

Submission No. 20

(Youth Suicide)

Date: 11/03/2011



House of Representatives Standing Committee
on
Health and Ageing

**Roundtable Forum
Inquiry into Early Intervention Programs Aimed at
Preventing Youth Suicide**

**31 January 2011
Perth**

Presented by

Jenny Allen
Chief Executive Officer

and

Jonathan O'Neill
Team leader



BRIEFING PAPER FOR INQUIRY INTO EARLY INTERVENTION AIMED AT PREVENTING YOUTH SUICIDE

It is a well recognized fact that young people aged 15 years and over often fall through the cracks of a system which for a long time has not been inclined to treat adolescence as a separate and unique developmental and epidemiological process.

As a consequence many organizations have come and gone due to a lack of funding, an expert professionally qualified workforce and poor key models of youth-friendly health provision.

Young people's mental health issues remain, with suicide representing the second largest number of deaths within 12-25 yr old age group after road accidents.

Youth Focus is a private not for profit organization funded largely through corporate, private foundations, individuals and grants with limited government funding of approximately 12%.

The organization was formed in 1994 and its core business is the delivery of proven therapeutic services in the prevention and early intervention of youth suicide in young people 12-18 years who are showing early signs of suicide, self harm and depression.

Services provided include youth counselling, family counselling, peer support programmes and mentoring/training programmes (health promotion). These services are not time limited with the counselling and peer support programmes being free of charge.

Over the past 17 years Youth Focus has continued to grow and is spread from the Burswood Head Office through the southwest of the State in Mandurah, Collie, Bunbury and Albany with approximately 40 employees. The organization has recognized the need for services in the rural/regional areas and has a strategic plan to also operate in Kalgoorlie and Geraldton over the next 18 months.

The largest percentage of referrals from this target group comes through the school system which represents some 45% from a total of 1,000 young people per annum who are serviced through the counselling and peer support programmes.

It is our belief that a long term approach and collaborative mental health strategy between the government and the NGO sector is needed to ensure continuity of services and offer effective support to address the needs of our young people. This is absolutely necessary for the youth of Australia to be supported and offered services relevant to their adolescent needs. It cannot be viewed as a tack-on service to adult or children's services.

During the past year Youth Focus has introduced a new service through the Medicare rebate/care plan initiative where 18-25 year olds can avail of short term solution focused counselling through "Focus Plus". This service/programme is delivered from head office in Burswood and gives the organisation the ability to offer a service predominantly to the 18-25 year old age group where a gap exists.

Although there is strong evidence to suggest that completed suicide in young people has reduced, there is also evidence that ABS statistics do not have standardized reporting across all States. It has been suggested that up to 30% of completed suicides are under-reported. It is therefore imperative

that this be recognized and adjusted to give health professionals and communities a far greater insight into true figures in what is such an important subject.

At the present time the stigma associated with this issue is embedded, despite organizations such as “beyond blue” and the promotional work they have done over the last years. Media needs to play an important role in education and assisting our communities to learn and accept mental health as a normal part of our lives

It is our belief that young people 12-25 years with mental disorders or at risk of developing mental health disorders need a strong focus on the following –

- Many young people still have the attitude that mental illness is a personal weakness and are reluctant to talk about it with their friends or admit they are having problems due to labeling, bullying and finger point that occurs, especially in the school arena. Therefore programmes in schools need to look at building resilience but also to put at the forefront educating young people on what mental health is and what mental illness looks like (eg. Youth Mental Health First Aid for students), what is normal and what isn't.

Schools are amongst the biggest stigmatizing communities that exist in our society.

We should also be aware that young people do not wish to relate to the word “psychologist” in the school system as young people relate it to all the labeling mentioned above.

- There is a need to increase the diversity and breadth of early intervention programmes so that young people find a programme that suits their style of relating to the world. For example, incorporating

sports to capture young men as opposed to “talking therapies” is a positive step in encouraging young men to seek out services.

Managing waitlists – true early intervention means getting help when you need it, NOT going on a waitlist for weeks and months. This means having frontline workers who can meet with the young person immediately and offer brief intervention. This has been shown to work through the Intake Process which Youth Focus has had operating over the past year. Instead of placing a young person on the waitlist, engaging them over 2 or 3 sessions with a counselor who in the first instance takes them through “what to expect when you come to counselling”, then a brief solution focused counselling session and assessment followed by session 3 which readies them for face to face counselling with no time limit and a permanent counselor.

- Peer Support is another powerful way of engaging young people with one another and making them feel “normal” and “accepted”. There need to be more models that give young people empowering memories that are of benefit. This also helps role model what a “family” could look like to break down some of the attitudes which are picked up during the course of the camps. Youth Focus has run therapeutic and holistic camp programmes for the past 16 years with great success for their clients.
- The “one-stop-shop” model for young people clearly fits many of these criteria. Now the challenge is to make places young people want to visit and would recommend to their peers.
- What youth friendly means needs to be constantly assessed and the model adapted as each successive generation has new expectations

about what this is – Services need to keep up and not rely on what they have offered young people historically. Research must play a key role here, for instance, cyber bullying, IT counselling models, self harm and etc.

- We need to create a youth mental health model where early intervention is at the heart – accessibility, creativity, interest, support for as long as required (no time frame) and a more personalized approach where the service fits the individual.
- The need for communities as a whole to understand the importance of early intervention and good mental health – an advertising campaign which aims at reducing the stigma with services that back it up, partnerships and collaboration.
- For instance we have great difficulty in having a young person referred and accepted by Child & Adolescent Mental Health Services in this State – a young person needs to be highly suicidal, homicidal or psychotic to get a timely assessment and the necessary treatment.

As an organization that works face to face with young people and their families in the youth age group 12-25 years, we believe that by offering these suggestions and giving feedback on the “Discussion Paper for the Inquiry into Early Intervention aimed at preventing Youth Suicide” can only assist and positively allow government to assess the way forward in the prevention of youth suicide.

As professional people working in this industry we are all aware of the high risk groups such as men, older people, Aboriginal, GLBT and CALD groups; however, youth must continue to be on our radar as they are still represented

with death by suicide as the next highest death rate to traffic accidents in the 12-25 year old age group.

It is our belief that the monies committed by the Federal government for suicide prevention is a very good start, but it is also necessary for further funds to be committed to quote Australian of the Year, Professor Pat McGorry, it is still only a drop in the ocean compared to what is needed to address the issue of youth mental health in Australia.

