

Northern Territory
Suicide Prevention
Implementation Plan

Keeping Everyone Safe 2023-2028



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Minister's foreword



Hon Lauren Moss MLA

*Minister for Mental
Health and Suicide
Prevention*

Every Territorian has a role to play in suicide prevention. As the Northern Territory's first ever Minister for Mental Health and Suicide Prevention, I am mindful that the development of a new approach to addressing suicide must come from us all. We know our communities better than anyone else and know what will work in creating healthy and thriving communities, places that foster care to people that need it and that will help them to restore their wellbeing.

This Plan adopts a multi-faceted approach with the whole of the system, the whole of the Community and the whole of the service sector, working together. Whether experiencing a suicidal crisis or bereaved by a suicide of a loved one, life-saving care for people when they need it most, is essential. So too, is the effort to prevent a crisis, and lay the foundations to an earlier whole of community response to isolation, to increased education, to better housing, to employment opportunities, so that the crisis point is not reached.

The National Suicide Prevention Advisor's final advice called for a whole-of-government approach that strengthens and builds on what our health systems can offer. To be effective, we need all jurisdictions and portfolios working together. We need to go to where people are and respond much earlier than we have been. That means developing the workforce and embedding support in our family courts, in employment services, in schools and workplaces, in our family and social services. It also means using the levers of government and partnerships with other agencies to reduce and respond to the social and economic drivers of distress that are often deeply rooted in the social determinants of our health – job security, economic security, safety from violence and abuse, meaningful participation and social connection.

This new Plan creates hope and offers support by laying the foundation for this future and identifies explicit actions to be implemented over the next five years across systems, services and community; reinforcing partnerships across all agencies, in the Northern Territory. Working together to expand on programs that are working well, and to identify opportunities to create new programs, services and resources that will work in keeping everybody safe.

Aboriginal people must have autonomy over the strategies and actions that seek to support life promotion and suicide prevention in their communities. We therefore must continue to support self-determination towards empowerment of Aboriginal and Torres Strait Islander people to drive their own solutions to suicide through bringing approaches to healing, social and emotional wellbeing, community and clinical approaches, together. We recognise that local knowledge and cultural leadership along with governance, are key to this.

A truly whole-of-government and whole-of-community approach will help us to achieve all of this, but we must have the right structures and enablers in place. This Plan includes our lived experience knowledge and leadership as central to the approach, growing and developing our communities and investing in all our Northern Territory workforces to ensure compassionate and contemporary approaches are used across all touch points for support, a stronger use of data to keep focused and agreed outcomes and evidence to set priorities and drive accountability. It also means having the right governance at the national and regional level, to drive a truly coordinated approach.

As Minister responsible for suicide prevention in the Northern Territory, I would like to acknowledge the strength and courage of those impacted by suicide in sharing their stories and experiences with us, and for guiding the development of this Plan. I am committed to seeing the Plan through to its completion and to creating a society where people experiencing difficulties feel valued, supported and filled with hope about their future.



Resources for if you need help

Talking or thinking about suicide can bring up all different kinds of feelings. If you are worried about how you feel, or if you would like to chat to someone, here are some places you can contact for support.

NT resources

- NT Mental Health Line
1800 682 288
- NT StandBy Support After Suicide
1300 727 247
- Mates in Construction
1300 642 111
- Emergency 000
- Mates4Mates 1300 4 MATES (62 837)
- [AMSANT Guidelines](#)
- [NT Mental Health](#)

National resources

- StandBy – Support After Suicide
1300 727 247
- Lifeline 13 11 14
- Suicide Call Back Service
1300 659 467
- Kids' Helpline 1800 55 1800
- MensLine Australia
1300 789 978
- Thirrilli – National Indigenous Postvention Service 1800 805 801
- Beyond Blue 1300 224 636
- QLife 1300 555 727
- Open Arms Veteran & Families Counselling
1800 011 046
- National Relay Service
1800 555 727
- 13 YARN 13 92 76
- Roses in the Ocean 1800 777 337
- Multicultural Mind Hotline
1300 643 287

Acknowledgements and disclaimers

Acknowledgement of Country

We respectfully acknowledge the Traditional Owners, Custodians and Elders past, present and emerging of the lands and seas on which we work. We show our recognition and respect for Aboriginal people, their culture, traditions and heritage by working towards Aboriginal health and wellbeing.

Please note that throughout this document the term Aboriginal should be taken to include Torres Strait Islander people. No disrespect is intended to our Torres Strait Islander colleagues and community

Lived experience acknowledgement

This work acknowledges the individual and collective contributions of those with a lived and living experience of suicide, and those who love, have loved and care for them. Each person's journey is unique and a valued contribution to suicide prevention.

Partnership commitment

The project to bring this plan to life was undertaken through a partnership commitment comprising the peak body for Aboriginal Community- Controlled Health Services (ACCHS) in the NT, The Aboriginal Medical Services Alliance Northern Territory (AMSANT) who brought deep contextual understandings from the Aboriginal community-controlled sector, the

National Indigenous Australians Agency (NIAA), who provided a social and emotional wellbeing (SEWB) alignment to the development of suicide prevention; from the Northern Territory Primary Health Network (NTPHN) who provided a focus on regional planning and commissioning lens and NT Health who brought suicide prevention system strengthening reform. The contributions from these partners and respective areas is gratefully acknowledged.

Title: "Keeping Everyone Safe"

We would like to Acknowledge Aunty Sabella Turner, Arrernte Traditional Owner, for the conception and sharing of the English translation of the Arrernte phrase for preventing suicide; "Keeping Everyone Safe". This is a universal description of the intentions of the Plan.

Thank you to all contributions

Thank you to all those who contributed to the development of Keeping Everyone Safe through the input of valuable information, from the loss of loved ones, personal and family experiences, to the Traditional Owners who welcomed us to Country to have these conversations and to everyone who gave their time to contribute to Keeping Everyone Safe in the Northern Territory. We honour those whose lives have been lost to suicide as we do everything we can to keep those who are struggling safe.

