regional Arts funded for \$2,000 to engage a guest speaker for Katherine Suicide Action Group, R U OK Day event 2021.

East Arnhem

- Facilitated Anglicare NT safeTALK and ASIST training across the region, data is collected through TESIAT and Living Works Australia.

Barkly

- Development of the Tennant Creek Youth Action Plan (with TFHaC – wellbeing focus)
- Tennant Creek Youth Forum “Youth Talk” included awareness-raising session on Health and Wellbeing: trauma, suicide, sexual and mental health.

Central

- Better Bodies funded for \$12,900 to deliver in Alice Springs. A 6 week program over the 2020/21 summer school holidays focussing on self-esteem building, fitness, nutritional eating and strengthening mental health and endurance. The program engaged a diverse cohort of 10-17 year olds including at-risk youth. The program had 820 attendances over the delivery period
- Alice Springs Youth Programs Coordinator participation in the Remote Youth Mental Health Group facilitated by NPY Womens Council and membership of the Life Promotions Network facilitated by Mental Health Association of Central Australia
- Planning group membership for World Suicide Prevention Day event in September 2021
- Provided Aboriginal Youth Mental Health First Aid Training in Alice Springs, Kintore and Mutitjulu in March 2021
- Member participation in the Central Australian Life Promotion Network.

Other NT suicide prevention system initiatives underway:

Australian Institute of Health and Wellbeing (AIHW) Suicide and self harm data monitoring system

working group: NT Health has participated as an ongoing working group member of the National Suicide and Self-harm Monitoring System established as part of a national effort to address suicide and self-harm in Australia. The system has been set up to improve the quality, accessibility and timeliness of data on deaths by suicide and on self-harming and suicidal behaviours.

Data Collection – A Whole of Government Approach: NT Suicide Behaviours Data Collection System Proposal

Following a 2019 Stakeholders Workshop to discuss benefits and opportunities of an NT system for the collection and coordination of information on suicide and self-harm, NT Health and AMSANT have partnered to develop a joint project proposal for the establishment of an NT Suicide behaviours data monitoring system (including multi-agency data input, an appropriate governance structure and set of scoping requirements) to inform suicide prevention interventions and activity in a meaningful and contextualised way. This collaborative approach is geared towards developing a data surveillance system to monitor rates of self-harm and suicide behaviours rather than focusing on a suicide deaths register. As you are aware, the relatively small numbers of deaths in the NT belie the behaviours associated with suicide behaviours such as ideations, attempts and myriad risk factors and thus surveillance of these precursory factors was majorly viewed by this vast range of stakeholders as an appropriate preventative approach for the NT.

- This project endeavours to improve the quality and consistency of national and regional suicide data to support building the evidence base, including collecting relevant data and case studies about suicide behaviours; ideations, deaths, attempts and self-harm as an important part of measuring the success and impact of suicide prevention activities
- Improved data collected would provide insight into the 'who, what and how' of suicide in a particular region or group (e.g. young people) and improve provision of wrap-around prevention and postvention support
- Surveillance data would draw on what is known about high suicide behaviour rates by age, gender, ethnicity, and/or life circumstance in order to help to inform prevention and appropriate responses.

Community Grants Examples:

Northern Territory Rugby Union and Wisemind Psychology - Hand Up Program

The Hand Up Project is a holistic approach to Suicide Prevention working with and delivering to rugby union clubs in the NT with the support of the Northern Territory Rugby Union and Wisemind Psychology. The Hand Up Program builds structures within communities comprising 2 parts; The first part is an intervention session where the Hand Up facilitator attends clubs throughout the Northern Territory to help identify symptoms and signs and to give participants an idea of what to look for if their friends or family are struggling with their mental health well-being. This process also gives people an opportunity to self-identify their own mental health requirements; the intervention also provides details on pathways to seeking professional help if the need arises. The second part of the project develops mentors within communities who are taught how to identify, discuss and address mental health as a first responder to a person identified in their community. The mentor's role is to encourage people into seeking professional help if the need arises. Mentors have the knowledge from engaging with the individuals to supporting them through professional engagement and assistance.

