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BoysTown

BoysTown Submission to the House of Representatives Inquiry into Youth Suicide and Early Intervention Services

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Introduction

BoysTown is pleased to provide the House of Representatives Standing Committee on Health and Ageing with this submission in relation to the need for and success of early intervention programs aimed at preventing youth suicide.

Despite national data suggesting that the rate of youth suicide is in decline, Kids Helpline is experiencing a substantial increase in the numbers of contacts from young people about suicide related issues. Consequently our research findings demonstrate the need for the Commonwealth Government to increase its investment in suicide prevention programs for young people. A number of recommendations are made in this submission relating to this issue. We also include information about programs currently offered by BoysTown that our research indicates are effective in diverting young people from suicide by targeting the multiple factors that influence suicidal thinking. In addition we would also draw the Standing Committee's attention to the recent Discussion Paper released by the National Advisory Council on Mental Health "A Mentally Healthy Future for All Australians". This paper effectively outlines the high degree of multi-sectoral and cross-disciplinary collaboration required for not only a continuing reduction in Australian youth suicide, but also for an improvement in young people's emotional health, resilience and well-being.

It should be noted that parts of this submission have been previously submitted to the Senate Social Affairs Committee's investigation into suicide in Australia.

Recommendations listed in the report include:

Recommendation 1:

That the Australian Government enter collaborative relationships with community organisations providing support to young people at risk of suicide, to develop and test strategies to increase young male help seeking behaviour in relation to this issue.

Recommendation 2:

That Governments recognise the continued risk to young people aged 15-25 years of suicide and provide increased funding to implement targeted suicide prevention strategies for this age group.

Recommendation 3:

That Governments enter collaborative partnerships with organisations working in Indigenous communities and with indigenous community leaders to resource and implement local service planning activities concerning the identification of predisposing and situational risk factors for suicide particularly in relation to youth and to fund initiatives to reduce these risks.

Recommendation 4:

That Governments fund a training strategy to be delivered to Indigenous people to inform the development of community based suicide prevention strategies.

Recommendation 5:

That the Commonwealth Government work with telecommunication providers to ensure that there is adequate public telephone coverage across Australia particularly in rural and remote areas.

Recommendation 6:

That Government establish collaborative partnerships with service providers currently using online modalities to research, develop and implement strategies that will increase help seeking and the availability of online counselling to children and young people at risk of suicide.

Recommendation 7:

That Government fund research into community engagement models of intervention for children and young people at risk of suicide.

Recommendation 8:

That the Australian Government enter into collaborative partnerships with current e-health service providers to research, identify and deliver effective e-health initiatives to reduce suicide.

Recommendation 9:

That early intervention strategies developed as a result of this Inquiry include a strong focus on outreach programs targeting vulnerable young people in the types of locations where they congregate.

Recommendation 10:

That the Australian Government introduces a national Parentline service offering evidence based counselling, parenting skills development, information and referral services

Recommendation 11:

That the Australian Government invests in national telephone and online counselling services to ensure that vulnerable young people at risk of suicide can access a safety net to aid the coordination of services to meet their needs.

About BoysTown

BoysTown is a national organisation and registered charity which specialises in helping disadvantaged young people and families who are at risk of social exclusion. Established in 1961, BoysTown's mission *is to enable young people, especially those who are marginalised and without voice, to improve their quality of life.* BoysTown believes that all young people in Australia should be able to lead hope-filled lives, and have the capacity to participate fully in the society in which they live.

BoysTown currently provides a range of services to young people and families seeking one-off and more intensive support including:

- Kids Helpline, a national 24/7 telephone and on-line counselling and support service for five to 25 year olds with special capacity for young people with mental health issues;
- Accommodation responses to homeless families and women and children seeking refuge from Domestic/Family Violence;
- Parenting Programs offering case work, individual and group work support and child development programs for young parents and their children;
- Parentline, a telephone counselling service for parents and carers in Queensland and the Northern Territory;
- Paid employment to more than 300 young people each year in supported enterprises as they transition to the mainstream workforce;
- Training and employment programs that skill approximately 6,000 young people each year, allowing them to re-engage with education and/or employment, and
- Response to the needs of the peoples of the remote Indigenous communities of the Tjurabalan in Western Australia.

BoysTown has identified the importance of preventative interventions, aiming to build relationships with people using modalities that facilitate trust and consequently engender disclosures about hidden and complex issues impacting on the well being of service users. Some of the most serious issues facing young people who access BoysTown's services are mental health, self-injury and thoughts of suicide. BoysTown is able to support these young people through our mix of early intervention and crisis services that can be tailored to best suit each individual's needs.

Kids Helpline

Kids Helpline is Australia's only national 24/7, confidential support and counselling service specifically for children and young people aged 5 to 25 years. Since March 1991, young Australians have been contacting Kids Helpline about a wide range of issues: from everyday topics such as family, friends and school to more serious issues of child abuse, bullying, mental health issues, drug and alcohol use, self-injury and suicide.

Children and young people have direct access to a counsellor and can choose to speak with either a male or female counsellor. They are also able to arrange to speak again with the same counsellor to work through their issues. No other organisation speaks with as many young Australians.

Kids Helpline has a unique capacity to act as a safety net for vulnerable children and young people at risk of suicide. These young people often reach out when other services are closed or when suicidal thoughts become too much for them during the isolation of the midnight 'til dawn hours. For this reason, other agencies often include Kids Helpline in their safety plans for their young clients experiencing thoughts of suicide.

Professionally trained counsellors respond to these types of contacts by gently building trusting relationships, conducting risk assessments, identifying existing supports, discussing possible referrals with the young person and liaising with those referral

agencies, offering ongoing counselling relationships with the same counsellor and conducting "wrap-around care" in conjunction with other agencies in the young person's life. Often, extensive advocacy is carried out on behalf of young clients to ensure specialist mental health services become/ remain involved when it is clear either a mental illness exists or symptoms are emerging.

A Kids Helpline organisational policy change in 2003 extended the target client age range from 18 to 25 years as an acknowledgement that people in this age group still struggle with the challenges of maturation and require services tailored to their special needs. This policy change has also ensured that young people who may otherwise fall through the gap when transiting between Child and Adolescent Mental Health Services and Adult Mental Health Services have continuity of care and support during those high risk years of the first onset of mental illness.

Kids Helpline has an extensive referral database of more than 8,000 support services such as suicide prevention, self help resources and mental health information, as well as a variety of programs specific to the needs of local communities. This database is continuously audited and updated. As of April 6 2010, 1689 mental health specific agencies were recorded.

In recognition of our organisation's work with children and young people BoysTown was awarded in 2009 a Life Award by Suicide Prevention Australia.

This submission to the House of Representative's Inquiry into Youth Suicide in Australia provides information based on our work with young people about the incidence of suicidal thinking amongst young Australians and the types of programs that can both prevent suicide and reduce the rate at which acute distress turns into chronic depression and suicidal ideation.

Part I

The Incidence of Suicide and Suicidal Thinking in Australian Youth

This section of the report provides an overview of data collected by Kids Helpline in relation to suicidality. In brief, Kids Helpline is receiving an increasing number of contacts from Australian Youth about suicide related issues. Consequently while official statistics are indicating a decrease in the rate of completed youth suicide our data clearly shows that suicide related issues remain a critical issue impacting on the well being of children and young people[1]. Current national suicide data is indicating that the highest rates of completed suicide in Australia today occur amongst men in their twenties, thirties or forties. To combat this trend contemporary research suggests that the promotion of positive mental health through the childhood and teenage years builds resilience and protective factors that reduce suicidal behaviour throughout the lifespan.[2] In light of these considerations, it is our view that without continued investment in activities designed to support and enhance youth mental health there is a risk that there will be both an increase in deaths from suicide amongst young people as well as the continuation of current rates of suicide in the adult male population.

Kids Helpline Data Collection System

BoysTown through its Kids Helpline database, holds a unique data set on suicidality amongst youth. Our data is derived from young people who are either contemplating suicide but have not yet committed an attempt, or who are making an attempt at the time of the contact. This differs to other studies which predominantly rely on data about people who are in recovery or who have completed suicide. Consequently our analysis of risk and protective factors will be more immediate. However it should also be pointed out that this data originates from young people who are actively seeking help through their contact with Kids Helpline. Consequently there exists possible respondent bias in the data set. In view of the complexity of youth suicide as a phenomenon and indications that it is under-reported in Australia we believe that the findings of our study provides a valuable source of information for this Inquiry and will deepen our community understanding of this issue.