How this plan was developed

The Northern Territory Suicide Prevention Strategic Framework Implementation Plan 2023-2028 Keeping Everyone Safe, released on 10 September 2023 (World Suicide Prevention Day), sets out actions across all sectors and stakeholders in the NT and guides investment in preventing suicide for the next five years.

Keeping Everyone Safe is aligned with the Northern Territory's Joint Regional Planning, which is overseen by NT Health, NT Primary Health Network (NTPHN), National Indigenous Australians Agency (NIAA) and Aboriginal Medical Services Alliance NT (AMSANT). It builds upon and continues the work of the previous Implementation Plan (2018-2023).

In 2023, eight regional and remote engagement forums were held across the NT involving over 200 stakeholders of systems, services, and community and lived experience voices. These sessions facilitated feedback and validation from many stakeholders and community partners to;

- share what we have heard across these years,
- discuss where current actions could be strengthened, and
- identify what key pieces of information are missing.

Twelve priority groups forums were also held across the NT in 2023 involving 122 key stakeholders, community members and lived experience voices.

A final Expert Roundtable was held in 2023, attended by over 60 NT-wide stakeholders, to refine this information and finalise Keeping Everyone Safe before its launch on 10 September 2023.

An interagency and whole of community approach was required as some enablers of suicide prevention are beyond the influence of the health system alone and span across all aspects of where people live, work, and learn.

Working collaboratively across government, community and non-government agencies is essential if we are to increase awareness and invest in solutions-focused programs to reduce suicide.

To address suicide prevention we need to focus on employment, education, housing, justice, social isolation, alcohol and other drugs-related harm issues, and other areas. In support of this multi-sector approach, a cross-government and interagency NT Suicide Prevention Coordination Committee (NTPSCC) has been established to advise on the formation and implementation of suicide prevention strategies in the NT. This committee has been instrumental in the release and ongoing oversight of Keeping Everyone Safe 2023-2028, as agencies work together to respond to suicide prevention in the NT and demonstrates how non-health agencies can contribute to suicide prevention initiatives.

Background and context

Suicide is a whole of community issue that requires coordinated and combined efforts from all levels of government, health care systems, community workers, workplaces, educational settings, community groups, the media, as well as individuals, families and communities.

Suicide prevention is complex as there are many contributing factors which can increase an individual’s risk of suicide including behaviours, environmental characteristics and psychosocial factors such as a history of self-harm, relationship problems, legal issues, financial pressures, unemployment and homelessness.

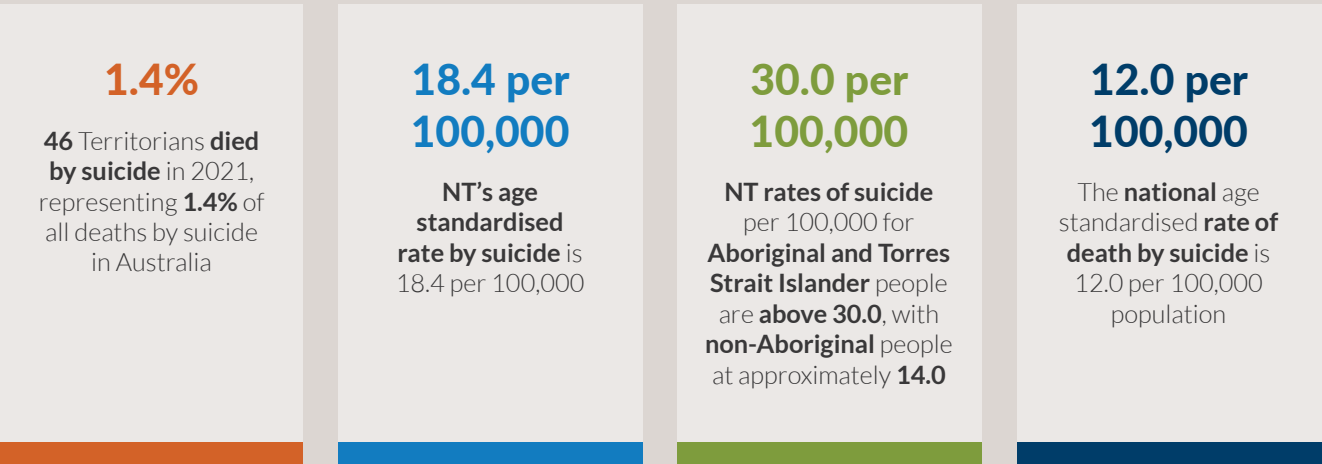
The NT faces a number of additional challenges, including:

- Remote locations with dispersed populations.
- Poor access to IT connectivity.
- Racism and discrimination.
- Historical and intergenerational trauma.
- Poor housing conditions.
- Attracting and retaining specialist workforces.

Suicide prevention also requires population level protective factors, such as affordable and secure housing, strengthening community and cultural connections, inclusive and supportive communities, meaningful employment, and community empowerment.

Suicide prevention is everyone’s responsibility. It is up to everyone to do what they can to support each other, and to reach out to others in times of disruption and distress. Some significant statistics involving suicide in the NT have been outlined in Figure 1.

Figure 1 | Statistics involving suicide in the NT 2021





The National Suicide Prevention Office (NSPO) was established in 2023 and tasked with development of a new national suicide prevention strategy that aims, in line with the National Suicide Prevention Advisers Final Advice, to broaden the scope of suicide prevention focus and activities across sector portfolios and social determinant domains.

Keeping Everyone Safe will address both individual risks and community level enablers. For individuals, both services and the system need to focus on intervening with those experiencing suicidal thoughts and behaviours as early as possible. They need to provide evidence-based responses to times and settings when individuals are most vulnerable.

This plan has been strongly influenced by the voices of those who are impacted every day by experiences of living with suicidal distress and those who are supporting loved ones and kinship networks. Lived-experience voices will continue to lead and guide the implementation of actions identified in the strategy.

We know that a strong cultural identity and connection to country, family and community are strong protective factors for Aboriginal people. Table 1 outlines some examples of risks and protective factors for suicide for all people.

