

28 March 2011

A.O.C.

Committee Secretary
Standing Committee on Health and Ageing
House of Representatives
Parliament of Australia

Supp. Submission No. 3.1 (Youth Suicide)

Date: 30/03/2011

By email to: haa.reps@aph.gov.au

Dear Committee,

Re: Inquiry into Youth Suicide Prevention: Response to Discussion Paper

Please find enclosed a response from The Royal Australian and New Zealand College of Psychiatrists (RANZCP) in regard to the House of Representatives Discussion Paper for the Inquiry into Early Intervention Aimed at Preventing Youth Suicide

The RANZCP is pleased that the discussion paper supports many of the recommendations made in its previous submission to this Inquiry and is broadly supportive of the concepts of the proposals outlined. If implemented, the RANZCP is hopeful that these will have a significant positive impact on addressing youth suicide and mental distress.

The RANZCP is committed to improving the development and implementation of robust youth suicide prevention strategies and would be pleased to contribute further to this Inquiry accordingly.

If you require any further information in respect of this submission, or would like to schedule a meeting, please contact Felicity Kenn via felicity.kenn@ranzcp.org or (03) 9601 4958.

Yours sincerely

Dr Maria Tomasic

President

Ref: 2020

Inquiry into Early Intervention Aimed at Preventing Youth Suicide

Response to the House of Representatives Discussion Paper March 2011



1. Introduction

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to respond to the House of Representatives Discussion Paper for the Inquiry into Early Intervention Aimed at Preventing Youth Suicide. The RANZCP is pleased that the discussion paper supports many of the recommendations made in its previous submission to this Inquiry.

The RANZCP is broadly supportive of the concepts of the proposals outlined in the discussion paper and believes that, if implemented, these will have a significant positive impact on addressing youth suicide and mental distress. These include:

- More frontline services including psychological and psychiatric services
- Support for communities affected by suicide
- · Targeting those who are at greatest risk of suicide
- Promoting mental health and wellbeing among young people
- Additional youth 'headspace' sites
- Additional Early Psychosis Prevention and Early Intervention Centres

2. Funding and reporting: key issues in addressing and preventing youth suicide

It is well documented that there is a close association between mental illness and youth suicide. The two elements must be addressed concurrently to ensure a holistic approach to improving outcomes. Improving prevention of youth suicide in line with the above policy proposals above relies on two key factors; adequate funding and robust reporting.

Mental health care in Australia is inadequately funded and needs substantial additional resources as part of a serious commitment to meet the needs of the Australian community. Substantial additional investment in the prevention, diagnosis and treatment of mental illness will achieve health benefits for individuals and families affected by mental illness in the short and longer term, and reduce suicide rates. Whilst the policy proposals outlined in the discussion paper are welcome, only with adequate funding will these deliver real change and improvements to address youth suicide.

Of critical importance to inform and provide the foundation for appropriately targeted suicide prevention and strategies is the need for improved cross sector suicide reporting. Accurate data reporting can only be achieved with collaboration between State and Federal governments and across departments. The discussion paper refers to consistency in evaluation and data availability but there is a need to go further than this. The RANZCP strongly urges implementation of robust and reliable system of suicide reporting that also covers serious event reporting.

3. Response to the policy proposals

RANCZP feedback on the specific policy proposals are outlined below. Comments have been limited to key areas that require consideration in respect of implementation and viability of these proposals. The RANZCP refers the committee to its previous submission to this Inquiry for a more detailed analysis and reasoning of its position on these matters.

More frontline services including psychological and psychiatric services

The need for more frontline services is crucial. Young people with mental disorders and suicidal behaviours must be channelled into appropriate treatment and services without delay. These services must be easy to navigate and accessible. Investment in mental health services is required across all levels of care, from community mental health services to acute beds. Internet based treatment and support programs should also be developed to enhance accessibility.

Developing post-discharge support through maintenance of contact and follow-up with self-harm and suicide attempt survivors has been found to be beneficial and must be improved. Education of General Practitioners in the improved detection and management of mental illness, particularly youth depression, is important. There is also a need for greater investment in prevention and early intervention programs for the prevention of mental illness across, including commitment to youth and early childhood services. Implementation of these initiatives requires an adequate and integrated mental health workforce.