Kids Helpline gathers a range of non-identifying demographic and issues based information from children and young people contacting the service. Where the contact requires a counselling type response, there are 39 "problem" types for the counsellor to choose from when assessing and recording the "primary reason for the contact".

One of these choices is "**Suicidality"**. The counsellor is also required to record whether the young person has expressed "**current thoughts of suicide"** *in addition* to any other primary reason for contacting the service (including "Suicidality"). As part of an initiative under the earlier National Youth Suicide Prevention Strategy and continued under the National Suicide Prevention Strategy, the Kids Helpline database was expanded between 1998 and 2007 to record detailed information about each suicidal

[1] Centre of Knowledge on Healthy Child Development
http://www.knowledge.offordcentre.com/ Accessed April 12 2010

[2] Hunter Institute of Mental Health and DoHA site "ResponseAbility" website
http://www.responseability.org/site/index.cfm?display=21924 Accessed April 13 2010

presentation, including the range of risk and protective factors present and the intended means of suicide. Information from this part of the database has been analysed for the years 2003- 2006 and is included in this submission to assist the Standing Committee in understanding the range of risk factors for suicide still present in young people's lives.

During the two year period 2008 - 2009 Kids Helpline responded to more than half a million contacts from children and young people up to the age of 25 years via telephone, email and web chat. Of those, 104,090 were contacts of a nature that required a counselling type response. Each of these contacts had one of the primary reasons for contacting ("problem types") assigned to them. In some cases a second reason for contacting was assigned.

As noted, in addition to the primary reason for contacting, if the young person also expressed thoughts of suicide during the contact, that information was also entered into the Kids Helpline database. This data is referred to as "Current Thoughts of Suicide".

Other information that is gathered in every counselling contact is whether there has been recent self-injuring behaviour. Kids Helpline defines self-injury as deliberate, non-life threatening self-effected bodily harm or disfigurement of a socially unacceptable nature; i.e young people deliberately doing physical harm to themselves in ways that are not intended to end their lives.

BoysTown believes that the increasing rates of serious problem types with which young people contact Kids Helpline demonstrates early intervention programs for youth suicide will continue to be required in Australia for some time to come. These issues are outlined in the next section.

Reasons Why Young People Are Contacting Kids Helpline

The information, tables and graphs below outline the increasing rates at which young people have been contacting the Kids Helpline over recent years needing help for issues relating to:

- *"Difficulty Managing Challenging Emotions and Behaviours",*
- *"Mental Health Issues",*
- *"Suicidality",*
- *"Current Thoughts of Suicide" and*
- *"Recent Self-Injury".*

Following a six-year trend, the number of children and young people seeking assistance with "Difficulty Managing Challenging Emotions and Behaviours" increased during 2009 with a 19% increase from 2008. This was the second most common concern presented through all media after "Family Relationships" (15% of all counselling sessions) and was the most common concern presented through online (web and email) counselling media.

In another six-year trend, the number and proportion of "Mental Health" concerns (including diagnosed mental illness) presented to Kids Helpline counsellors increased by 12% during 2009. Help-seeking about mental health is now presented at triple the rate (12% of all counselling sessions) compared with 2003 (4% of all counselling sessions).

"Suicidality" as the primary reason for contacting Kids Helpline saw a 20% increase in 2009 from the previous year.

Table 1: Kids Helpline data relating to serious issues brought to Kids Helpline for counselling:

	2008		**2009**	
	Number of Contacts	As a % of Total Counselling Contacts	Number of Contacts	As a % of Total Counselling Contacts
Managing Challenging Emotions and Behaviours	6683	13.1%	7971	15%
Mental Health Issues	5460	10.7%	6091	11.5%
Suicidality	1869	3.7%	2249	4.2%

Current Thoughts of Suicide

As noted above, counsellors also record whether the young person is experiencing **thoughts of suicide at the time of the contact** *in addition* to the primary reason for contacting. There was a 14% increase in 2009 in the number of these contacts from the previous year.

Table 2: Current Thoughts of Suicide

2008		**2009**	
Number of Contacts from young people experiencing thoughts of suicide at the time of the contact	As a % of Total Counselling Contacts	Number of Contacts from young people experiencing thoughts of suicide at the time of the contact	As a % of Total Counselling Contacts
3991	11.9%	4564	8.6%

Self Injuring Behaviours

Counsellors also discussed with young people whether they had been engaging in recent self injuring behaviours. In 2008 there were 7,710 contacts from young people who had recently engaged in self-injuring behaviours. By 2009 reports of this behaviour had

increased to 8,166 contacts, and although the increase was not statistically significant, help-seeking rates in relation to deliberate self-injury during 2009 were consistently high at 15% of all counselling sessions

Most contacts concerning self harm/injury were from young women over 15 years of age. This is outlined in the Table below:

Table 3: Age and Gender of Clients who are engaging in self-injuring behaviours 2008-2009

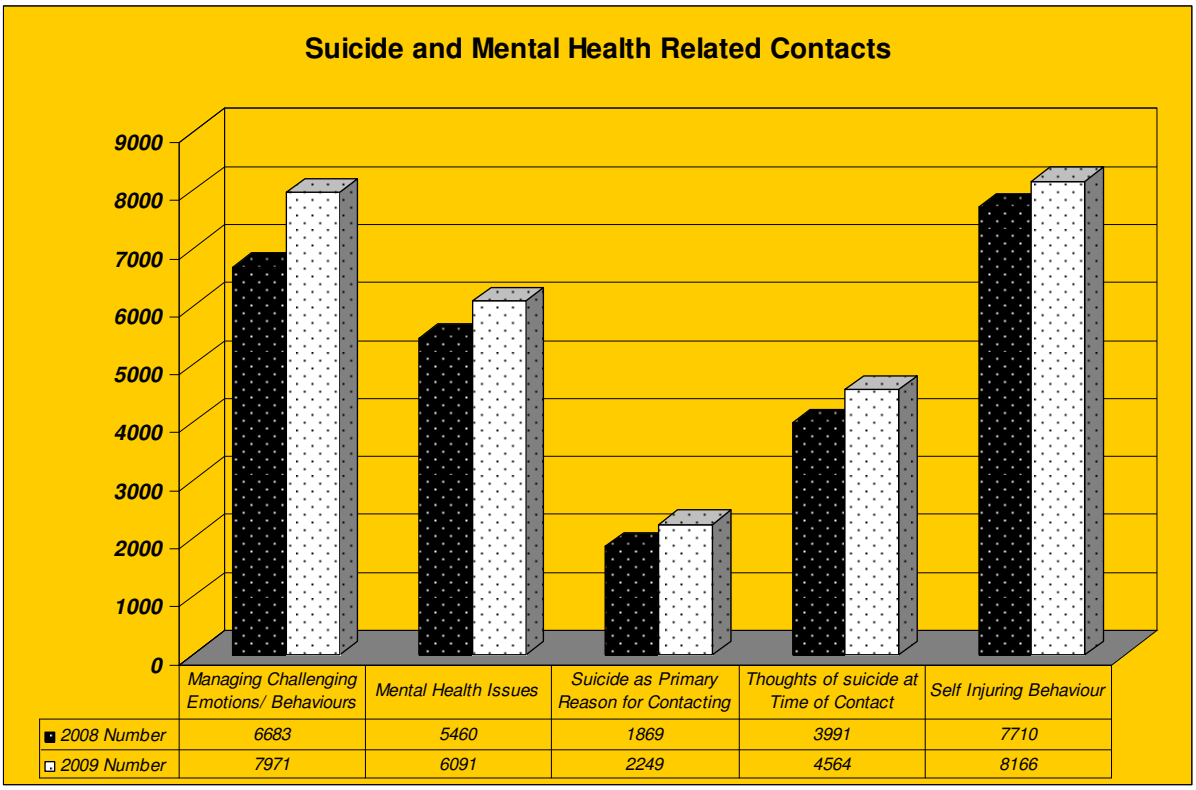
(n=15,280 where data was recorded)	**Female**	**Male**	**Total**
5 TO 9	0.1%	0.1%	0.2%
10 TO 14	13.1%	1.3%	14.4%
15 TO 18	47.8%	3.5%	51.3%
19 TO 25	31.7%	2.5%	34.2%
Total	92.7%	7.3%	100.0%

Total Suicide Related Contacts

Suicide-related help-seeking rates (combining Suicide as the Primary Reason for Contacting and Current Thoughts of Suicide identified in other contacts) continued a five-year upward trend. In 2009 counsellors responded to a total of 5,067 contacts involving suicide-related issues. This represents an 82% increase since 2005.

