Suicide Prevention Australia
ABN: 64 461 352 676

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House of Representatives Standing Committee for Health and Ageing, Inquiry into Youth Suicide Prevention.

Suicide Prevention Australia Response to the Discussion Paper for the Inquiry into Early Intervention Aimed at Preventing Youth Suicide.

Suicide Prevention Australia would like to supplement its previous submission to this Inquiry with a response to the issues raised in the Discussion Paper. In addition Suicide Prevention Australia is providing the Committee and its members with copies of the Suicide Prevention Australia Position Statement: *Youth Suicide Prevention*. This position statement gives an overview of youth suicide issues and contains the rationale behind Suicide Prevention Australia's recommendations to reduce the impact that youth suicide is having in our communities. The position statement was developed in consultation with the suicide prevention sector and the wider community, including young people and those bereaved by suicide.

This response shall focus on the policy proposals contained on page 8 of the Discussion Paper. In particular Suicide Prevention Australia wishes to comment on the first four concepts proposed:

- 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 well being among young people.

Suicide Prevention Australia fully supports the remaining concepts and hopes that the argument to support the feasibility of these important services shall be made by others in the suicide prevention sector, most noticeably our colleagues at Orygen Youth Health. The concepts that we refer to here are:

- additional youth 'headspace' sites; and
- additional Early Psychosis Prevention and Intervention Centres.

Frontline services.

The case for frontline services is clear. Young people in distress need access to professional support and care as early as possible. Relying on waiting lists and stop-gap services during a time of psychological development will have long term consequences for social and mental wellbeing over the lifespan. Choice of service is also important.

PO BOX 729
LEICHHARDT NSW 2040
SYDNEY AUSTRALIA
REGISTERED CHARITY CFN 11441

EMAIL: info@suicidepreventionaust.org
WEB: www.suicidepreventionaust.org
PH: (02) 9568 3111
FAX: (02) 9568 3511

It is acknowledged that addition psychological and psychiatric services are becoming available through recent government investment in initiatives such as Better Access and 'headspace' sites, however more is required. Additional services need to be youth friendly, accessible and properly coordinated into a system of care that allows for the holistic treatment of young people. They also need to be tailored to the varying levels of need that exist, for example everything from youth-friendly community centres to acute youth psychiatric beds are required. A national response is required to address the current gaps in service provision, and as well as providing life saving support to young people, the long term effects shall include reduced expenditure on mental health services later in life.

The provision of extra services can also serve to address the need for improved follow up services after a young person's presentation to care, especially after a suicide attempt or self harm. Follow up contact, such as postcards, phone calls and outreach, have been found to be beneficial to recovery following a suicide attempt. Yet currently the procedures governing follow up care and its availability are poor. The provision of services must be supported by adequate and sensitive protocols to improve patient care and encourage the continuation of care; this includes the adequate promotion and marketing of available services.

In addition to face to face services, ICT and other new technologies provide an opportunity to increase access to e-counselling and support. Young people are particularly likely to turn online for support and information and are more likely to disclose their distress in online situations, a medium that they feel safe and comfortable communicating through.

Support for communities affected by suicide

There is currently no national system available to respond to the needs of a community following a suicide death. Often bereaved people and concerned community members are left struggling to find answers with nowhere to go and nowhere to turn to. The provision of additional services, as outlined above, is crucial to addressing this need, but targeted and time appropriate support can be more appropriate. Specialist and appropriate care needs to be available for young people who are bereaved by the suicide of a family member or a friend.

Outreach services that can provide a community with a suite of resources to drive a community led response would be relatively cost-effective to administer. These services could link with health, community, coronial and justice organisations across the nation to allow for a coordinated response when a community is affected by suicide. A central contact agency with responsibility to administer the outreach services would reduce sector and community confusion about the multiple referral pathways currently choking the system. This may be especially valuable in Indigenous communities if culturally appropriate.

Targeting those who are at greatest risk

The jury is in when it comes to suicide risk factors. The major risk factors are well documented, and much is known about who should be targeted to reduce youth suicide. GLBTI, Indigenous, rural and remote, socially isolated or mentally ill youth, those involved with juvenile justice or drug or alcohol affected and young people experiencing negative life events are known to be at greater risk of suicide than other young people, although the specific causes of this risk are more complex.

Less is known about how to target these young at-risk groups. Reaching young people at risk of suicide requires services and initiatives that are appropriate both to their age but also their culture and social demographic. Current mental health services need to be more aware of and flexible to the varying needs of at risk groups, while community services that currently respond to those groups need to be capable of providing suicide prevention initiatives.

Furthermore the initiatives that aim to ameliorate the underlying causes of risk, such as social isolation, must be made youth appropriate. Further efforts to build protective factors that can prevent the development of juvenile justice, drug, alcohol and mental health problems would reduce suicide risk. Furthermore the social causes of GLBTI and Indigenous risk (i.e. their risk emanates from the structural and societal barriers to their wellbeing), can be addressed by reducing discrimination and increasing equal opportunities.