To date the Hand Up Project has conducted intervention sessions with NT rugby clubs seeing positive engagements with people seeking advice for peers and friends as well as assisting those demonstrating and experiencing poor mental health and suicidal thoughts.

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 co-ordinated approach, supporting training, and assisting with longer-term suicide prevention planning.

NT Regional Youth Coordinators: A series of regional youth action plans exist in the NT, NT Health Team has collaborated with regional youth coordinators to ensure a focus is on regional suicide prevention planning and implementation as outlined in the NT Suicide Prevention Strategic Framework Implementation Plan. The NT Health SP team continues these connections to strengthen cross sector collaboration for suicide prevention action planning through contribution to suicide prevention systems understanding at the NT Regional youth coordinators forum in September 2021.

Promotion of National Communications Charter:

The National Communications Charter (The Charter) is a guide and resource for the way people in the mental health and suicide prevention sectors, government, business and community members talk about mental health and suicide prevention. It is a formal commitment to working together and developing better structures and processes for collaboration so that together we can reduce stigma and promote help-seeking behaviour. We all have a role to play in reducing stigma around mental ill-health and suicide while also promoting help-seeking behaviour through The Charter's guiding principles and messages.

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 Action Plan include:

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

- Lifeline's Applied Suicide Intervention Skills Training (ASIST) - Central Australia and Barkly
- Anglicare's ASIST - Top End
- Mental Health Association of Central Australia Life Promotion Program Training - Central Australia
- Mates in Construction Ltd - Mental Health, Suicide Prevention Awareness Program - NT wide.

Funded Training for Staff Working with Priority Groups:

- 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 Australian Defence Force personnel
- People in custody.

ONGOING

Aboriginal Community Controlled Health Services – Aboriginal Medical Services NT (AMSANT)

- **NT Mental Health and Suicide Prevention Regional Plan:** Our work continues on the development of the NT Mental Health and Suicide Prevention Regional Plan alongside NT PHN and NT Health. Regional commissioning, joined up service planning, and establishing whole-of-system approaches to suicide prevention have been recognised as key priorities. AMSANT has worked with ACCHS in project related working groups, needs assessments, networks, consultations and forums to identify evidence informed integration opportunities
- **Guidelines for Suicide Postvention and Support:** in early 2020, as COVID-19 began to spread, biosecurity zones were established, services were restricted or forced to adapt. AMSANT set up a fortnightly meeting, bringing together managers of SEWB, AOD and the Mental Health workforce from across our member services to share information, coordinate action, and provide a network of support. One of the achievements of this group to date include: Guidelines for Suicide Postvention and Support - Responding to attempted and alleged suicide in Remote Communities
- **Submission to Gayaa Dhuwi Renewal of the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy:** this submission is informed by the data story from the newly released National Suicide and self-harm Monitoring Project, which reports disproportionately higher rates of suicide and self-harm for the Northern Territory Primary Health Network area (compared with other networks across Australia), and overall, much higher rates of suicide and self-harm rates among Aboriginal and Torres Strait Islander peoples. Therefore, our submission was predicated on strong advocacy for funding, resources and service provision that are commensurate to identified needs
- **The Suicide Story program** transitioned from Mental Health Association of Central Australia to AMSANT late 2020. Suicide Story is a unique program that fills a critical gap in suicide prevention education among Aboriginal communities in the Northern Territory. The aim of 'Suicide Story' is to create cultural appropriate ways for Aboriginal people to reduce the stigma associated with suicide, address suicide and develop the necessary skills that builds safe and resilient communities. The program promotes the use of local languages and protocols, shared knowledge and a 'both ways' approach to ensure Cultural security in the delivery of the workshops
 - The program activities throughout 2020-21 since transitioning to AMSANT:
 - Participated in NTG Suicide Prevention focus groups in Darwin, Katherine, Alice Spring & Tenant Creek
 - Secretariat for suicide story aboriginal advisory group meetings
 - Deliver Suicide Story 3-day Workshop in Alice Springs
 - Deliver Suicide Story 3-day Workshop in Tenant Creek
 - Deliver Suicide Story 3-day Workshop in Katherine.
- **National Suicide Prevention Trial Project – Trauma Healing:**
 - The project aims to improve the cultural safety and trauma informed approach within the suicide prevention activity in the Darwin region. AMSANT Damulgurra team delivered Culturally Responsive Trauma Informed Care (CRTIC) Workshops that were specifically tailored within an Indigenous Pedagogical Framework to meet the learning needs of staff working within NT Police and Dept. of Territory Families, Housing and Community. The aim is to strengthen community capacity to identify, respond to, and safely intervene in a trauma informed way where there is an identified risk of self-harm and/or suicide. We are working in partnership with Danila Dilba and We-Ai-li throughout the process
 - The training engages cross-sector to inform, upskill and equip a range of support workers who are in direct contact with youth, people who are socially vulnerable, at-risk or seeking help.

