



Response to the Inquiry into Early Intervention Aimed at Preventing Youth Suicide



Women's Health Victoria
GPO Box 1160, Melbourne, 3001

whv@whv.org.au
9 February 2011

Committee Secretary
Standing Committee on Health and Ageing
House of Representatives
PO Box 6021
Parliament House
CANBERRA ACT 2600
<mailto:haa.reps@aph.gov.au>

INTRODUCTION

Women's Health Victoria is a statewide women's health promotion, information and advocacy service. We are a non government organisation with most of our funding coming from various parts of the Victorian Department of Health. We work with health professionals and policy makers to influence and inform health policy and service delivery for women.

Our work at Women's Health Victoria is underpinned by a social model of health. We are committed to reducing inequities in health which arise from the social, economic and environmental determinants of health. These determinants are experienced differently by women and men. By incorporating a gendered approach to health promotion work that focuses on women, interventions to reduce inequality and improve health outcomes will be more effective and equitable.

Women's Health Victoria's vision is for a society that takes a proactive approach to health and wellbeing, is empowering and respectful of women and girls and takes into account the diversity of their life circumstances.

Women's Health Victoria's ways of working are guided by four principles:

- We work from a feminist framework that incorporates a rights based approach.
- We acknowledge the critical importance of an understanding of all of the determinants of health and of illness to achieving better health outcomes.
- We understand that the complexities involved in achieving better health outcomes for women require well-considered, forward thinking, multi-faceted and sustainable solutions.
- We commit to 'doing our work well'; we understand that trust and credibility result from transparent and accountable behaviours.

SUBMISSION OVERVIEW

Women's Health Victoria welcomes the opportunity to respond to the House of Representative's Standing Committee Inquiry into Early Intervention Aimed at Preventing Youth Suicide.

Within adult population, the male suicide rate is between three and four times higher than the female rate¹. Among the younger cohort, suicide figures are more similar. Suicide accounts for the deaths of 1 in 4 males and 1 in 5 females aged between 20 and 25². Suicide is therefore an urgent youth issue for young women and young men in Australia. The seriousness and complexity of the issue requires a targeted gender sensitive approach which recognises and addresses the protective and risk factors associated with suicide in young people.

Suicide risk and protective factors differ for young women and young men. This is because gender influences the contexts of young people's lives, including their peer groups, self expression, help seeking behaviours, along with social expectations and opportunities offered to them. As a result, gender also influences the mental health and wellbeing of young people.

Gender interacts with other aspects of diversity. Not all young women and men are the same; young people's mental health may be determined as much by their social position, sexual orientation, ability and their ethnic identity as by the fact that they are identified as female or male. The complex interplay between these factors can result in varying mental health outcomes among young people. Factors such as sexual orientation, Indigenous status, socio-economic status and cultural and linguistic diversity interact with personal predisposition to produce the overall mental health outcome.

Below are some of the risk factors which are particularly relevant to young women:

- **Partner violence:** Partner violence can take on many forms including physical assault, threats and unwanted sexual experiences from serious or casual partners. Suicidal ideation and attempted suicide rates are higher in women who have been the victims of and other forms of dating and partner violence. Evidence shows a correlation between experiences of dating violence and suicidal thoughts in young women³. Women of all ages who have experienced partner violence are more likely to suffer mental health issues including post-traumatic stress disorder, depression, and anxiety, self-harm and suicidal tendencies. This is a major concern as 24 percent of Australian women aged 18 to 24 have experienced violence at the hands of their partner⁴.
- **Eating disorders:** Young women are particularly susceptible to developing negative body image as they are still in the process of establishing their identity, self-worth, social network and sexuality while observing the drastic changes in their physical appearance⁵. This can influence development of eating disorders. An Australian study revealed that 67 percent of women aged 18 to 23 years had a body mass index within a healthy weight range, but only 22 percent of these women were happy with their weight⁶. Women with eating disorders are at greater risk of depression, self-harm and suicide⁷.
- **Bullying** Young women who are victims of bullying or those who are socially isolated are also at higher risk of attempting suicide⁸. Cyber bullying is a growing concern in Australia due to its anonymity and access. Girls are particularly susceptible to cyber bullying with 67 percent of female teens report having been bullied online⁹.