Table 1 | Examples of risks and protective factors for suicide

INDIVIDUAL	
Risks • Gender (male) • Mental illness or disorder • History of self-harm • Chronic pain or illness • Immobility • Alcohol and other drug problems • Low self-esteem • Little sense of control over life circumstances • Loss of cultural and land spirituality connections • Intergenerational trauma • Removal of children • Developmental history • Lack of meaning and purpose in life • Poor coping skills • Hopelessness • Guilt or shame	Protective factors • Mental health and wellbeing • Good physical health • Physical ability to move about freely • No alcohol or other drug problems • Positive sense of self • Sense of control over life's circumstances • Sense of meaning and purpose in life • Good coping skills • Positive outlook and attitude to life • Absence of guilt and shame • Cultural continuity
SOCIAL	
Risks • Abuse and violence • Family dispute, conflict and dysfunction • Separation and loss • Peer rejection • Social isolation • Governmental policies • Imprisonment • Poor communication skills • Family history of suicide or mental illness	Protective factors • Physical and emotional security • Family history • Supportive and caring parents/ family • Supportive social relationships • Sense of social relationships • Sense of social connection • Sense of self-determination • Good communication skills • No family history of suicide or mental illness
CONTEXTUAL	
Risks • Neighbourhood violence and crime • Poverty • Unemployment, economic insecurity • Homelessness • School failure • Social or cultural discrimination • Exposure to environmental stressors • Lack of support services	Protective factors • Safe and secure living environment • Financial security • Employment • Safe and affordable housing • Positive educational experience • Fair and tolerant community • Little exposure to environmental stressors • Access to support services

Keeping Everyone Safe on a page

Keeping Everyone Safe is aligned with and builds on the Northern Territory Suicide Prevention Strategic Framework 2018–2023. Our vision, goals and principles are those from the Strategic Framework.



NORTHERN TERRITORY SUICIDE PREVENTION IMPLEMENTATION PLAN

VISION

A Territory where everyone is empowered to live a life filled with purpose, hope and meaning, and where fewer lives are lost through suicide

GOALS

[1]

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

[2]

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

[3]

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

OUTCOMES

Reduced suicide rate in the whole population and among particularly vulnerable groups

Reduced stigmatised attitudes to mental health and suicidal behaviour at population level and across vulnerable groups

PRINCIPLES

- Build hope and resilience
- Apply a public health approach
- Trauma-informed
- Recovery focused
- Underpinned by human rights
- Equity
- Complement current initiatives in suicide prevention

ACTION AREAS

1

Support individuals, families and communities to increase wellbeing and build strength

2

Educate, train and support communities to lead local responses

3

Invest in all NT workforces

4

Collaborate and ensure everyone is working together

5

Build a stronger evidence base

6

Support priority groups

ENABLERS

Workforce

Data

Lived
experience

Local leadership
and self determination

Partnerships and
collaboration

Community engagement
and empowerment

Aboriginal-centred
approaches

Our enablers

Enablers are key areas of focus that will support delivery of Keeping Everyone Safe but are broader than or outside the scope of the Plan itself. Delivery on the enablers is essential for successful implementation.

The enablers have been mapped to each Action Area, showing where progress on enablers will be crucial for delivery of our actions.

Workforce

The NT faces significant challenges with training, attracting, recruiting and retaining workers across health, human services, and other sectors. There is much work happening across the Territory to address these known challenges – such as the development of school-to-workforce training pathways, targeted recruitment strategies, and competitive incentive strategies.

The success of these broader efforts will have clear impact on the delivery of Keeping Everyone Safe as many actions can only be delivered, and Territorians supported, if the workforce is in place to deliver programs, care and support.

Data

Access to complete, accurate and high-quality data is critical for ensuring that we clearly understand our focus areas and then design, deliver and evaluate programs to address these areas. There is work happening across the Territory to support the development of high quality, linked data sets that protect and preserve privacy and confidentiality.

As this work continues, the data that is created should be used to support ongoing implementation of our actions.

Lived experience

We know that incorporating the voices of those with lived experience will be crucial so that we design approaches that will work. Efforts to incorporate these voices must be strengths-based and trauma-informed. There is ongoing work happening across the Territory to understand the best ways of capturing and incorporating these voices into policy making, strategic planning, program design, and program implementation.

Stakeholders engaged in suicide prevention – including those delivering work under this Plan – should keep an eye on this work, and make sure that they build on any structures or processes that are developed. This will make sure the voices of those with lived experience are heard, and that these voices are not overburdened.

Local leadership and self determination

Keeping Everyone Safe is intended to guide actions across all areas of the Territory – from broad, system-wide actions to those that will be delivered in the community, and those developed and delivered by specific priority populations. Many parts of the Territory are exploring how to best engage with local leadership and local decision-making processes, including how to build on existing structures.

As the actions within this Plan are delivered, all stakeholders should focus on making sure that decisions are guided by local leaders, address locally identified challenges, and are driven by the needs and preferences of communities and populations.

Partnerships and collaboration

We know that we are most effective when all groups are working together, complementing each other's efforts rather than duplicating or competing. It is likely that work in some regions or communities – including work that is already happening – can be successfully adapted and expanded into new areas.

As this Implementation Plan is delivered, we know that we must work together across government and non-governmental organisations, across regions, across communities and across sectors to have the greatest impact.

Community engagement and empowerment

Effective engagement with community – to understand needs, to develop programs, to educate and build awareness – will be critical for successful delivery of Keeping Everyone Safe. Many stakeholders involved in suicide prevention across the Territory – including government, non-governmental organisations, and peak and representative bodies – have existing mechanisms that support community engagement. These mechanisms should be built upon as actions are developed and delivered.

Aboriginal-centred approaches

Aboriginal Territorians are a priority population for this Plan. In order to develop approaches that will work for Aboriginal Territorians, our work needs to draw from Aboriginal approaches to health and social and emotional wellbeing. This will make sure that our work has the best opportunity to support Aboriginal Territorians, their kin and communities.

Aboriginal-centred approaches – which take a broad view of social and emotional wellbeing, incorporating aspects including physical health, mental health, spiritual health, and connection to family, culture and Country – can be equally beneficial for non-Aboriginal Territorians.