Promoting mental health and wellbeing

As the majority of young people spend a large proportion of their time in school, school based mental health promotion makes sense. Yet currently the system is complicated by several competing initiatives and no national coordinated approach. The Government's flagship program Mindmatters has generated good feedback yet its implementation has been ad hoc and its impact on youth has not been tested.

The school curriculum is to be nationalised, creating an opportunity to install mental health promotion and suicide prevention into mandated classroom time. This could increase youth awareness of the issues, improve mental health literacy, reduce stigma and create an environment conducive to help seeking. Teacher training should also take into consideration their prime position as suicide prevention gatekeepers for their students. The current National Professional Standards of Teaching are being revised and Suicide Prevention Australia is advocating that mental health promotion and suicide prevention awareness be incorporated into the new standards.

In addition to promoting mental wellbeing in schools, schools need to have access to specialised outreach and crisis services should the need arise. Young people in distress need to know that they can access support and professional services through their school; the school environment should encourage help seeking and reduce stigma as a top health priority.

Alongside school based mental health promotion, alternative sites of youth activity can also include aspects of suicide prevention. This includes sports and recreational clubs, tertiary education and workplaces.

Summary

Suicide Prevention Australia is fully supportive of the policy proposals contained in the Discussion Paper.

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 well being among young people;
- additional youth 'headspace' sites; and
- additional Early Psychosis Prevention and Intervention Centres.

We have provided a short overview of our position on these important suicide prevention initiatives, and would like to refer the Committee to our Youth Suicide Prevention Position Statement for more details and an overview of the evidence base for youth suicide prevention.

Suicide Prevention Australia is keen to further elaborate on these issues, to assist the Committee members to make informed decisions and recommendations that can truly bring about some much needed change in the realm of youth suicide and mental distress.

Appendix

Suicide Prevention Australia Recommendations for Preventing Youth Suicide:

• The Australian Government should greatly increase funding for suicide prevention services, research, infrastructure, and monitoring.

• Greater efforts are needed to remove the structural barriers to youth wellbeing, including socio-economic disadvantage, social isolation, and restricted service access. This requires cross-government collaboration and support.

• Greater government and community efforts are required to tackle issues that may lead to suicide risk in young people. These include child neglect, abuse, and family separation. Commitments must be made to address bullying, drug and alcohol abuse, and juvenile justice issues.

• Increased focus on early intervention services to protect youth mental health. Mental health system should move from one focused on emergency and episodic care to one that recognises the holistic needs of consumers.

• The Australian Government should greatly increase funding for those programs that can reach young people who are in distress, but are not seeking professional face-to-face help. Online communication programs, help-lines, and greater use of new technologies should be developed to enhance accessibility and provide seamless referrals.

• Improved governance and accountability structures should ensure that there are no gaps or duplications in service provision or access. The coordination of consistent and effective pathways of care should be a top priority.

• Young people should be supported and encouraged to be involved in the design, implementation and evaluation of services that are targeted to their demographic. The appropriateness and sustainability of services will be enhanced as a result.

• National awareness-raising and stigma reduction campaigns targeting youth suicide should be adequately funded. These should incorporate community education and social marketing aspects, as well as both universal and targeted campaigns.

• Provision of comprehensive 'gatekeeper' training for all frontline workers, such as school counsellors, teachers, youth workers, GPs, and nurses. Training should be available for parents and other community members, at minimum cost.

• Comprehensive evaluations of all youth suicide prevention programs.

• Inclusion of mandatory curriculum content relating to mental health and wellbeing and the development of resiliency skills in schools, including within the Health and Physical Exercise curriculum.

• Inclusion of mandatory mental health training requirements in the National Professional Standards of Teaching, as developed by the Australian Institute of Teaching and School Leadership.

YOUTH SUICIDE PREVENTION POSITION STATEMENT

Executive Summary

What do we know about suicides and attempted suicides in young Australians?

Suicide is the leading cause of death for young Australians, claiming the lives at least 281 15-24 year olds in 2008. Furthermore suicide deaths in young people under 14 are estimated to affect at least 13 children a year. Youth suicide causes immeasurable social, personal and economic costs to individuals, friends and communities.

Youth suicide attempts and suicidal behaviour occur more often than deaths by suicide. Up to 14% of adolescents engage in self harm, which is distinguished from suicide attempts by a lack of intent to die. Young females are over twice as likely to undertake self harm or attempt suicide, yet young men are more likely to die by suicide. Not all young people who attempt suicide or self harm will seek or receive help for their injuries or the psychological distress that led to their behaviour, necessitating community vigilance and the provision and promotion of appropriate youth services.

Who is most at risk and why?