In total, ***one-in-five*** of the 50,979 counselling sessions during 2009 were with a young person presenting with either a **suicide-related issue or self-injurious behaviour.**

Graph 1: Trends of Suicide and Mental Health related Contacts 2008-2009



Further Demographic Information:

Further information about those young people who were experiencing "Current thoughts of suicide" at the time of their contact with Kids Helpline over the past two years (2008-2009) are detailed in the tables and graphs below. Sample sizes may vary where data was not recorded against each variable, and is noted.

Age and Gender

Across 2008 and 2009 the proportion of female to male contacts presenting with all types of issues was 79% vs 21%. However this dominant rate of female contacts increases further for those contacting with suicidal thoughts to 86% vs 14%. This help-seeking trend has been consistent over time.

Table 4: Age and Gender of those reporting Current Thought of Suicide 2008-2009

(n=8073)	Female	Male	Total
5 TO 9	0.2%	0.2%	0.5%
10 TO 14	12.3%	2.7%	15.0%
15 TO 18	42.1%	6.6%	48.8%

19 TO 25	31.2%	4.6%	35.8%
Total	85.8%	14.2%	100.00%

*Some data may not add up to 100% due to rounding

The data above also confirms findings from other research. ABS statistics indicates that women have greater rates of thoughts of suicide and suicide attempts.[3] Consequently it would be expected that there would be a high contact rate from young women to Kids Helpline in relation to suicidality.

The difficulty in engaging young men in help seeking behaviour is well-established (*"Young Males and Help-Seeking", BoysTown; 2003*). Young men are less inclined to contact support services for assistance and this behaviour is consistent with international trends. However in relation to suicidality the numbers of young men seeking assistance appears to be even lower. This is despite the fact that Australian males completed suicide outnumbers female completed suicide by a ratio of 4:1. Consequently while thoughts of suicide may be at a higher level amongst women they will also be more inclined to seek help than men. This demonstrates the need for increased research into engagement strategies for young men to increase help seeking behaviour regarding suicidality.

Recommendation 1:

That the Australian Government enter collaborative relationships with community organisations providing support to young people at risk of suicide, to develop and test strategies to increase young male help seeking behaviour in relation to this issue

As noted in Table 3 above, contacts to Kids Helpline involving current thoughts of suicide are predominantly made by 15 to 18 year olds (49%), with 19 to 25 year olds making 36% of these types of contacts.

Consequently Government needs to have a policy and funding focus on remedying the risk factors that leads to suicidality amongst Australian youth.

Recommendation 2:

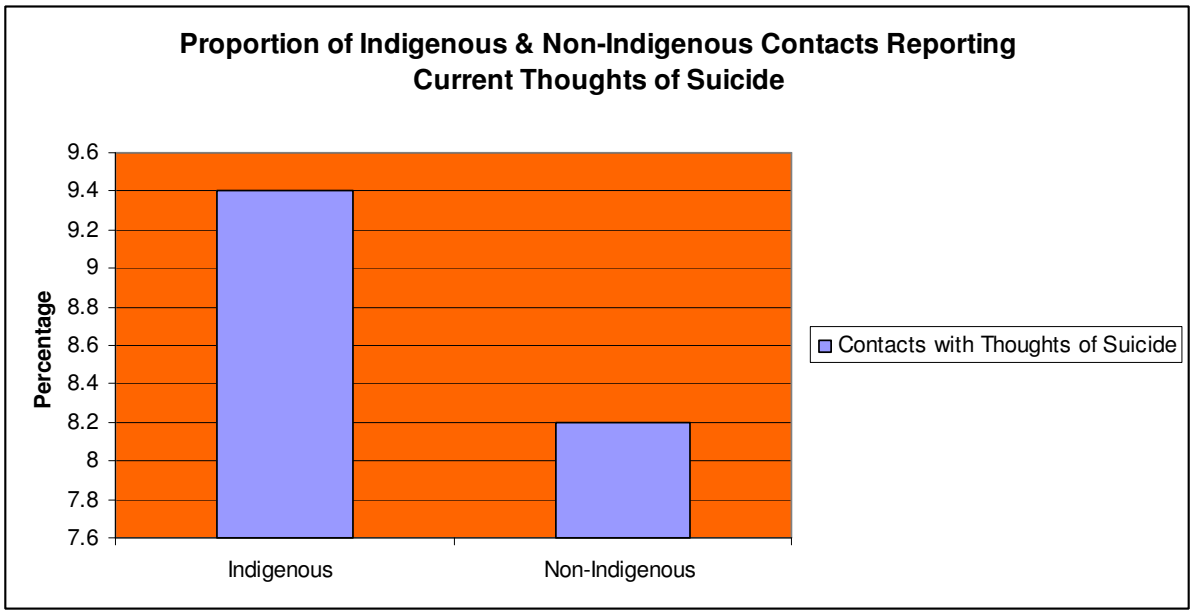
That Governments recognise the continued risk to young people aged 15-25 years of suicide and provide increased funding to implement targeted suicide prevention strategies for this age group.

Cultural Background

Although contact numbers for Aboriginal and Torres Strait Islander young people are lower than for Non-Indigenous young people, they are more likely to contact Kids Helpline with current thoughts of suicide than Non-Indigenous young people. This is outlined in the Graph below:

[3] Australian Bureau of Statistics: ABS & Australian Institute of Health & Welfare: AIHW, 1999.

Graph 2: Proportion of Indigenous and Non-indigenous Contacts Reporting Current Thoughts of Suicide 2008-2009



Kids Helpline data concerning suicidality within Indigenous youth is supported by findings of the Australian Institute of Health and Welfare that the suicide rate amongst Indigenous young people is four times that for Non-Indigenous youth[4].

Recommendation 3:

That Governments enter collaborative partnerships with organisations working in Indigenous communities and with Indigenous community leaders to resource and implement local service planning activities concerning the identification of predisposing and situational risk factors for suicide particularly in relation to youth and to fund initiatives to reduce these risks.

Recommendation 4:

That Governments fund a training strategy to be delivered to Indigenous people to inform the development of community based suicide prevention strategies

Public phones in regional and remote areas are still relevant

Public phones are still relevant to children and young people, particularly Aboriginal and Torres Strait Islanders and others in rural and remote communities. Despite the enormous growth in mobile phone use, payphones still play a significant role in children and young people accessing Kids Helpline. Over 4,600 telephone counselling sessions with children and young people were made from payphones in the past two years.

[4] http://www.aihw.gov.au/publications/aus/bulletin60/bulletin60.pdf Accessed April 13 2010

Access to payphones is particularly important for Indigenous children and those young people located in regional and remote areas of Australia. One-in-five calls to Kids Helpline from Indigenous children and young people and one-in-ten calls from regional and remote areas were made from payphones.

Ensuring easy and free access to telephone services is more critical for these two groups because they are often disadvantaged by a lack of local services and rely heavily on communication technologies to seek help via telephone and internet-based services.

However in recent times the number of pay phones that children can access to seek assistance has been reduced. It is critical that Government work with telecommunication providers to ensure an adequate coverage of public telephones across rural and remote Australia and within Indigenous communities.

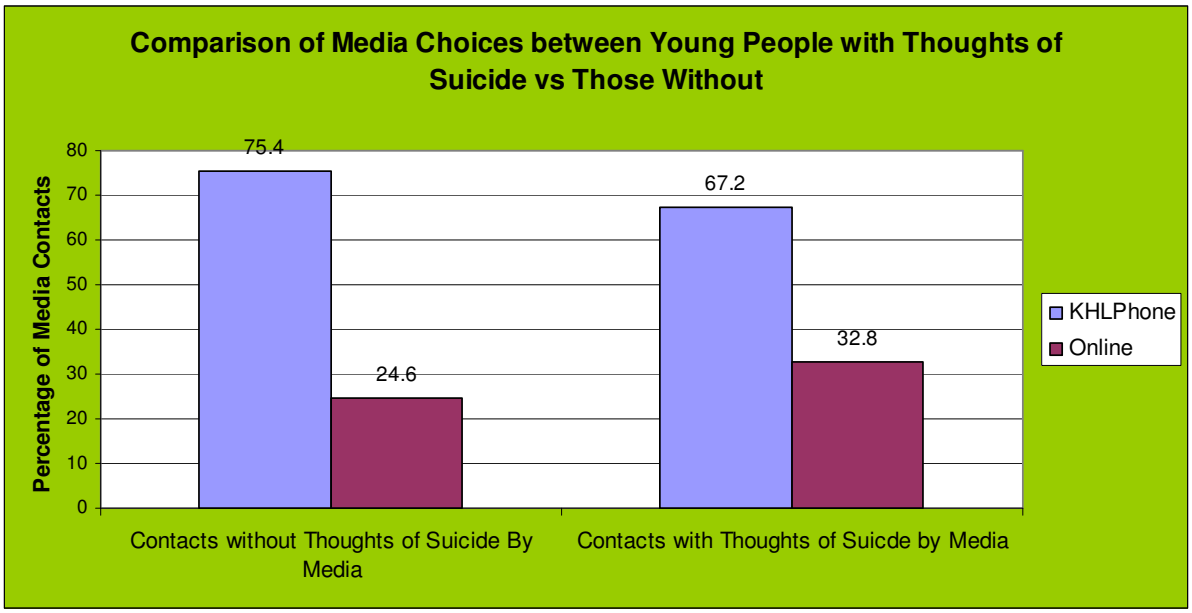
Recommendation 5:

That the Australian Government work with telecommunication providers to ensure that there is adequate public telephone coverage across Australia particularly in rural and remote areas.