Our action areas

ACTION AREA 1

Support individuals, families and communities to increase wellbeing and build strength

What this means

Individuals, families and communities are supported to maintain their social and emotional wellbeing, to reduce the stigma associated with mental health and suicide, and to strengthen social and cultural inclusion that cultivates positive engagement with life. Through this action area, it is understood that it is important to focus efforts on promoting holistic wellbeing, reducing stigma, raising awareness, educating Territorians, and providing community-based supports that maintain good mental health and social connections.

NT communities will be supported through coordination and outreach to form and sustain local networks and community working groups and to develop local action plans to address place-based needs, with support provided to make solutions become real through grants programs.

An additional commitment to invest in an NT community collaborative peak body in 2024 will focus on work across the NT to support and sustain local networks and community working groups to prevent suicide.

This Action Area hopes to increase the number of Territorians who have good mental health and wellbeing and connections with others around them.

What we will do

Table 4 outlines the actions and their associated enablers to ensure the implementation of Action Area 1.

“

Lived experience isn't just one story, but many stories for all.

Cultural practices are strong, they are central to healing and they need to be used in communities to promote social and emotional wellbeing.

”



Table 4 | What we will do to implement Action Area 1

ACTION	RELEVANT ENABLERS
Address the stigma of mental health and suicide and provide education to people, families and communities on how they can maintain their social and emotional wellbeing and build resilience.	• Lived experience • Local leadership and self determination • Community engagement and empowerment
Raise awareness of the supports that are available and how individuals, families and communities can access these.	• Community engagement and empowerment
Promote community wellbeing and healing and support community-based activities that help to build and maintain good mental health and wellbeing.	• Local leadership and self determination • Partnerships and collaboration • Community engagement and empowerment
Provide programs, education and connection through places people already go such as schools, workplaces, youth groups and community groups.	• Partnerships and collaboration • Aboriginal-centred approaches

What this might look like in practice

At the community level:

- Design of stigma reduction and health promotion activities with individuals, families and communities.
- Delivery of a range of events throughout the year to reduce the stigma of mental health and suicide in the community.
- Adapt safety and wellbeing messages so that they make sense to different groups, for example using appropriate language.
- Invest in activities for youth to create more positive engagement.
- Support community-led responses to improve understanding and responsiveness to prevent suicide, and build community wellbeing, inclusion, resilience and resources.
- Support community places of wellbeing and healing for all community groups across the lifespan.

At the service provider level:

- Design stigma reduction and health promotion activities with individuals, families and communities.
- Deliver community based activities that bring people together to create social inclusion, connections, and wellbeing such as arts, music, and cultural activities, youth groups, yarning, recreation, after hours and weekend programs.
- Deliver community-led service partnerships and Community activity planning across social determinant domains including employment, education, housing, justice, and AOD-related harm issues.

- Promote culturally safe therapeutic practices and narrative approaches.
- Work with the Aboriginal Community Controlled sector to strengthen suicide prevention, healing, and holistic wellbeing for Aboriginal and Torres Strait Islander people, families, and communities and community-level impact.

At the system level:

- Promote investment in community-led design and delivery of suicide prevention approaches.
- Deliver suicide prevention activities (through community investments such as grants rounds and focused activity design supports).
- Ensure that funding is flexible and builds sustainability so that families and communities can plan and undertake activities that meet their needs.
- Develop localised, clear and culturally safe public awareness campaigns to build awareness and reduce stigma and assist communities to connect with the best wellbeing and suicide prevention information.
- Support community-led wellbeing partnerships and activity planning across social determinant domains including employment, education, housing, justice and AOD-related harm issues.
- Work with media outlets and journalists to increase their understanding of evidence informed best practice guidelines (i.e. MindFrame) reporting guidelines.



ACTION AREA 2

Educate, train and support communities to lead local responses

What this means

Communities and people will be supported to design and deliver local approaches. People and communities will be empowered and supported in leading local responses, provided with education and training opportunities, and offered necessary supports so that everyone can maintain good mental health and wellbeing.

What we will do

Table 5 outlines the actions and their associated enablers to ensure the implementation of Action Area 2.

“

We focus heavily on crises, but we also need a greater focus on follow-up—how do we better support family members and carers who are supporting loved ones?

We need to provide lots of different training, and through different providers.

”

Communities should lead local responses...



Table 5 | What we will do to implement Action Area 2

ACTION	RELEVANT ENABLERS
Use local leadership structures that strengthen family and community voices and the voices of people from priority groups to enable community action planning.	• Data • Local leadership and self determination • Aboriginal-centred approaches
Understand the needs of families and communities, and support access to appropriate training and education that meet these needs.	• Lived experience • Community engagement and empowerment
Deliver education and training opportunities and raise awareness through existing organisations and structures such as schools, sports groups, workplaces, non-governmental organisations and community organisations to reduce duplication and overlap.	• Workforce • Partnerships and collaboration
Ensure that there are education systems and processes in place to provide support for distress and follow-up to community members and peer workers when needed.	• Workforce • Partnerships and collaboration

What this might look like in practice

At the community level:

- Establish community action planning processes, where all members of the community can come together to determine what is needed to increase wellbeing and build resilience.
- Increase the number and skillsets of community champions/peer workers across NT communities.
- Work with service providers to develop community education and training needs, for example, language based, two-way learning, stress triggers, alcohol and other drugs harm minimisation, emotional regulation, social media and cyber bullying.
- Provide advice on how community members and peer workers should be reimbursed for their work.
- Develop family-focused training and support resources that build skills, knowledge and capabilities of families.

At the service provider level:

- Work with individuals, families and communities to understand what education and skillsets are required.
- Facilitate community-level supports through local employment of peer workers.
- Explore opportunities for non-health service providers to deliver relevant education training initiatives.
- Support the development of community education and training that includes identifying the risk signs of suicide on social media and cyber bullying.

- Increase the number and skills of “peer champions” in NT communities.
- Work with the Aboriginal Community Controlled sector to educate, train, empower and build capacity for Aboriginal and Torres Strait Islander people, families, and communities to lead suicide prevention activities, programs, and services.