- **Discrimination** Suicide also has a strong correlation with discrimination. Young women who face discrimination include women with disabilities, Indigenous women and same-sex attracted young women. These groups of women report higher suicidal tendencies than other women. For example, an Australian survey found 20 percent of young Indigenous women aged 12-17 years report that they have seriously considered ways to end their life and some have also attempted suicide¹⁰. While many young women experience discrimination to some extent, some groups of women are particularly exposed to compounded discrimination, that is, discrimination on multiple or intersecting grounds.

All aspects of the youth suicide intervention and prevention process should reflect gender sensitivity. A gender sensitive approach should be considered in the gathering of research and evidence, program content, service delivery and evaluation. Please find our specific recommendations on the key themes below.

ADDRESSING THE KEY THEMES

Data and evaluation

- 1.14 The Committee understands that in Australia today there is limited data and information available to inform policy debate in relation to youth suicide prevention. This limits the ability to implement and target programs effectively, and to monitor the success of those programs.**

Recommendation 1: Consistent and systematic reporting of sex-disaggregated data on suicide, suicide attempts and mental health

Gender is one of the key factors that influence mental health and suicide. Data that shows separate information for young women and young men makes visible the trends and patterns in young women's and young men's mental health experiences.

It begins by collecting sex-disaggregated data on indicators such as risk and protective factors for suicide, incidence of suicide and attempted suicide, and access to services for those who attempted suicide. Consistent and systematic use of sex-disaggregated data across all indicators allows us to identify and address the needs of young women and young men, so that outcomes can be improved for both. Therefore, we encourage the inclusion of sex-disaggregated data across all national suicide and mental health data that is collected and published.

Recommendation 2: Increased accuracy in the recording of suicide attempts

It is important to consider suicide attempts when examining the issue of suicide reporting. Although the outcomes differ, the motive for the two acts is the same. Evidence also suggests that people who attempt suicide are likely to do so again in the future unless they receive help¹¹.

Currently, the Australian Bureau of Statistics (ABS) is not able to adequately count suicide attempt cases because it is categorised under 'intentional self-harm'. The ABS defines 'intentional self-harm' as 'a range of behaviours including cutting, poisoning and attempted suicide'¹². The numbers of people who self-harm without the intention of suicide and those who attempted suicide, therefore, cannot be separated, making it difficult to identify the number of suicide attempts in Australia.

Increased accuracy in the recording of reported attempted suicides can be used to inform government funding allocations for suicide prevention and mental health support programs to meet the needs of at-risk young people.

Mental health literacy

- 1.33** Mental health literacy refers to a person's ability to recognise a disorder, seek treatment for that disorder, belief about treatment options, stigmatising attitudes and information sources about mental health disorders. Ultimately any discussion about early intervention and suicide prevention involves some responsibility being borne by the person who is experiencing difficulty in seeking help. However, during its discussions the Committee learnt that help seeking is not a simple solution.

Recommendation 3: Mental health literacy programs and resources need to be gender and culturally sensitive

Mental health literacy programs for young people that consider gender and the protective and risk factors that are particular to young women and men are more likely to be effective. Publically funded mental health literacy programs and youth-based health promotion programs addressing positive body image, sensible drinking, physical activity, and social connectedness all contribute towards suicide prevention.

Gender sensitivity can be incorporated from the planning stage through to program and service delivery and evaluation. The *Gender and diversity lens for health and human services: Victorian Women's Health and Wellbeing Strategy Stage Two 2006-2010*¹³ is a tool that can be used in these processes.