Medium Used for Contact by Clients Expressing Current Thoughts of Suicide

Although the rate of contact to Kids Helpline through online mediums in general counselling is 25%, those young people who are contacting about more serious issues tend to prefer the anonymity of the online medium. During the past two years the rate of contacts where current thoughts of suicide were expressed through the online medium was 33%.

Graph 3: Comparison of Media Choices for Help-seeking between Young People with Thoughts of Suicide Vs Those Without 2008-2009



Contemporary research involving international child helplines suggests that children with complex issues such as thoughts of suicide feel more comfortable in using online modalities for help seeking as it provides them with a feeling of greater anonymity and

control over the communication. In terms of counsellors experience with online counselling modalities we find that web and email appear to be providing a door through which highly marginalised young people can have access to counselling.

Many clients initially access the Kids Helpline service by sending an email to a counsellor due to the increased emotional distance that they feel in writing emails. Through the emails, counsellors begin to build a therapeutic relationship and assess the presence of risk. As this relationship develops young people often take the next step in accessing the same counsellor through web counselling services where they experience real time communication with a counsellor which further reduces the client's anxiety about help seeking. The next step is to assist clients to move to phone counselling and finally to face to face counselling if required. Often clients may continue to share many of their issues through email whilst also accessing phone counselling, when they do not feel that they can discuss a particular issue directly with their counsellor on the phone. Some clients also use email as an emotional outlet during times of distress between phone counselling sessions.

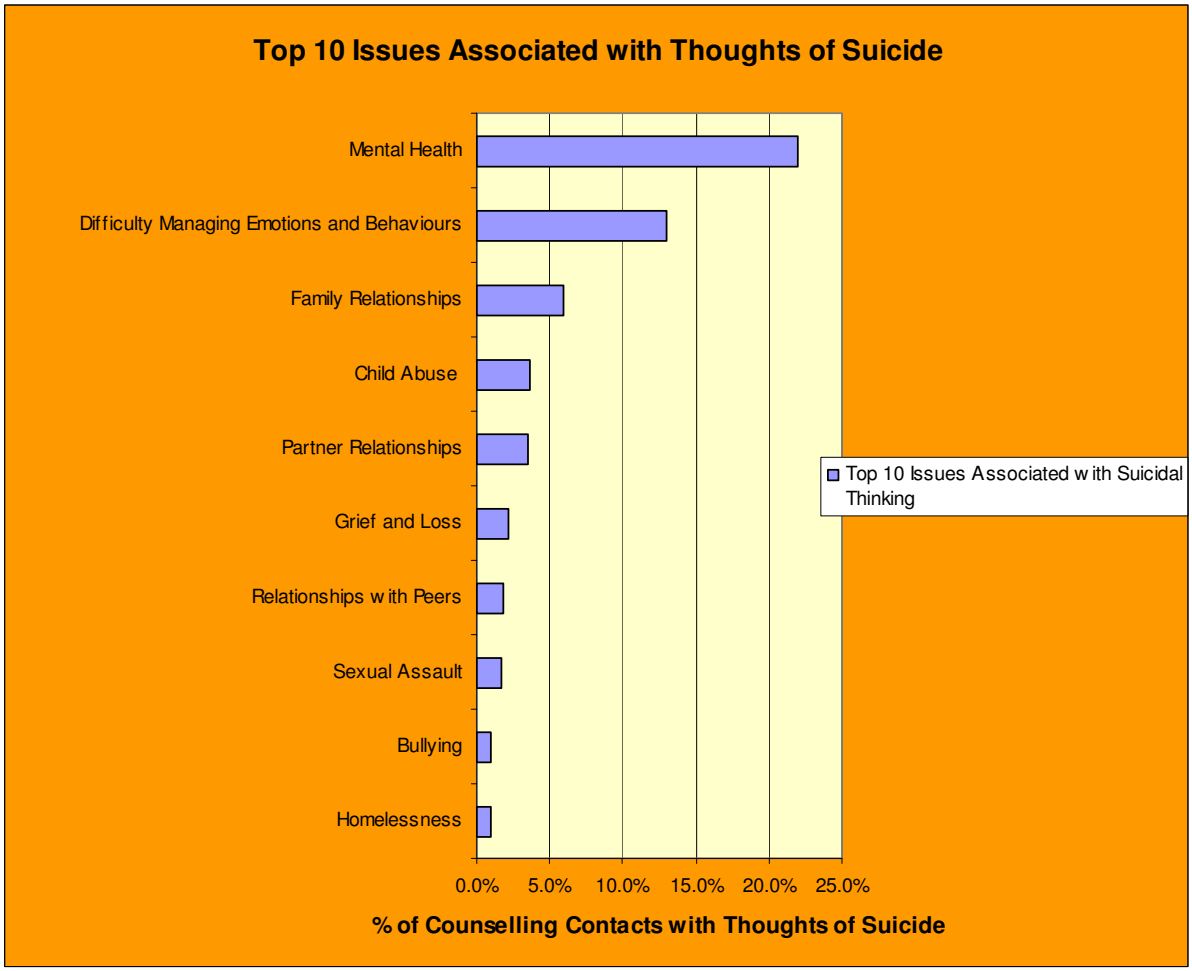
Recommendation 6:

That Governments establish collaborative partnerships with service providers currently using online modalities to research, develop and implement strategies that will increase help seeking and the availability of online counselling to children and young people at risk of suicide.

Major Issues Associated with Thoughts of Suicide

The Table over shows that problems relating to mental health and emotional and behavioural management were the top two issues across 2008-2009 worrying young people who also had thoughts of suicide at the time of the contact. Gender differences were found in the presenting problems associated with suicidality. Young women were more likely to disclose suicidality in relation to psychological/ emotional and sexual abuse/assault problems than males, and males were more likely to report suicidality in relation to partner relationship problems and bullying. This pattern has been consistent over time.

Graph 4: Top 10 Problem Types Associated with Thoughts of Suicide at Time of Contact with Kids Helpline 2008-2009 (n=4767)



* This graph does not include the 3,226 contacts where Suicide was the also the primary reason for contacting Kids Helpline.

This graph also highlights the diverse range of issues that can be associated with youth suicidality. Consequently effective responses to young people at risk of suicide needs to involve a 'wrap-around' model of case management whereby medical, school, child protection, housing and other specialist services coordinate their services to an individual within an agreed case plan.

Part II

The Nature of Suicide: Risk and Protective Factors

In order to assist the Inquiry in relation to the success of early intervention programs for youth suicide it may be helpful to first briefly outline a) the nature of suicide as understood by BoysTown and b) our awareness of effective early intervention programs (Part III).

The description of the nature of suicide outlined in the National Suicide Prevention Strategy and the Department of Health and Ageing "Living is for Everyone" Framework is closely aligned with knowledge gained by BoysTown through listening to millions of young people's voices who have contacted Kids Helpline over the past 19 years.

It is generally agreed that suicide-related behaviours result from complex interactions between a wide range of factors: some individual; some related to family or socio-economic or cultural background; some related to social, community and lifestyle issues; and others linked to mental illness.

The many factors that influence whether someone is likely to be suicidal are known as:

- *risk factors,* sometimes called vulnerability factors because they increase the likelihood of suicidal behaviour; and

- *protective factors*, which reduce the likelihood of suicidal behaviour and work to improve a person's ability to cope with difficult circumstances.