At the system level:

- Establish an Advisory Group that represents and broadens the reach of diverse lived experiences and Aboriginal voices across the NT.
- Provide NT-wide guidance on the education and training for community members and peer workers.
- Provide NT-wide guidance on the supports for community members and peer workers.
- Invest in and promote availability and access of family-based skills, knowledge and capability supports in remote community and in relevant languages.
- Develop the standards and maintain quality control to make sure that training is delivered to a high standard of relevancy.



ACTION AREA 3

Invest in all NT workforces

What this means

Workers are the front line for the successful delivery of Keeping Everyone Safe. Suicide prevention involves a multidisciplinary, committed workforce that collaborate to provide holistic care. This Action Area focuses on working across sectors and services to support the NT's high-quality staff. To do this, there needs to be strategic thinking about how staff are attracted, recruited, retained and developed so that they want to continue to work across the NT.

What we will do

Table 6 outlines the actions and their associated enablers to ensure the implementation of Action Area 3.

“

We really need to make sure that our workforce includes those with lived experience – there are a lot of challenges at the moment.

There needs to be investment into supporting different types of employment that meet the needs of our workers today – part time, flexible, fly in and fly out. We won't address our workforce challenges if we don't change our workforce models.

”

All workers should have the skills they need...



Table 6 | What we will do to implement Action Area 3

ACTION	RELEVANT ENABLERS
Work across the whole system to develop strategies and approaches to ensure the NT workforce has the understanding and skills it needs now and into the future to prevent suicide behaviours.	• Workforce • Partnerships and collaboration • Aboriginal-centred approaches
Develop strategies and approaches to attract, recruit, retain and support employment from priority groups.	• Workforce • Data
Develop pathways to recruit and retain people with lived experiences of suicide behaviours and ensure that mechanisms are in place to make work safe for people with these experiences.	• Lived experience
Ensure that all workforces, regardless of geographic location, have access to suicide prevention awareness, literacy and intervention training that they understand and deliver best practice suicide prevention approaches.	• Partnerships and collaboration
Ensure that all staff are competent to provide culturally secure care and are trained to work with priority groups.	• Local leadership and self-determination • Aboriginal-centred approaches

What this might look like in practice

At the community level:

- Establish and promote models of employment for local workers, peers and mentors including bilingual or multilingual staffs.
- Recognise and support the significant workload already undertaken by key community members and champions to prevent suicide.
- Increase the number of staff that speak the language of the community or client group.
- Expand the local Aboriginal workforce by creating flexible and culturally informed workplaces.

At the service provider level:

- Increase access to training and resources to recognise the signs of risk and connections to supports for all workers especially those working with priority groups (e.g. Centrelink, youth workers, and justice workers).
- Support culturally informed workplaces and cultural competency training to staff, such as educating staff on Aboriginal knowledge of wellbeing and healing.
- Identify and empower traditional healers to support social and emotional wellbeing, where this makes sense for the community.
- Offer flexible training opportunities including face-to-face, online, or blended to enable the maximum participation.
- Implement standards and maintain quality control to make sure that staff education and training is delivered to a high standard of relevancy.

- Work with the Aboriginal Community Controlled sector to build and invest in the Aboriginal and Torres Strait Islander workforce to provide culturally safe and trauma-informed support for people, families, and communities.

At the system level:

- Promote a whole of NT workforce strategy for mental health, suicide prevention, and social and emotional wellbeing activities that includes pathways which lead to local employment.
- Develop and trial flexible employment models such a part time or job share arrangements to improve workforce attraction and retention.
- Increase uptake and participation in trauma-informed training including, but not limited to, workers in the health sector.
- Develop guidance to providers for improving suicide prevention practices in the workplace.
- Work across sectors to promote suicide prevention workforce training is everyone's business (e.g. police, community services staff, teachers, lawyers, prison officers, Health etc.).



ACTION AREA 4

Collaborate and ensure everyone is working together

What this means

To be successful, everyone working needs to make the best use of resources, reduce overlaps, and identify and address any gaps. Through this Action Area, there will be a whole of government and whole of community approach, where everyone will work together in a collaborative and coordinated manner. Not only will this help to address gaps, but it will ultimately benefit people who need service collaboration in the community. To do this, there is an agreed need to review and refresh oversight and governance processes (at the Territory, regional and community levels), formalise partnerships, and design better collaborative approaches.

What we will do

Table 7 outlines the actions and their associated enablers to ensure the implementation of Action Area 4.

“

We need to celebrate the work that is already happening in mental health and wellbeing, while also attempting to improve.

This is everyone's responsibility, and we should all work together to reflect this.

”

*We all need to work together
for the best outcomes...*



Table 7 | What we will do to implement Action Area 4

ACTION	RELEVANT ENABLERS
Review and refresh governance processes that oversee the delivery of social and emotional wellbeing and suicide prevention activities at the Territory, regional, and community levels e.g. restructure the whole of agency NT Suicide Prevention Coordination Committee (NT SPCC) to align with Keeping Everyone Safe.	• Local leadership and self-determination • Partnerships and collaboration
Review and refresh governance processes that oversee the delivery of social and emotional wellbeing and suicide prevention activities at the Territory, regional, and community levels e.g. restructure the whole of agency NT Suicide Prevention Coordination Committee (NT SPCC) to align with this implementation plan.	• Data • Community engagement and empowerment
Support and create formal and informal partnerships between services so that their activities are aligned and complement each other.	• Partnerships and collaboration
Establish new, collaborative models of care to meet the needs of all Territorians.	• Workforce • Partnerships and collaboration • Community engagement and empowerment • Aboriginal-centred approaches
Work together across all areas of government in an interagency approach to address the social determinants of health.	• Partnerships and collaboration

What this might look like in practice

At the community level:

- Adopt regional and community-level approaches to govern the development of community action plans and make sure decisions are in the best interest of the community.
- Map services and supports that are available in communities and highlight any gaps.
- Link key community members and their experiences to service providers when developing local community action plans.