Certain groups of young people experience higher risk of suicide than others. The variances in risk are generally due to social and contextual factors rather than individual vulnerabilities. While all young people may be at risk, rural and remote; Indigenous; gay, lesbian, bisexual, transgender and intersex; those with mental health difficulties; socio-economically disadvantaged; culturally and linguistically diverse; and young people in contact with juvenile justice are considered at particular risk.

Reasons for risk include social isolation; restricted access to appropriate services; unsupported emotional distress; traumatic events; aversion to seeking help and other structural and social disadvantages.

What other factors indicate higher risk of suicide?

In addition to social and contextual risk factors, individual factors may also contribute to suicide risk in young people. Previous self harm and/or suicide ideation, drug and alcohol abuse, poor physical health, and a family history of mental illness contribute to suicide risk, while childhood adversities such as child abuse, homelessness and bullying are also linked with suicidality.

What can protect against suicide?

Certain factors can counteract suicide risk, providing a degree of protection for young people. These factors include resilience; self esteem; support networks; access to appropriate services; knowledge and willingness to seek help; good physical health; family cohesion; social inclusion; and educational and economic security. To obtain these protections, young people need a level of family, community, school and public service support. Several programs and services are in place to promote social and emotional wellbeing and provide mental illness and suicide prevention and intervention for young people.

Which programs or interventions have shown success?

Programs and interventions that have shown some success in preventing youth suicide include universal, selective and indicated programs that protect against one or more risk factor.

Universal

Universal youth suicide prevention programs generally focus on promoting social and emotional wellbeing and creating an environment conducive to help seeking and access to services should they be necessary. School based programs promoting mental health, physical health and anti-bullying contribute to reducing suicide risk factors. Public health and awareness campaigns also have a role to play in youth suicide prevention.

Selective

Training gatekeepers to recognise suicide risk and how to provide appropriate help and referrals is shown to be effective in reducing suicide. In the case of youth; parents, teachers, GPs and sports and recreational leaders are well placed to undertake gatekeeper roles and be vigilant in recognising vulnerable individuals.

Programs aimed at addressing the needs of Indigenous, CALD, rural and remote, GLBTI and other at-risk groups can provide socially and culturally appropriate services and preventions. Online programs show promise in providing easily accessible services to young people in need of support.

Responsible media reporting and restricting access to suicide means are evidence based measures that protect vulnerable youths from attempting or dying by suicide.

Indicated

Early intervention services that recognise and treat suicide risk provide cost effective and optimum outcomes for young people. Youth appropriate mental health services also contribute to increased treatment outcomes and as with early intervention services, benefit from effective referral and support systems within universal and selective programs. Crisis services, including face to face, phone and web-based services offer interventions for those at high risk, and provide immediate support and longer term referrals. Research shows that cognitive behavioural therapy, occasionally in combination with pharmacological interventions, lowers the risk of suicide behaviour in high risk individuals.

What actions and changes could make a real difference to youth suicide in Australia?

Suicide Prevention Australia makes the following recommendations to prevent suicide and suicidal behaviour in young people:

Recommendations:

- The Australian Government should greatly increase funding for suicide prevention services, research, infrastructure, and monitoring.
- Greater efforts are needed to remove the structural barriers to youth wellbeing, including socio-economic disadvantage, social isolation, and restricted service access. This requires cross-government collaboration and support.
- Greater government and community efforts are required to tackle issues that may lead to suicide risk in young people. These include child neglect, abuse, and family separation. Commitments must be made to address bullying, drug and alcohol abuse, and juvenile justice issues.
- Increased focus on early intervention services to protect youth mental health. Mental health system should move from one focused on emergency and episodic care to one that recognises the holistic needs of consumers.
- The Australian Government should greatly increase funding for those programs that can reach young people who are in distress, but are not seeking professional face-to-face help. Online communication programs, help-lines, and greater use of new technologies should be developed to enhance accessibility and provide seamless referrals.
- Improved governance and accountability structures should ensure that there are no gaps or duplications in service provision or access. The coordination of consistent and effective pathways of care should be a top priority.
- Young people should be supported and encouraged to be involved in the design, implementation and evaluation of services that are targeted to their demographic. The appropriateness and sustainability of services will be enhanced as a result.
- National awareness-raising and stigma reduction campaigns targeting youth suicide should be adequately funded. These should incorporate community education and social marketing aspects, as well as both universal and targeted campaigns.
- Provision of comprehensive 'gatekeeper' training for all frontline workers, such as school counsellors, teachers, youth workers, GPs, and nurses. Training should be available for parents and other community members, at minimum cost.
- Comprehensive evaluations of all youth suicide prevention programs.
- Inclusion of mandatory curriculum content relating to mental health and wellbeing and the development of resiliency skills in schools, including within the Health and Physical Exercise curriculum.
- Inclusion of mandatory mental health training requirements in the National Professional Standards of Teaching, as developed by the Australian Institute of Teaching and School Leadership.