The threshold or trigger model suggests that the potential for suicide-related behaviours exists at a certain threshold level in many people. The threshold in each person is determined by factors such as genetic predisposition, biochemical factors in a person's physiology, personality traits, their emotional state (feelings of hopelessness), and the presence of ongoing support systems (social, economic, cultural).

The point at which a person's risk of taking their own life increases due to the occurrence of precipitating event(s), such as a negative life event or an increase in symptoms of a mental disorder, may be called a tipping point. Tipping points vary for every individual, but there are some indicators of times at which people may be under particular stress. Sometimes referred to as triggers or precipitating events, they include mental disorders or physical illnesses, alcohol and/or other substance abuse, feelings of interpersonal loss or rejection, or the experience of potentially traumatic life events (unexpected changes in life circumstances).

The Influence of Mental Illness

In particular, mental illness has been shown to have a strong relationship with suicide-related behaviours ; estimates of the percentage of people whose suicide is related to mental illness vary considerably from study to study, ranging from 30% to 90% of all suicides.[5]

Youth are considered an at-risk demographic and a range of factors are associated with an increased risk of suicide among young people. These are related to individual, family and social circumstances and include:

[5] Taylor *et al.* 2005; cited in http://www.livingisforeveryone.com.au/IgnitionSuite/uploads/docs/LIFE_research-web.pdf (Accessed 12 April 2010)

- mental illness combined with harmful drug use;
- previous suicide attempts or intentional self-harm;
- family history of suicide or suicidal behaviour;
- socioeconomic disadvantage, including low educational achievement, unemployment and imprisonment;
- experience of abuse in childhood; and
- easy access to firearms[6].

Two Separate Analyses of Kids Helpline Data relating to Risk and Protective Factors

As noted earlier, from 1998 to 2007 Kids Helpline systematically collected detailed information from children and young people reporting thoughts of suicide. This additional data included risk and protective factors and information concerning the intended means of suicide. A brief analysis of 11,034 male and female contacts between 2003 to 2006 who reported having current thoughts of suicide has been included in this submission to highlight the types of risk and protective factors at play in youth suicidal behaviours.

An additional qualitative analysis of a random sample of 871 case notes (from an approximate 1200 case notes) about young people reporting thoughts of suicide between 2005- 2008 adds richness to the information available to the Inquiry in regard to risk and protective factors. 230 case notes were taken from online contacts and 641 were from telephone contacts.

The results of these analyses further highlight the issues needing to be first addressed (risk) and reinforced (protective) in all future early intervention strategies.

*More than one risk factor was identified in some individual contacts. Consequently the totals in these Tables vary.

Table 5: Situational Risk Factors (Immediate Concerns of Online and Telephone Contacts) 2005-2008

Situational Risk Factors **(immediate concerns of contacts)**	**Online Contacts**	**%**	**Telephone Contacts**	%
1. Distress and feelings of helplessness and frustrations (family problems, school or work problems, being in a controlling and abusive manner physical, emotional and verbal abuse)/domestic violence, bullying, etc.)	89	38.69	168	26.2

[6] http://www.aihw.gov.au/publications/aus/bulletin60/bulletin60.pdf (Accessed 12 April 2010)

2. Low self-esteem, guilt feelings, shame and self-loathing (illicit affairs, prostitution, teen or unwanted pregnancy, etc.)	50	21.73	57	8.9
3. Traumatic experience or unresolved trauma (sexual assault or abuse, loss	39	16.95	209	32.6
4. Isolation (no real friends, living alone) and disconnected from family and friends, etc.	35	15.2	67	10.5
5. Grief and loss (life transitions, loss of family member(s) or a loved one, relationship break down)	30	13.04	92	14.3
6. Others (frustrated/fear of statutory actions, having a court case/ criminal conviction religious fanatic/radical political and social ideation included, medication not working or having negative, made a suicide pact with someone, etc.)	14	6	14	2.18
7. Poverty (unemployment, homelessness, incurring large debts, etc.)	6	2.6	26	4.1
8. School expulsion/ not accepted into a school, etc.	6	2.6	8	1.25
TOTAL	**230**		**641**	

Based on the analysis of online case notes, distress and feelings of helplessness and frustrations ranked first amongst the reasons for having suicidal thoughts, with 89 or 38.7%. This was followed by low self-esteem, guilt feelings, shame and self-loathing with 50 or 21.7%. Ranked third was traumatic experience and unresolved traumas with 39 or 17.0%. Fourth in rank was isolation and disconnectedness with 35 or 15.2%. Grief and loss ranked fifth with 30 or 13.0% of all the notes sampled.

Based on the telephone notes analysed, traumatic experience or unresolved trauma (sexual assault or abuse, loss ranked first among the reasons for having suicidal thoughts, with 209 or 32.6% of all the sampled notes. Distress and feelings of helplessness and frustrations ranked second with 168 or 26.2%. This was followed grief and loss with 92 or 14.3%. Ranked fourth was isolation and disconnectedness with 67 or 10.5%. Fifth in rank was Low self-esteem and feelings of helplessness and frustrations with 57 or 8.9% of all the telephone notes sampled.

Predisposing Risk Factors

A qualitative analysis of case notes in respect to predisposing factors is contained in the Table below:

Table 6: Predisposing Risk Factors 2005-2008

Predisposing Risk Factors	Online Contacts	%	Telephone Contacts	%
1. Family conflicts (tension with parents, not getting along well with siblings, argument with partner, etc.) and family breakdown (kicked out of the house, children taken away, etc.)	36	22.8	138	18.7
2. Previous suicide attempts	31	19.65	101	13.69
3. Exposure to vulnerabilities for self-harm (on prescription drugs, knife, guns, rope, drugs, literature on suicide, friends and/or family members who have committed suicide and/or are suicidal, etc.)	20	12.66	95	12.87
4. History of depression and mental health problems	18	11.4	164	22.22
5. Physically sick/with disease, etc. (overweight and not eating included) and not getting enough sleep	12	7.6	54	7.32
6. Poor communication/ having arguments	12	7.6	26	3.52

7. Isolation and anger management problems	11	6.9	87	11.79
8. Alcoholic/Abusing substances	7	4.43	32	4.34
9. Socially and economically disadvantaged (homelessness, poverty, etc.)	5	3.16	11	1.5
11.No medication/no intervention/stopped medication/stopped counselling	4	2.5	22	2.98
12. Physical disability (and/or mental disability)	2	1.3	8	1.08
TOTAL	**158**		**738**	

Predisposing Risk Factors (Other Problems Which Increase the Vulnerability to Suicide of Online and Telephone Contacts)

Among the most common predisposing risk factors presented by Kids Helpline online contacts, 'family conflicts' ranked first with 36 or 22.8%. Second was 'previous suicide attempts' with 31 or 19.7%. Exposure to vulnerabilities for self-harm ranked third with 20 or 12.7% and ranked fourth was 'history of depression and mental health problems' with 18 or 11.4%.

For those contacting by telephone, the most common predisposing risk factors presented were 'history of depression and mental health problems' ranking at the top with 164 or 22.2%. 'Family conflicts' ranked second with 138 or 18.7%. Third was 'previous suicide attempts' with 101 or 13.7% and exposure to motivators for self-harm ranked fourth with 95 or 12.9%.

Protective factors voiced by young people contacting Kids Helpline

Based on the table below, 'Personal control' 'Caring and supportive family, foster carers, friends, etc.', 'Knowledge and willingness to implement some safety strategies' and 'Sense of connection and responsibility to family, friends and other people' were the top four protective factors identified amongst online contacts with current thoughts of suicide. As for the telephone contacts with current thoughts of suicide, 'Personal control', 'Knowledge and willingness to implement some safety strategies', 'Sense of connection and responsibility to family, friends and other people' and 'Medical/ psychological/ psychiatric intervention' were the top four protective factors.