At the service provider level:

- Formalise partnerships between service providers – within and outside of health sector – to improve service delivery and alignment.
- Ensure that health services are connected into local community-based services that support holistic health models of care including a focus on priority groups.
- Support interagency partnerships and activity planning across social determinant domains including employment, education, housing, justice and AOD-related harm issues (i.e. police, community services, SEWB, youth workers, teachers, prison officers, health staff).
- Promote and guide direct collaboration to improve pathways between services.

- Work with the Aboriginal Community Controlled sector to work towards becoming a culturally responsive, trauma-informed, and healing-focused system in which all suicide prevention services are culturally safe and meaningful for Aboriginal and Torres Strait Islander people, families, and communities.

At the system level:

- Review and restructure the Northern Territory Suicide Prevention Coordination Committee (NTSPCC) to ensure it continues to meet the needs and expectations of this plan.
- Foster collaboration across sectors, engaging multi-agency commitments to coordinate and implement activities outlined in this action plan.
- Establish a NT wide peak Community collaborative to undertake functions associated with enabling local communities to undertake suicide prevention activities and increases community awareness of services and training available).
- Collect, analysing and share the latest research and evaluation reports on risks and protective factors and evidence-based programs.
- Supporting interagency postvention responses for individuals and communities who have lost someone to suicide.
- Develop and nurture NT-wide inter-agency working groups.
- Strengthen collaboration, information sharing, and coordination between all levels of the service system and the communities they serve.



ACTION AREA 5

Build a stronger evidence base

What this means

Every action should be evidence informed, so that they are achieving outcomes and making a difference for individuals and communities. Through this Action Area, available data and evidence will be enhanced. To do this, we need to create a clear set of indicators that we can all report against, we need to improve the quality and completeness of data, and we need to strengthen reporting and sharing of data and evidence.

What we will do

Table 8 outlines the actions and their associated enablers to ensure the implementation of Action Area 5.

“

We need to build success stories into data collection – we need to expand what we think of when we say ‘evidence’.

Health practitioners should have increased access to review best practice in this space.

”

*Evidence and data can
come from many sources...*



Table 8 | What we will do to implement Action Area 5

ACTION	RELEVANT ENABLERS
Develop a comprehensive set of measurable indicators that assess suicide behaviours, targeting effective interventions, and highlight specific demographics, regions, and causal factors for tailored support and investment.	• Data • Lived experience
Allocate resources to facilitate cross-agency data sharing, establishing a centralised database for collaborative contributions and access.	• Data • Partnerships and collaboration
Enhance the dissemination of data, evidence, and best practices to empower informed decision-making and consumer-centric strategies.	• Workforce • Data
Enhance the timeliness, completeness and quality of the data that is collected across the Territory including through ensuring that lived experience, and narrative data is collected.	• Data • Lived experience
Undertake robust monitoring, evaluation, and continuous quality improvement processes to continue to build the evidence base.	• Workforce • Aboriginal-centred approaches
Report data in new and innovative ways – such as through case studies, stories, or data dashboards – so that everyone can understand it and use it.	• Workforce • Data
Recognise Elder and community knowledge and wisdom is “evidence” and that communities should be supported to determine what evidence is important and matters to them.	• Data • Lived experience • Aboriginal-centred approaches

What this might look like in practice

At the community level:

- Document and promote the evidence for place-based approaches to wellbeing e.g. healing practices.
- Collaboration between communities and services to build a strong place-based and community determined evidence base.
- Develop community-level indicators that can be used to understand what is working and why.
- Enhance existing activities and programs through community evaluations.

At the service provider level:

- Allocate clear resources for monitoring, evaluations and continuous quality improvement.
- Enhance data collection and reporting processes, so that services collect and provide high-quality data.
- Clearly develop and articulate the reason for collecting and utilising both statistics and stories data.
- Work with the Aboriginal Community Controlled sector to ensure that Aboriginal and Torres Strait Islander community and lived experience informs the design, delivery, and evaluation of programs and services.

At the system level:

- Develop a strong, cross-agency data governance framework that details how data will be collected, stored and accessed and how privacy will be protected.
- Provide guidance on how to share data between and across stakeholders – including linked data across agencies.
- Develop and strengthen best practice data collection and share this knowledge across NT communities and regions.
- Use data to inform the focus of suicide prevention activities, such as to understand the problem, understand current practices, plan activities, target funding and allocate resources.
- Develop and employ a data-sharing framework and protocols across relevant agencies and communities including data-sovereignty protocols as a protective and empowerment mechanism.



Our action areas

ACTION AREA 6

Support priority groups

What this means

Whilst this plan takes a wider population health approach by aiming to support everyone to maintain social and emotional wellbeing, some people and groups are impacted by suicide more than others. Through this Action Area, there is an agreed focus of efforts to support those who need it. To do this, priority groups will be engaged safely to design approaches that meet their needs and expectations.

What we will do

Table 9 outlines the actions and their associated enablers to ensure the implementation of Action Area 6.

“

All Territorians should have access to high-quality and culturally safe care – but we know some people need more help than others.

Our priority groups, as well as their families, kin and carers, require our attention.

”

We are committed to supporting those who need it the most...

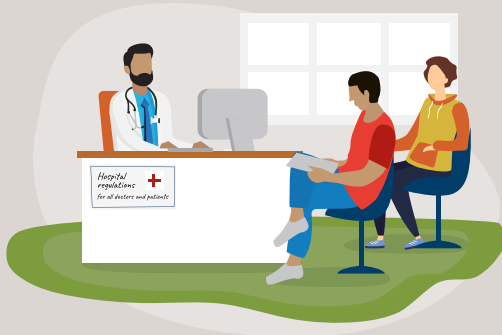


Table 9 | What we will do to implement Action Area 6

ACTION	RELEVANT ENABLERS
Ensure that priority groups have access to high-quality and culturally safe support and resources that meets their needs.	• Workforce • Data • Lived experience • Community engagement and empowerment
Encourage service providers to collaborate with priority groups, families and communities and other agencies to develop effective prevention and wellbeing strategies.	• Workforce • Lived experience • Partnerships and collaboration • Community engagement and empowerment
Enable collaboration between primary health services, hospitals, Aboriginal community-controlled health services, community services and other service providers (e.g. police, corrections, education, child protection) to ensure information is shared.	• Data • Local leadership and self determination • Partnerships and collaboration • Aboriginal centred approaches
Work with different groups to understand specific needs (e.g. schools, youth services and the youth sector to support young people).	• Workforce • Partnerships and collaboration

What this might look like in practice

At the community level:

- Tailor community education and resources on suicide prevention.
- Provide resources, education and support to those caring for or supporting those in distress and access to place-based cultural healing practices.
- Ensure that all people in distress have access to afterhours care or wellbeing supports.
- Increase the availability of emergency relief assistance in remote communities.