Support for communities affected by suicide

Providing support to communities affected by suicide is an essential component of suicide prevention. Outreach services can provide counselling and other support to communities; this is particularly important in schools. A central contact agency to administer these services would be valuable and the RANZCP supports further investment and resources to administer this activity. Reduction of stigma associated with suicide is a key part of support to assist in rebuilding families and communities affected by suicide. Emphasizing suicide as a tragic and avoidable loss and including discussion of sources for help is important. Media can play an important role in this and should follow guidelines for the reporting of suicide. Families bereaved by suicide also play an important role in helping reduce the stigma of mental illness.

Targeting those who are at greatest risk of suicide

Groups at greater risk of suicide include youth who are:

- Indigenous:
- in rural and remote communities;
- involved in the juvenile justice system;
- alcohol or drug affected;
- · socially isolated; or
- mentally ill

Reaching these groups requires culturally and age appropriate services and initiatives. This requires greater investment in community services that provide holistic care to Aboriginal and Torres Strait Islander people, and adequate access to professional expertise to diagnose and treat mental disorders in rural and remote communities. For those with mental illness, it is estimated that around one third of all youth suicides have either a diagnosis of borderline personality disorder (BPD) or BPD traits. There is currently a huge gap in service provision for those with BPD and it is crucial that specialist services are developed for this particularly vulnerable group.

Enhancing social inclusion for disaffected youth is critical. Investment in a national mental health literacy campaign to promote recognition of early signs mental distress, the need to seek help, and the value of early action would assist in identifying those at risk. Further research is required to determine best strategies for targeting at risk groups to ensure the delivery of programs that have applicability in a broad range of settings and are cost-effective. All prevention strategies must be properly evaluated with at least 15 per cent of all funding allocated to suicide prevention strategies being spent on evaluation. Decreasing youth suicide attempts/deaths through legislation to make it more difficult to obtain the means to suicide, including access to paracetamol, is also pertinent.

Promoting mental health and wellbeing among young people

Mental health promotion is important. Particularly relevant is the need to increase youth awareness of mental health issues, improve mental health literacy, reduce stigma, and promote help seeking. School-based universal programs are important, although there is mixed evidence about effectiveness. A mixture of selected and indicated (targeted to at-risk groups) programs is likely to be most effective. Inclusion of content relating to mental health and wellbeing and the development of resilience skills within the school curriculum is also advised. Teachers are in a good position to recognise early indicators and it is suggested that mental health promotion and suicide prevention be incorporated into national standards for teachers.

Additional youth 'headspace' sites and Early Psychosis Prevention and Early Intervention Centres (EPPIC)

The RANZCP fully supports prevention and early intervention services like headspace and EPPIC, but questions the suitability of importing single system models across all of Australia. Services must be age and culturally appropriate and attractive for young people. The RANZCP suggests that consideration is also given, where appropriate, to alternative effective models that meet the needs of the population.

4. Summary

The RANZCP is supportive of this Inquiry and the concepts of the discussion paper as a means of preventing youth. Suicide prevention should address factors that cause people to become suicidal, including enhancing social inclusion and improving services and support for both general and high-risk groups – particularly though improving mental health literacy, reduction of stigma, and promotion of help seeking. Accurate reporting of suicide and self-harm figures, comprehension evaluation of the effectiveness of current programs, and adequate funding to implement such programs, are all imperative to the success of future suicide prevention strategies.

The RANZCP hopes that these comments are helpful in assisting the House of Representatives to develop its final report in respect of the Inquiry into Early Intervention Aimed at Preventing Youth Suicide. The RANZCP is committed to improving the development and implementation of robust youth suicide prevention strategies and would be pleased to contribute further to this Inquiry accordingly.

For further information in respect of this submission or to schedule a meeting, please contact: Felicity Kenn, Manager, Policy
RANZCP, 309 La Trobe Street, Melbourne, VIC 3000