Table 7: Protective Factors of Online and Telephone Contacts reporting Current Thoughts of Suicide 2005-08

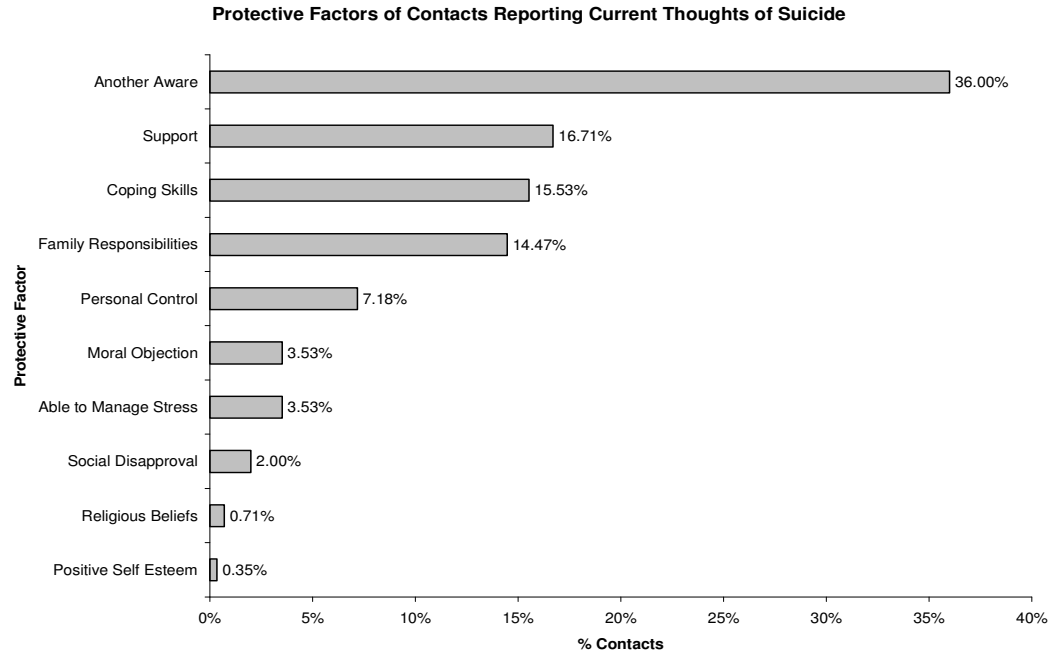
Protective factor(s)	Online Contacts	%	Telephone Contacts	%
1. Personal control (agreed to be taken to a hospital, see a counsellor, etc.)	24	23.3	145	23.39
2. Moral objections to suicide	1	1.06	8	1.29
3. Currently sees a counsellor/ psychiatrist/psychologist	11	10.67	67	10.81
4. Knowledge and willingness to implement some safety strategies	15	14.5	133	21.45
5. Caring and supportive family, foster carers, friends, etc.	20	19.4	77	12.42
6. Sense of connection and responsibility to family, friends and other people (even with a pet in some cases)	14	13.59	88	14.2
7. Medical/ psychological/ psychiatric intervention (hospital visit, GP, nurse, paramedics, etc.)	6	5.8	80	12.9
8. Economic security/ employment	2	1.92	12	1.94
9. Future plans/dreams	9	8.7	10	1.6
	1	1.06	0	0

10. Others				
TOTAL	**103**		**620**	

Data from the 2003-2006 analysis confirms the nature of these protective factors in young people:

Based on this 2003-06 data, counsellors identified that the following factors reduced the risk of suicide amongst children and young people: another person being aware of the situation, accessible support system, coping/problem solving skills, ability to manage stress/anxiety, moral objections to suicide, personal control/ competence, positive self-esteem, religious beliefs, responsibility to family and fear of social disapproval. This is outlined in the graph below:

Graph 5: Protective Factors of Contacts reporting Current Thoughts of suicide 2003-2006



Females in this study were more likely to report than males that there was another person aware of their situation, that they had an accessible support system or that they had coping skills. This reinforces studies that tell us young men are particularly vulnerable to suicidal behaviour given that they frequently lack these kinds of protective factors in their environment.

In summary, key situational and predisposing risk factors that are associated with suicidality amongst young people are:

1. Social isolation i.e. disconnection from school, family and peers
2. Family conflict

3. Mental health issues – diagnosed and undiagnosed

4. Unresolved trauma i.e. from past abusive experiences such as sexual abuse and/or family violence

5. Socio-economic stress i.e. poverty

Consequently early intervention strategies need to address these issues to empower young people to overcome suicidality.

In contrast critical preventative factors for young people include another being aware of their situation which reinforces the importance of intervention strategies that enhance a young persons' relationship with family, peers and the community.

Part III

Given all that we know about suicide risk and protective factors what are the key elements of effective early intervention programs?

Defining Early Intervention Programs

There is no clear definition as to what constitutes an early intervention program. In relation to youth suicide our submission highlights that children and young people are exposed to multiple risk factors that may potentially lead to suicidal thoughts and acts. Consequently early intervention strategies need to be multi-systemic in scope and encompass a variety of services that intervene to lessen the impact of situational and predisposing risk factors to end the cycle of suicidal behaviour. It is our belief, based on service evaluation and research that the following programs are effective early intervention strategies in that either risk factors associated with youth suicide are addressed through the intervention or the resilience and optimism of young people are enhanced.

Effective Early Intervention Programs

A focus on recognising early warning signs and providing early intervention to assist people to resolve issues and/or access appropriate help (responding to help-seeking behaviours) is a key approach taken by all BoysTown programs.

Based on the direct voice of young people effective early intervention strategies to prevent youth suicide need to include the following components:

1. Strategies that reduce social isolation and socio-economic stress and enhance social capital for young people

In BoysTown's service experience youth mentoring and social enterprise programs are effective strategies that increase a young person's social capital, reduce poverty and enhance individual resilience that subsequently reduces the risk of suicide.

Youth Mentoring

Despite the emphasis the Australian Framework for Suicide Prevention: "Living is For Everyone" places on the need for shared responsibility across community, families, friends, professional groups and non-government and government agencies to respond to suicide, current intervention responses to young people at risk are dominated by the

medical model. In our earlier overview of risk and protective factors for young people it is evident that a lack of social connection is a serious risk factor and conversely social networks protect and lessen the risk of suicide amongst young people. Little research has been undertaken on the effectiveness of suicide intervention models that integrate community engagement strategies such as employment and mentoring strategies with case management and counselling.

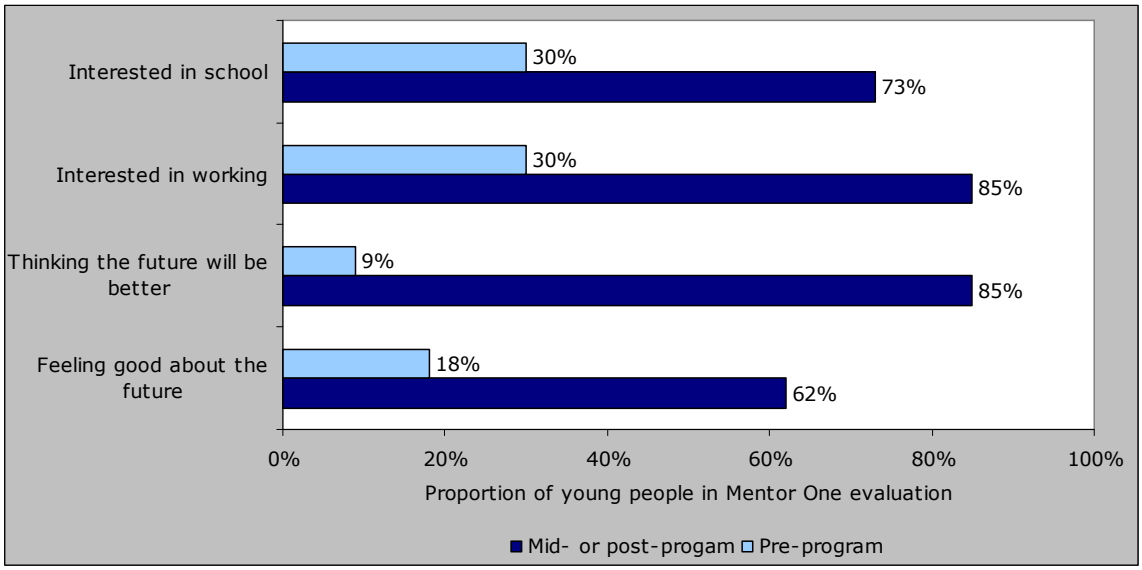
However BoysTown's research indicates that mentoring initiatives are effective strategies in mitigating risks that lead to suicidal behaviour amongst youth.

As part of its commitment to providing evidence-based services, BoysTown conducted an extensive two year evaluation of the effectiveness of its Youth Mentoring programs. These programs targeted young people who were at risk of disengaging or who were already disengaged from their school, family, and community and had emotional or behavioural problems, including truancy and disruptive classroom behaviour and aggressive behaviour in general.