Community Grants Examples:

NT Community Suicide Prevention Grants:

Jawoyn Association Aboriginal Corporation (JAAC) - Banatjarl "strong women group" Bush Medicine and Bush Tucker Garden

The Jawoyn Association Aboriginal Corporation (JAAC) is based in Katherine including four Indigenous communities Kalano, Rockhole, Binjari, Gorge Camp and extends to remotes communities including Barunga, Beswick, Werenbun. JAAC members have all been personally impacted by suicide, either a direct family member or person of cultural kinship or close community connection. The Banatjarl Strongbala Wimun's Grup (BSWG) is Kriol for Banatjarl "strong women group" and the project was led by female Jawoyn Elders in the Katherine region who promote cultural wellbeing, healing and sharing. BSWG are established respected cultural Elders & leaders in the Jawoyn region. Their vision is to create positive change for women, families and communities on Jawoyn country to lead and support young people and families to grow strong, proud, confident, happy and healthy.

The group designed the idea for a bush garden back in 2012 then really moved during the COVID-19 lockdown in 2020, when BSWG were unable to spend time on country at the Banatjarl Bush Medicine and Bush Tucker Garden in Banatjarl. "This meant that families were unable to have cultural camps or take young people out on country to continue teaching important plant knowledge.

With funds through the NT Health Community grant, the garden was constructed over six months in partnership with Save the Children and Food Ladder. Elders wanted to connect with youth and foster relationship with them and support connection to the Elders via ongoing work at the garden. It's a place for women to spend time with children and other ladies, to face the social issues that affect our people. The young people involved struggle with their mental health, but rather than focusing on problems, Elders focused on the cultural connection and wellbeing that comes when you can spend time hearing stories, learning cultural ways and learning about the important plants and animals. The garden has a range of bush medicine plants and bush tucker plants and is an important meeting place in town. Learning how to live on country, have access to traditional knowledge & culture reinforces a positive sense of identity. Providing a cultural foundation that helps with feelings of hopelessness, isolation and being lost in 'two worlds'. The project from inception had approximately 16-20 young people involved in planning, building and maintaining on a weekly basis.

Jawoyn Elders say; "this is right way!

We must pass on our cultural knowledge to our young people so they can know who they are. Even if they don't come from Jawoyn country, that is okay, we are their family. They need to know they belong to the land and can connect to believing in themselves again. Then they can find peace, when things slow down and we sit together and tell story and work in making bush medicines and make that garden. The project envisaged to make true the words; "From little things big things grow"

A COVID Garden: This garden became extremely important during the 2020 pandemic lockdowns where many Katherine people couldn't get out on country or back to family in communities or visit homelands. This meant a focus on creating a garden that reflected Banatjarl Bush Medicine and Bush Tucker and Family Healing Centre at King Valley. Young people are learning to make the medicine. Now, lots of other community members come to get bush medicine and see the plants.