At the service provider level:

- Ensure that interpreters are available when working with individuals, families and communities who do not speak English as a first language.
- Community and emergency department services will provide follow-up to those who have made suicide attempts or are / have been in crises.
- Utilise suicide-risk and wellbeing screening in mental health and social supports services.
- Appropriate postvention i.e. bereavement support offered/provided to every family who has lost someone to suicide or has experienced a related critical event.
- Deliver immediate responses and follow-up for reported at-risk youth.
- Provide support and information in relevant languages other than English.

- Collaborate with other service providers to enhance discharge planning and sharing of information.
- Work with the Aboriginal Community Controlled sector to strengthen the social and emotional wellbeing of Aboriginal and Torres Strait Islander people, families, and communities.

At the system level:

- Work with priority groups to develop local action plans.
- Design service models that meet the specific needs and expectations of priority groups.
- Explore supporting cultural mediation to be available to support Aboriginal individuals and groups experiencing family, burial, land and other disputes.
- Use the social and emotional wellbeing framework to inform policy, practices, service modelling, and programs designed for Aboriginal and Torres Strait Islander people, families, and communities.



Governance, monitoring and evaluation

Governance, reporting, monitoring and evaluation of Keeping Everyone Safe

NT Health is working broadly with partner agencies and across portfolios to develop indicators of investment, implementation, and broad impact.

The NTSPCC will work together to produce reports on the short-term, intermediate, and long-term outcomes for individuals and communities. Indicators should include suicide behaviour measures (thoughts, attempts and deaths), as well as upstream measures of wellbeing and distress.

The aim is to create a shared understanding of the changes needed to evaluate impact and outline the actions required to achieve suicide prevention reform. This data will set a long-term direction as well as guide decisions about priority areas for improvements and resource allocation over the next five years.

Development of indicators

The development of indicators is vital to understanding whether the Implementation Plan has been successful in achieving its vision.

- Alignment with a model of reporting on a whole of systems approach to suicide prevention.
- Setting a foundation of indicators for monitoring progress.
- Consideration / advice on how monitoring and reporting on progress occurs in implementation to hold government portfolios and other agencies accountable. This should involve adhering to national standards and indicators across agencies – including patient reported experience measures (PREMs) and patient report outcomes measures (PROMs).
- Description of the changes needed to suicide data and data management to support monitoring and reporting functions as part of the broader improvement approach to data, evaluation and research.
- Comprehensive view of the operation of the suicide prevention system to support continuous improvement.

Tools and Resources

Multiple tools and templates either have been made or are in the process of being made to assist. A selection of these tools and resources has been listed below.

Decision-making tool

This tool is intended for use by portfolios and agencies at all levels across agencies to assist in asking how and why to develop action plans for initiatives on suicide prevention.

It does this by:

- Helping agencies to identify key themes for attention in suicide prevention that are relevant to the functions and contacts that you operate.
- Providing information that can be translated into key actions, priority functions and service enhancements that will contribute to suicide prevention.
- The four steps do so are as follows:
 1. Prepare
 2. Assess & identify
 3. Plan
 4. Monitor

Risk and protective factors template

This template is intended to be used as a tool by agencies to identify where a contribution can be made to suicide prevention. Key risk factors and protective factors are outlined across the four priority domains for action. The template will provide practical and tangible suggestions for portfolios and agencies to better contribute to suicide prevention.

NT reporting templates

There have been multiple options previously developed by the NTSPCC. The options range from simple and broad to those that are granular in approach.

Development of cross agency response protocols

These protocols will drive new and existing cross-agency input and commitment to suicide prevention activities reporting.

Appendix: Terminology

Terminology and language

While there is ongoing debate on the words used in suicide prevention, Keeping Everyone Safe draws on research, the insights of sector experts, and the powerful voices of people with lived and living experience of suicide to describe aspects of suicide and suicidality. The following terms are used throughout:

- **Aboriginal Community Controlled Health Services** are primary health care services initiated and operated by the local Aboriginal community to deliver holistic, comprehensive and culturally safe health care to the community which controls it, through a local elevated Board of Management.
- **Crisis intervention** refers to direct efforts to prevent a person from attempting suicide. Interventions may be immediate at the time of an acute crisis, where there is high risk for suicide, after a suicide attempt, or over a period. These supports (e.g. crisis line help, individual and group counselling, and employee assistance programs) are aimed at helping a person reduce their pain and suffering, building their capacity to cope, and recover their wellbeing.
- **Cultural competence** is the culture-specific knowledge, skills and attitude required to care for diverse populations. This includes consideration of different cultural attitudes, worldviews, cultural realities and environments and being reflective of personal attitudes towards cultural differences. Therefore, culturally competent services require an understanding of the communities they serve and cultural influences on individual behaviour.
- **Cultural safety** identifies that health consumers are safest where health professionals have considered power relations, cultural differences and patient rights. Culturally-safe services are respectful, inclusive and enable specific populations / communities to participate in decision-making. Most importantly, cultural safety is defined by the experience of the health consumer, not the health professional.
- **“Go To people”** is a term referring to people who can play a role in suicide prevention because of their contact or relationship with those who may be at risk of suicide. “Go To” people are often community members who may not be formally trained in suicide prevention but are accessed as natural support people (e.g. coaches, teachers, religious / spiritual leaders, elders, volunteers). Family and friends can also play a “go to” role, particularly for children and young people.
- **Lived experience** refers to first-person knowledge about suicidal thinking and / or behaviour from having lived through one or more suicidal experiences.
- A **multi-sectoral approach** recognises the complex nature of suicide and draws expertise from, coordinates between and collaborates with a variety of disciplines, professions and perspectives, in order to address suicide in a holistic and collective way.