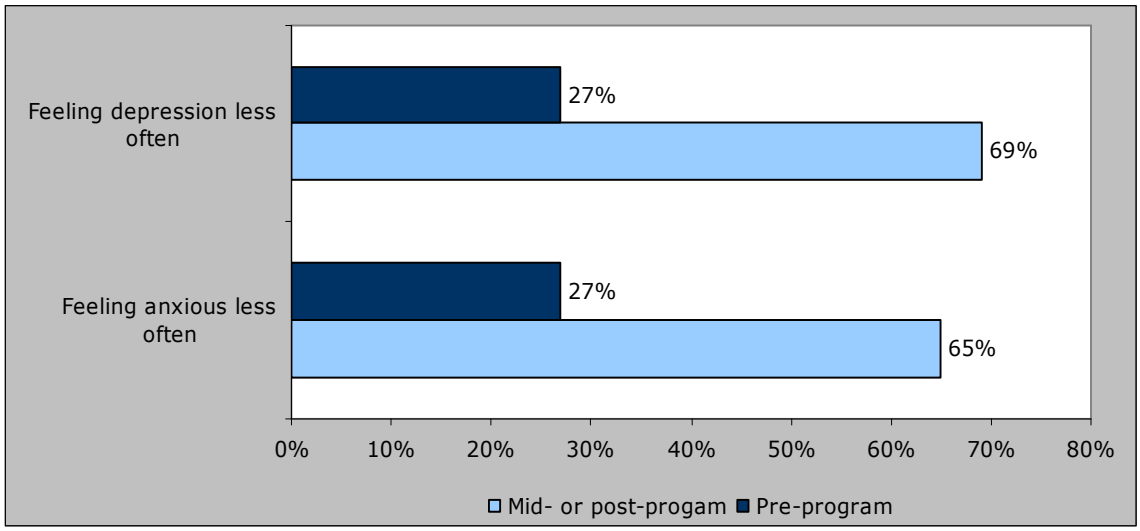
Part of the self development focus of this mentoring program involved addressing self esteem, resilience and coping ability. A recent evaluation demonstrated that young people (Sample Group = 79) who had progressed through or were in engaged with the 'Mentor One' program were more likely to be optimistic about the future, resilient, able to cope when encountering obstacles, participated in more social networks and took better care of their physical and mental health. Specifically, mentees were more likely to think positively and were more optimistic about their future and where they were going in life. Furthermore, young people were more likely to try their best in everything they did, persisted if they did not succeed the first time, and coped well when they experienced difficulties. In relation to health, young people were more likely to have good physical health, feel depressed or anxious less often and stayed away from cigarettes, drugs and alcohol.

This is outlined in the following graphs. Further information can be obtained from the Executive Summary of the valuation on the BoysTown Youth Mentoring Program which is attached as Appendix 1.

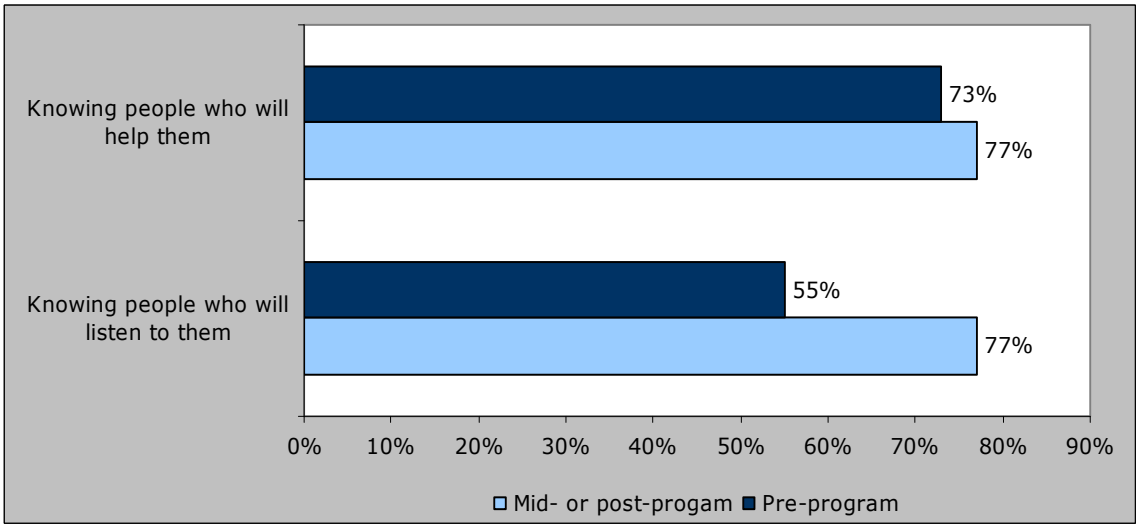
Graph 6: Impact of Youth Mentoring programs on protective factors



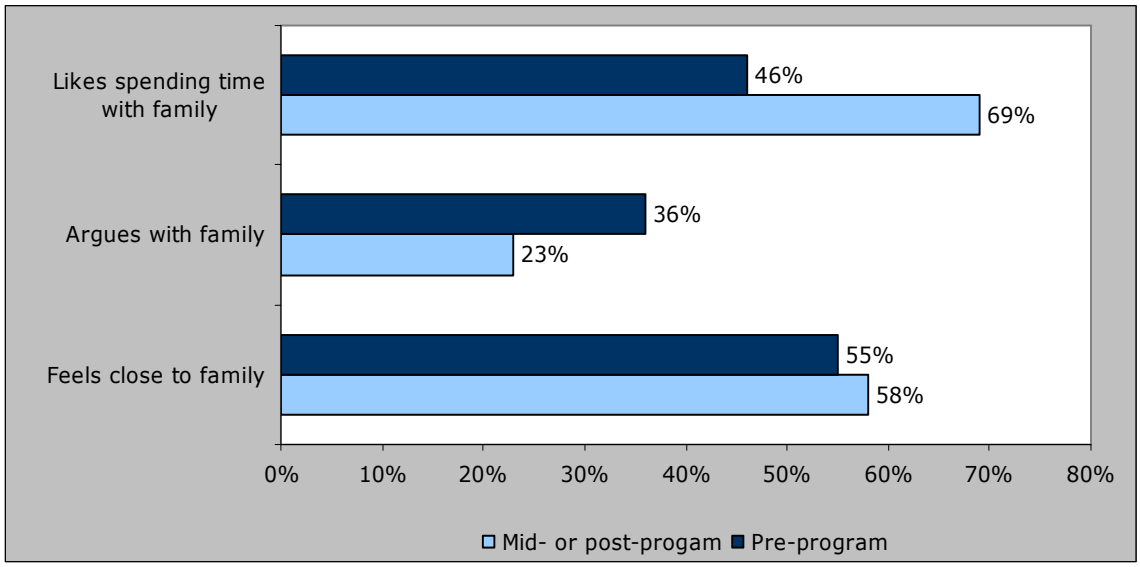
Graph 7: Impact of Youth Mentoring programs on risk factors



Graph 8: Impact of Youth Mentoring programs on protective factors



Graph 9: Impact of Youth Mentoring programs on protective factors



Social Enterprises

In another exploration of early intervention models for at risk young Australians, BoysTown is currently partnering with Griffith University Queensland through an Australian Research Council sponsored project to investigate the most effective methods of reengaging marginalised young people with employment and further education. Young people who are participating in BoysTown's social enterprise programs are engaging in real work experiences in a supported environment and their outcomes across a range of life domains are being monitored. These young people are offered services consistent with the BoysTown Social Inclusion Model (See Appendix 2).

Preliminary findings to date indicate that these young people's sense of optimism about their future prospects is significantly enhanced through their participation in social enterprises. The summarised findings from preliminary data are outlined in the following tables:

Table 8: Results of Evaluation of BoysTown Social Enterprises

Social Inclusion Barriers	**Before BoysTown (n=99)**	**Benefits from Participation in BoysTown (n=122)**
No work experience	46%	27%
Main source of income - Work - Government income support payment - Nil income	 24% 37% 39%	 50% 35% 15%

Offending behaviour - Time in detention - Trouble with the police - Difficulties with controlling anger - Getting into physical fights	 17% 39% 40% 48%	 3% 33% 13% 13%
Regular substance abuse	29%	17%
Lack of accredited qualifications	84%	58%
Literacy - Poor writing skills - Poor reading skills - Difficulties with daily tasks	 35% 33% 43%	 29% 21% 35%
Numeracy - Poor numeracy skills - Difficulties with daily tasks	 52% 68%	 46% 45%
Lack of future aspirations	41%	7%
Poor wellbeing	32%	8%
Low self esteem	19%	7%

The clear conclusion from these preliminary research findings is that if young people can be supported to overcome their feelings of hopelessness and isolation that lead to suicidal and other adverse behaviours, their potential to contribute to the community is huge.