The group reported that grant funding started us off and supported collaboration with like-minded community members and service groups. Partnerships have been built from this community participation and this project has not finished just because the funds are spent. The Garden' has developed and gone on to seek further funding to extend what we know works for our community and young people. While the funds are expended, the garden requires ongoing maintenance and the space is continued to be used for this and other activities. It is a relaxing place for people to sit and yarn with the Elders when they visit the Jawoyn office. The garden has created employment pathways for local people through development enterprise projects and participants spend time with youth from the local high school in youth diversion programs.

Damulgorra has also been involved in a total of 7 x Core Working Group (NSPT CWG) meetings. These meetings have been foundational for the co-design process of the workshops and for ensuring that the content delivered within the workshops is both relevant and useful for each service

- **NT Suicide Prevention 'Peak':** AMSANT attended consultations in May led by the NT Government's Mental Health, Alcohol and Other Drugs (MHAOD) agency to discuss the potential for an overarching network, collaborative structure or 'peak body' to bring together people working in suicide prevention in the NT. A summary of the meeting was provided to all members ahead of NT Health's consultations in other regions. We will remain engaged with this process
- **NTG / AMSANT - Suicide Prevention Training:** The Workforce Development Support Unit is collaborating with NT Health's Suicide Prevention team to develop and deliver suicide prevention training for Primary Health Care workforce and aligns with the service's SEWB approach.

NT Health workforce training in Mental Health and Suicide Prevention: NT Health has increased access to targeted suicide prevention awareness and capacity training for NT Health Staff. NT Health recognises Mental Health and Suicide Prevention initiatives as a key component of workplace health strategies and will be working closely with the Leadership and Learning Branch (Department of Corporate and Information Services) to explore preferred NT suicide prevention awareness and capacity-training providers to provide targeted suicide prevention awareness and capacity training for NT Health Staff.

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, NTG NT Health, AG 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
- Promote uptake of the Mental Health Professional On-line Development (MHPOD) training on suicide awareness and risk assessment for mental health professionals
- Promote 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
- Promote 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
- Support training programs to support better LGBTQI inclusive practices
- Support Culturally-safe, trauma-Informed peer group and/or community suicide prevention initiatives
- Support shared training and resource development to assist foster and kinship carers, to understand and respond to the mental health needs of children and young people
- Explore self-harm prevention tools and training packages that can be targeted at NT communities

- Prison In-Reach Program to explore options for the inclusion of self-harm prevention education in their Relapse Prevention Group to support clients who are at risk of self-harm
- Participation of Aboriginal and Torres Strait Islander people in the suicide prevention and wellbeing workforce strengthened.

Community Grants Workforce Training and Development in Suicide Prevention tranche: In response to an increasing applications for Workforce Training and Development in Suicide prevention an additional tranche of funding was added to the 4th round of suicide prevention community Grants with funds from the Northern Territory Primary Health Network contributing to the total Grants funds available for 2021-2022. A list of providers that offer suicide prevention training in the NT have been uploaded and promoted on NT Health's suicide prevention web page.

Top End Region Health Service Social Emotional Wellbeing (SEWB) Team: Men's Healthy Life Style

Community Grants Examples:

Foundation of Rehabilitation with Aboriginal Alcohol Related Difficulties (FORWAARD) Aboriginal Corporation Darwin - Lyrics for Life

Lyrics of Life assisted the participants at FORWAARD to address and understand their trauma and suicidal thoughts through the development and recording of music and songs to share with their families and community. The lyrics of the songs were able to depict how to help someone with these thoughts and what someone might be feeling.

Two great songs were produced; the first song "Here I Am" is about someone in a dark place and the chorus being the person helping and what we should say and do. The song builds to the troubled person reaching out and getting help. Each chorus informs on how being there and listening can make a difference. The second song "Breaking the Stigma" is just that, breaking the stigma, to encourage and support people in seeking help we must break the stigma associated around mental health. "Mental Health" is used in the song multiple times in a way that would hopefully normalise but not minimise the importance. The song identifies emotions that we all experience, no matter where we are from. The messages are real, the messages are raw, and reflect Aboriginal people and the pain they have felt through the loss of someone they have known and loved due to suicide. Participants developed this message so they could pass it on for all to hear.