- A **population health perspective** focuses on improving the health status of the population. Action is directed at the health of an entire population, or sub-population, including the reduction in health status inequalities between population groups due to factors including the social determinants of health. The population health perspective has been described as consisting of three components; *“health outcomes, patterns of health determinants, and policies and interventions”*.
- **Postvention** refers to suicide prevention activities that provide support for people affected by suicide (such as those bereaved in the aftermath of suicide loss). These activities are essential in coping with suicide loss and reducing further suicides, and may include peer support, employee assistance programs, and counselling.
- **Protective factors** characteristics, situations, or other elements in a person’s life that make it less likely that they will develop a disorder or experience a suicidal crisis.
- A **public health approach** focuses on preventing health problems in a way that extends better care and safety to entire populations rather than individuals. Public health approaches aim to prevent problems from occurring in the first place by targeting risk factors or social determinants.
- **Recovery** refers to a process in which people are empowered to actively participate in their own well-being. Recovery builds on individual, family and community strengths and can be supported by a range of services and treatments. Principles of recovery include hope, self-determination and responsibility despite behavioural health challenges.
- **Resilience** is a dynamic process through which psychological, social, cultural and physical resources are used to adapt to change and to sustain well-being in the face of illness, injury or hardship. Resilience can exist at multiple levels, including the individual, the family and the community.
- **Risk factors** are characteristics, situations, or other elements in a person’s life that make it more likely that he or she will develop a disorder or experience a suicidal crisis.
- **Self-harm or self-inflicted injuries** refer to behaviour that is self-directed and deliberately results in injury or the potential for injury to oneself. Self-harm/self-inflicted injuries can include behaviours with and without the intention of suicide. While people who self-harm may not intend to end their lives, the consequences of this risky behaviour can be fatal, and it needs careful assessment and care by a health professional.
- **Social and emotional wellbeing** refers to the Aboriginal and Torres Strait Islander view of health. This view is holistic and includes mental health and other factors such as the social, spiritual and cultural wellbeing of people and the broader community.
- **Social determinants of health** include all the factors (social, environmental, cultural and physical) different populations are born into, grow up and function with across the lifespan which potentially have a measurable impact on the health of human populations.
- **Stigma** refers to negative, unfavourable attitudes and the behaviour these produce. It is a form of prejudice that spreads fear and misinformation, labels individuals and perpetuates stereotypes. For example, stigma against those who have experienced suicide-related behaviour, survivors of suicide attempt and survivors of suicide loss may prevent people from seeking help for themselves or for loved ones, denying them access to the support networks and treatment they need to recover.
- **Suicidality** is a collective term for the experience of suicidal thoughts and behaviours, and sometimes suicide death. For example, ‘mental illness may increase the risk of suicidality.’

- **Suicidal thoughts and behaviours** refers to a range of behaviours related to suicide and include thinking about or considering suicide (thoughts), planning for suicide, intending, attempting suicide and suicide itself.
- **Suicide** is death caused by self-directed injurious behaviour with any intent to die as a result of the behaviour. Many factors and circumstances can contribute to someone considering, attempting or dying by suicide (including loss, addictions, childhood or other forms of trauma, depression, serious physical illness, mental illness and major life changes).
- A **suicide attempt** refers to nonfatal suicidal behaviour.
- **Suicide crisis** is used to describe a situation in which a person is contemplating or planning to kill themselves.
- **Suicide prevention** is an umbrella term for the collective efforts of governments, community organisations, mental health practitioners and related professionals and families and individuals across our community to enhance safety from suicide-related behaviour and reduce the incidence of suicide.
- **Standardised death rate** is the number of deaths by suicide during a given year (estimated mid-year population) per 100,000 population.
- **Support** is the action of providing assistance, encouragement and / or comfort to individuals, families or communities facing difficulties. Support can include increasing awareness, reducing stigma, providing information and delivering services.
- The premise of the **systems approach** is that only by addressing the entire community's interactions can a complex behavioural problem such as suicide be reduced. This includes interventions at the individual, family, and community levels, as well as changes in interactions among levels. Using a systems approach means that interventions need to target all these different factors across the suicide prevention continuum. This involves working with the individual, their family and peers, as well as the community and society that they live in.
- **Thoughts of suicide (suicidal ideation)** refers to thinking about, considering, or planning for suicide. These can range from fleeting thoughts to detailed planning. Although the majority of people who experience thoughts of suicide do not go on to attempt suicide, it is a risk factor.
- **Trauma informed care** and practice refers to an organisational and practice approach to delivering health and human services directed by a thorough understanding of the neurological, biological psychological and social effects of trauma and its prevalence in society. It is a strengths-based framework that emphasises physical, psychological and emotional safety for consumers, their families and carers, and service providers.

Priority groups

Suicide is known to affect anyone within the community. However, evidence-based research indicates that there are some groups within the community that are at a higher risk of suicide than others. These groups have been referred to in this document as priority groups. It is important to understand those that are at an increased risk of suicide, as it allows for targeted prevention strategies and interventions to help reduce suicide rates.

Talking about suicide

The way we speak about suicide and self-harm has a major influence on how the community understands and responds to people who might be at risk. It also has an impact in reducing stigma and shame around suicidality. Table 2 outlines preferred terminology when discussing suicide, as documented by the Hunter Institute of Mental Health (2014).

DO SAY	DON'T SAY	ISSUE
Died by suicide	Committed suicide	Associates suicide with a crime or sin
Took their own life	Successful suicide	Presents suicide as a desired outcome
Concerning increase in rates	Suicide epidemic	Sensationalises suicide
“Non-fatal” or “Made an attempt on their own life”	Unsuccessful suicide	Presents suicide as a desired event, glamourises a suicide attempt