Consequently, based on this research data BoysTown advocates for the increased development and evaluation of Australian community engagement projects involving mentoring and employment initiatives with highly vulnerable young people. These models can be assessed over the long term to see if they are effective contributors to reducing risk of suicide amongst young people. These models may assist in diverting young people from health and psychiatric services and could complement the work of community mental health practitioners.

Recommendation 7:

That Governments fund research into community engagement models of intervention for children and young people at risk of suicide.

E-Health Initiatives- Kids Helpline interactive and educative website *www.kidshelp.com.au*

International research confirms that many children and young people will access the internet for information and support if their peers or family are unable to assist.[7] Consequently a recently introduced initiative by BoysTown has been the development of an interactive and educative website that provides both an access point to email and web counselling and also a range of information resources on common issues impacting on children and young people.

This website has three micro sites for 5-14 and 15 to 25 age groups as well as for parents and carers. In line with the Australian Suicide Prevention Framework that supports the assistance of people to help themselves and the creation of environments that support and promote self-help, the Kids Helpline website offers young people strategies to engage them in caring for their own mental health. These range from:

- The opportunity to anonymously gather information from "Information Sheets" and "Hot Topic Tip Sheets" about a range of issues our research tells us is of most interest to children and young people. This includes bullying, eating disorders and body image, anxiety, sadness and depression, exam stress, family relationships and relationships with peers and partners.
- Forums offering the opportunity to exchange ideas with each other about these issues in a safe and monitored environment
- "Tell us Your Story" encouraging young people to share their experiences and the ways in which they overcame their problems
- An age-appropriate games page to engage and build awareness in younger children of the Kids Helpline and help-seeking behaviours in general.

This website is an example of e-health initiatives that can reduce the social isolation of children and young people through harnessing the power of modern Information and Communication Technology.

Recommendation 8:

That the Australian Government enter into collaborative partnerships with current e-health service providers to research, identify and deliver effective e-health initiatives to reduce suicide.

2. Strategies that reach out to young people with Mental Health issues and address unresolved trauma

It is proposed that an effective prevention strategy to meet the unmet mental health needs of at risk young Australians would include the national implementation of mental health outreach services.

An emphasis on intervening as early as possible, combined with the marginalised existence of many of these young people indicates the need for interventions that are oriented towards outreach, that is: ***interventions that are conducted in the places where young people at risk are going about their lives***. The importance of

[7] Neal, D.M., Campbell, A.J., Williams, L.Y., Ye, L., Nussbaumer, D. (in review.) "I did not realize so many options are available" : cognitive authority, emerging adults, and e-mental health. Unpublished research paper, University of Western Ontario, Ca.

outreach in effective early intervention is underlined by the potential to combine identification and intervention activities to enhance cost-effectiveness. Outreach is probably a relatively underdeveloped aspect of early intervention in youth suicide prevention compared to other types of centre-based intervention. Venues where such outreach is currently occurring include schools, youth services and a range of community organisations. There appears to be a relatively low level of outreach activity by mental health services.

BoysTown agrees that although direct outreach by mental health services (especially that aimed primarily at early identification) could be a prohibitively expensive strategy for services struggling to address current levels of demand for centre-based services, issues of equity in access to services for disadvantaged and marginalised young people arise here. Highly cost-effective outreach might be achieved in a de-facto manner by enhancing collaboration between mental health services and other organisations involved in direct outreach to young people. Early interventions directed to selected groups of young people in their usual work and recreational environments (e.g. schools and youth clubs) could also prove more cost effective than centre-based individually focused interventions in the long term.[8]

Recommendation 9:

That early intervention strategies developed as a result of this Inquiry includes a strong focus on outreach programs targeting vulnerable young people in the types of locations where they congregate.

3. Strategies that Strengthen Family Relationships: The need for a National Parentline Service

Additional research into early interventions for children and young people experiencing mental health disorders such as depression has found:

- Children of depressed parents have high rates of anxiety, disruptive, and depressive disorders that begin early, often continue into adulthood, and are impairing.
- Successful treatment of maternal depression has a positive effect on the children, reducing the child's own symptoms of depression, anxiety, and disruptive behaviours.
- Children who were well at the beginning of the study and whose depressed mothers recovered were also less likely to develop a psychiatric disorder than those whose mothers did not recover from their depression.

The above study "Treat the mother- Treat the child" demonstrates that treating adults with depression reduces the likelihood that their children will suffer from conditions that disrupt their development and have long-term effects on their future, including the exacerbation of risk factors for suicide.[9]

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[8] Mitchell P, Australian Institute of Family Studies; National Youth Suicide Prevention Strategy Communications Project 1999 http://www.aifs.gov.au/institute/pubs/ysp/stearly.html Accessed April 13 2010

[9] http://www.knowledge.offordcentre.com/index.php?option=com_content&view=article&id=174:depression-in-children-treat-the-mother-treat-the-child&catid=45:depression&Itemid=29 Accessed April 15 2010

As noted in the Introduction, BoysTown through its Parentline program delivers therapeutic counselling, parenting skills-building and referral services to parents via telephone and email modalities in the states of Queensland and the Northern Territory. In addition, BoysTown provides variations on these activities in face to face services in Queensland and South Australia. A major study into the effectiveness of Parentline conducted by BoysTown in 2008 established that "telehealth", or universal reactive telephone counselling can be effective at impacting change across a large range of parental and child outcomes. The evaluation collected evidence from callers to Parentline that demonstrated that this intervention:

- Increased parenting confidence and parent self-efficacy
- Enhanced parent well-being including reduced stress and anger
- Improved relationships between family members.

The results also demonstrated that the intervention is effective in producing these client outcomes with minimal intervention (one or two telephone contacts).

BoysTown has worked closely over the years with other states' telephone parenting services and has found that there is no consistent national service offering evidence based counselling, parenting skills development, information and referral services. It is therefore believed that the provision of a consistent and comprehensive national telephone and online parental counselling and skills training service will provide Australian parents with the degree of early intervention support required to decrease the rates of mental health disorders and suicidal behaviours in their children (see Appendix 3 for results of 2008 Parentline evaluation)

Recommendation 10:

That the Australian Government introduces a national Parentline service offering evidence based counselling, parenting skills development, information and referral services.

4. Strategies that deliver a National Safety Net

The Australian Suicide Prevention Framework: Living is for Everyone highlights the complexity of mental health and support networks and emphasises the need for safety nets that can monitor and manage the transitions of vulnerable and high risk clients between services and sectors. This is particularly so for young people with poor negotiation skills who find themselves transited out of child and youth mental health services at the age of 18 years.

An example of this is the work currently undertaken by Kids Helpline. This service plays an unique role in keeping young people connected to both low key support and emergency systems during the shifting phases of their lives and frequent "trigger" or "tipping points". In particular, Kids Helpline has demonstrated a critical role in making connections for young people who turn 18 and need the assistance of Adult Mental Health Services *before* a crisis such as a suicide attempt occurs and also supporting them in the extremely vulnerable period *after* a suicide attempt.

The model of "wrap-around care" that Kids Helpline adopted in 2000 has led to co-ordinated and integrated interventions for young people with high levels of risk factors and low protective factors, reducing the risk of service gaps and sustaining the number one protective factor of "feeling supported". In the words of our young clients: "Someone knows and understands how I feel".

Recommendation 11:

That the Australian Government invests in national telephone and online counselling services to ensure that vulnerable young people at risk of suicide can access a safety net to aid the coordination of services to meet their needs.

In conclusion, BoysTown would also like to draw the attention of the Standing Committee to the November 2009 Discussion Paper "a Mentally Health Future for all Australians" by the National Advisory Council on Mental Health. That document outlines key activities for achieving the objectives set out in the National Framework for Suicide Prevention Action Area 5 and outlined below:

- *early identification and intervention;*
- *building individual resilience and the capacity for self-help;*
- *creating environments that encourage and support help-seeking;*
- *creating environments where it is acceptable to express emotions and suicidal thoughts without a fear of acrimony, personal weakness or stigmatisation; and*
- *ensuring access to the range of required support and care for people feeling suicidal*.

BoysTown has addressed a response to the Advisory Council Discussion Paper and the submission is attached in Appendix 4.

Appendix 1: BoysTown Mentor One Evaluation Summary

Appendix 2: BoysTown Social Inclusion Model – May 2008

Appendix 3: BoysTown Parentline Evaluation Executive Summary - 2008

Appendix 4: BoysTown Response to the Australian Mental Health Advisory Council Discussion Paper 2010 "A Mentally Healthy Future for all Australians"