*Respectful Relationships Education: Violence prevention and respectful relationships education in Victorian secondary schools*¹⁴ produced by the Victorian Government's Department of Education and Early Childhood Development provides a good practice example of a gender sensitive program.

'Gatekeeper' training

- 1.38** If there is one guiding principle that should be used to address the problem of youth suicide it is that of early intervention. It stands to reason that the earlier a problem can be identified, treated and managed, the better the outcome for the young person. One of the difficulties with early intervention is ensuring that those who require support get the support.

Recommendation 4: Gender sensitive training for 'gatekeepers'

Staff training in gender sensitivity and evidence-based practice should be built as a component of induction and orientation for all 'gatekeepers'. For example, Women's Health Victoria has developed the *Considering Gender and Youth Mental Health Workshop* to assist professionals working with young people in designing and delivering gender sensitive programs and practice.

The promotion of evidence-based information on suicide that considers gender will contribute to early intervention strategies that are targeted, relevant and therefore more effective.

REFERENCES

- ¹ ABS (2005) *Suicides Cat No. 3309.0. Australian Bureau of Statistics. Canberra. Available online at: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/mf/3309.0/>*
- ² House of Representatives Standing Committee on Health and Ageing (2010), Discussion paper for the Inquiry into Early Intervention Aimed at Preventing Youth Suicide, Canberra, Australia
- ³ Cross, C. & Banyard, V. (2008) Consequences of teen dating violence: understanding intervening variables in ecological context. *Violence Against Women* 14: 998-1013
- ⁴ Taft, A, Watson, L, & Lee, C. (2003) Health and experiences of violence among young Australian women, The Australian Longitudinal Study on Women's Health, Newcastle, Australia
- ⁵ Main, A. (2008) *Body Image: Gender Impact Assessment. Women's Health Victoria. Melbourne. Available online at: <http://www.whv.org.au/static/files/assets/3aabe075/bodyimage-gia.pdf>*
- ⁶ Kenardy, J., Brown, W.J. & Vogt, E. (2001) Dieting and health in young Australian women. *European Eating Disorders Review*. 9(4): 242.
- ⁷ APA (2000) *Diagnostic and Statistical Manual of Mental Disorders. Fourth Edition, Text Revision (DSM-IV-TR). American Psychiatric Association. Arlington.*
- ⁸ Girlguiding UK & Mental Health Foundation UK (2008) Teenage mental health: girls shout out! Mental Health Foundation UK. London. Available online at: <http://www.mentalhealth.org.uk/publications/?EntryId5=62067>
- ⁹ Girlfriend Magazine (2009) I Delete Bullies Campaign. *Girlfriend Magazine*. Available online at: <http://au.youth.yahoo.com/b/girlfriend/33836/i-delete-bulliesjoin-the-campaign/>
- ¹⁰ DHA (2008) Aboriginal and Torres Strait Islander Health Performance Framework - 2008 Report. Department of Health and Ageing. Canberra. Available online at: <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/mental-pubs-w-wayforw-toc~mental-pubs-w-wayforw-pol~mental-pubs-w-wayforw-pol-7>
- ¹¹ DHA (2007) Living Is For Everyone Factsheet 9: Suicide Attempts, Commonwealth of Australia, Canberra, Available online at: <http://www.livingisforeveryone.com.au/IgnitionSuite/uploads/docs/LIFE-Fact%20sheet%209.pdf>
- ¹² ABS, (2008), Australian Social Trends, ABS Cat. 4102.0, Commonwealth of Australia, Canberra
- ¹³ DHS, (2008) Gender and diversity lens for health and human services: Victorian women's health and wellbeing strategy stage two 2006-2010. Melbourne: Department of Human Services, Victorian Government.
- ¹⁴ DEECD, (2009) Respectful Relationships Education: Violence prevention and respectful relationships education in Victorian secondary schools. Melbourne: Department of Education and Early childhood Development, Victorian Government, Available online from: http://www.sexualethics.org.au/Publications/VIC_Schools_Report_Respectful-Relationships.pdf