Program - Suicide Prevention and Awareness Health Promotion Module, January 2020: NT Health collaborated with the Top End Region Health Service Community Development Office to develop a remote community suicide prevention health promotion module. The compiled modules to be integrated with across NT health services employing the interrelated themes of cultural respect and resilience.

Partnership with AMSANT workforce support unit for suicide prevention workforce development in ACCHS: A collaborative partnership has developed between NT Health and AMSANT supporting Aboriginal and Torres Strait Islander led and facilitated workforce development training. The development of this model broadly aims to increase the suicide prevention skills in the NT workforce in addition to more focused suicide prevention skills development in ACCHS SEWB teams. Some of the NT organisations supported in this partnership include:

- West Arnhem Regional Council (WARC) - workforce development Forum
- Sunrise Management Forum
- Top End Health Service SEWB Team
- Miwatj SEWB Team
- NT Aboriginal Health Practitioners - Sugarbag Workshop
- Waltja Tjutangku Palyapayi (Aboriginal Corporation) Workforce.

Aboriginal Community Controlled Health Services (ACCHS) SEWB Managers Forum December 2020:

NT Health suicide prevention team provided support to the NT ACCHS SEWB and Mental Health Managers Leadership Forum presentation of the current evidence and best practices of suicide prevention; share, discuss and problem solve and enable effective and sustainable SEWB/AOD workforce design and support with supporting suicide prevention understandings.

Culturally and linguistically diverse (CALD) multicultural suicide prevention projects in the NT include;

- Healing of the Nafs - 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.

Lesbian, gay, bisexual, transgender, intersex and/or queer (LGBTIQ+) community suicide prevention NT projects include:

- Indigenist - Indigenous LGBTQI Inclusive Practice Workshops - NT Wide
- Rainbow Territory - NT LGBTIQ community human rights advocacy group - NT Wide
- The Gap - Youth and Community Centre Aboriginal Corporation - Central Australia
- 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 e.g. NT Health suicide prevention team partnership with AMSANT SEWB workforce support Unit – suicide prevention workforce and professional development in suicide prevention activity
- 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 (Sept 19th 2019): 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 Gayaa Dhuwi and AMSANT National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH). CBPATSISP hosted a stakeholder workshop in Darwin 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
- CBPATSISP have developed a best practice suicide prevention manual of resources to advance evidence best practices for Aboriginal and Torres Strait Islander suicide prevention.
cbpatsisp.com.au/the-manual-of-resources/

Case Study TWO

Funded Services Example: Mates in Construction (MIC)

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 45/100,000 compared to a national average of 22/100,000 – more than twice the national average for construction workers (Maheen & Milner, 2017).

Mates in Construction 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 recognized by several state and National Awards. In 2018, in response to a “whole of government” approach to suicide prevention in the Northern Territory, MATES in Construction proposed a project joint funded by the Northern Territory Government, Northern Territory PHN (NTPHN) and the relevant industries. The program was expanded to the Northern Territory. MATES (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.

Covid-19 and Suicide Prevention

Supplementary

There are unprecedented ongoing public health actions underway in Australia to curb the spread of Covid-19. Social distancing and lockdown interventions have been in place to reduce human contact and reduce the rate of new infections. While the Northern Territory 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.

Mental health impact of COVID-19: The potential for COVID-19 to impact mental health and wellbeing was recognised early in the pandemic (WHO 2020a). In addition to concerns around contracting the virus itself, some of the measures necessary to contain its spread were also likely to negatively impact mental health (NMHC 2020). Widespread restrictions of movement, social distancing measures and physical isolation, or 'lockdowns', were implemented from March 2020. The sudden loss of employment and social interaction, and the added stressors of moving to remote work or schooling, and more recently, impacts of sudden, localised 'lockdowns' to prevent further outbreaks have impacted the mental health of many Australians. Stress, confusion and anger are commonplace as a result of the pandemic (Brooks et al. 2020) and, while many people may not experience any long-term concerns, COVID-19 has the potential to contribute to or exacerbate long-term mental illness including anxiety, depression, PTSD, and substance misuse (WHO 2020b). (From Australian Institute of Health and Welfare Mental health services in Australia, 2021).

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).

Evolving Events of the Pandemic: As the virus emerged, then spread to all corners of the world, psychological responses have moved through numerous phases. Uncertainty and fear about the nature and implications have been followed by community cohesion, alongside increased rates of distress, which have taken varied forms, i.e., dysphoria, anxiety, insomnia, and for some, traumatic stress and suicidal thoughts. Early in the pandemic....COVID-19 was potentially having a greater negative impact on national mental health. As the pandemic has worn on, nations have experienced viral spread and mortality, economic contraction, and in some instances, mixed messages from national and local leadership. Major concerns about reopening plans have additionally contributed to anxiety and concerns about the pandemic's effect on the population's mental health. Basic public health strategies such as testing, quarantining, and mask wearing have led to additional layers of uncertainty, morbidity, and mortality. However, concern about an increased risks of suicide that warranted attention has fortunately not materialised in overall rates during the pandemic thus far. The COVID-19 pandemic presents clear threats to the mental well-being of most and suicide risk for some. However, increases in suicide rates are not inevitable. Because suicide risk is multifactorial with well-established risk factors and a growing body of evidence for effective suicide prevention strategies, outcomes related to suicide will be greatly influenced by investments and actions taken now and in the coming months on the part of policy makers, health care and community leaders, and citizens...If specific strategies can be maximally implemented with COVID-19-specific threats to population mental health and suicide risk in mind, this pandemic may not only provide a sense of urgency, but a path forward to address suicide risk at national and community levels.

(Adapted from Moutier, 2020 at jamanetwork.com/journals/jamapsychiatry/fullarticle/2772135).

NT Response to the National Mental Health Pandemic Response Plan

Key priority areas:

Focus areas	Current actions
Meeting immediate mental health and well-being needs by adapting current services and proactively engaging with those in need	<p>Better links between hospitals-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.</p> <p>Greater involvement with Aboriginal Community Controlled Organisations social and emotional wellbeing programs as the frontline of responses.</p>
Implementing new models of care 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.
Facilitating access to care 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.
Addressing complex needs 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.	<p>Establishment of multi-sector Place of Care committee for Top End. Care coordination between NGO and Government providers for people with moderate to severe illness.</p> <p>Evaluation and recommissioning of NT Housing Accommodation Support Initiative (HASI) program in both Top End and Alice Springs.</p>
Reducing risk by focusing on mental health and suicide risk factors in their full social context	NT Community Suicide Prevention Grants round awarded 1 July 2021. Local community grants throughout the NT to support community initiatives.
Meeting the needs of our most at risk 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.
Communicating clearly with strategies that inform, provide consistent messages and use community communication as a prevention tool	<p>COVID 19 awareness and emergency response websites had consistent mental health messaging</p> <p>Two new phone support lines established by existing Community Mental Health NGOs to provide a local context for people seeking supports.</p>

<p>A specific focus on coordinated suicide prevention action facilitating a community-wide, cross-sector response.</p>	<p>NT Suicide Prevention Coordination Committee (NTSPCC) – meets quarterly with whole of government representation, key NGOs, Aboriginal organisations and consumer representatives.</p> <p>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.</p>
<p>Providing strong governance and integrated coordination of Australia’s federated mental health system to drive implementation.</p>	<p>NTPHN, NTG, AMSANT and Partners delivered the Joint Regional Mental Health and Suicide Prevention Foundation Plan in February 2021.</p>

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 ACCHS plan for the mental health needs of Aboriginal communities during and after the Coronavirus (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-31 Dec 2021
- The TeamHEALTH phone line TeamTALK is continuing and will be available 11am – 11pm 7 days per week. Data on usage is not yet available. Call: 1800 TEAM 00 (1800 832 600)

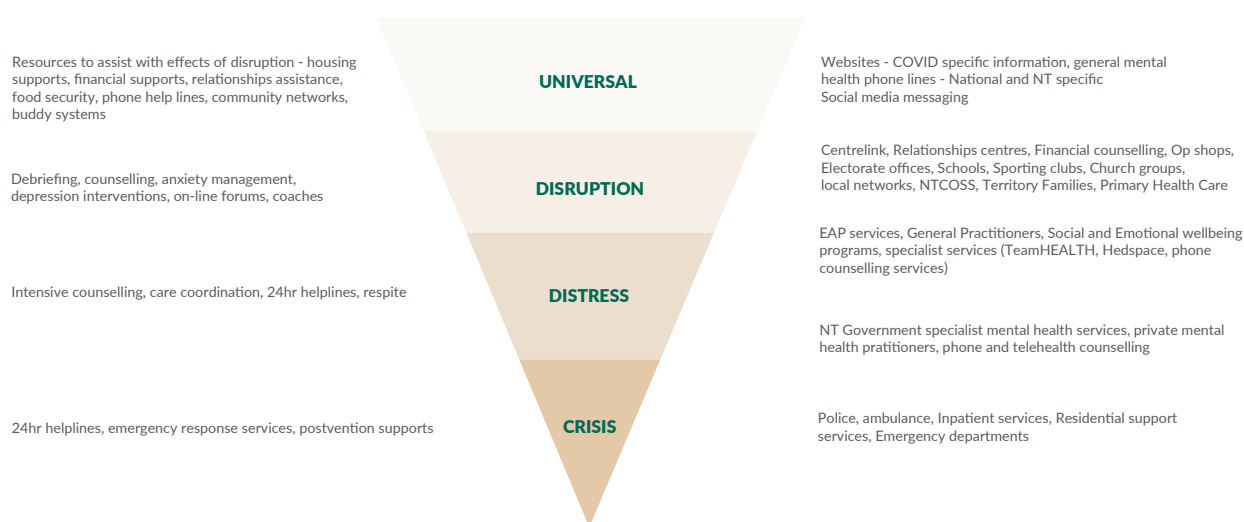
Case Study ONE

Funded Services Example:
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 3 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, TeamHEALTH that connect referred clients to relevant services and social supports.

- At July 2021, following 15 months since TeamTALK commenced in April 2020, the service has conducted almost 4000 support sessions from people seeking low intensity support across the following support themes:

Anxiety/Depression	Family related stress	Quarantine related stress	Isolation/loneliness	Work or financial related stress	Other
13%	10%	15%	17%	14%	13%



For more information on the NT Governments range of COVID responses including wellbeing supports available for Territorians please click the following links:

- [Coronavirus.nt.gov.au/](https://www.coronavirus.nt.gov.au/)
- [Coronavirus.nt.gov.au/business-and-work/wellbeing-support](https://www.coronavirus.nt.gov.au/business-and-work/wellbeing-support)
- [Trade Support Scheme - COVID-19 Quick Response Grants - NT.GOV.AU](https://www.nt.gov.au/Trade-Support-Scheme-COVID-19-Quick-Response-Grants)

Aboriginal Community Information:

- amsant.org.au/sewb-covid-19/
- amsant.org.au/wp-content/uploads/2021/07/NT-Aboriginal-Mental-Health-and-Social-Emotional-Wellbeing-COVID-19-plan.pdf

Community Grants Examples:

Northern Territory Hepatitis and Aids Council (NTHAC) - "Voices from the Community"

The Northern Territory Hepatitis and Aids Council (NTHAC) prepared a short film resource centred around the themes from 'prevention to wellness' incorporating the messages contained within the 'Community Voices' resource, focusing on suicide prevention for Sister Girls from the Tiwi Islands focusing on the lived experience of two Sister Girls from the Islands. From this film, imagery and narrative were captured and utilised to create a series of hard copy resources with key suicide prevention messages and support service contacts. The film and resources will be available to be utilised by service providers and community members to promote wellness and to assist people where to go to in order to be supported.

Northern Territory Suicide Prevention
Strategic Framework **2018-2023**
Progress Report Three

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