

YOUNG PEOPLE JOIN THE HUNT FOR ANSWERS TO THE PROBLEMS THAT ARE KILLING THEM.

On her 14th birthday Bec discovered that her mother was having an affair with a family friend.

Unable to confront her mother and terrified of the consequences of telling her father, she could only turn to her older sister for help.

"We didn't know what to do and felt so alone, having no one to talk to," Bec told national youth mental health foundation *headspace*. "I remember crying myself to sleep every night and even doing push ups and sit ups to release my anger and exhaust me enough to just collapse and easily get myself to sleep.

"I felt alone and confused, but the killer was feeling guilty seeing my dad who had no idea what was going on."

Without support, Bec quickly fell into depression and began to self-harm.

"There were times where I thought killing myself was the easiest option," she said. "I started smoking and drinking in a way to escape from my problems, but it always seemed to make me feel worse. I couldn't talk to my friends about what was going on because I didn't want them knowing that about my mum so it was just me and my sister."

Fortunately, Bec managed to overcome her fear of reaching out and spoke to her school counsellor, who has helped her to slowly get her life back on track. But for many young Australians there has been no happy ending to their story.

Only traffic accidents kill more young people than suicide.

Suicide kills more than 20 per cent of people who die between the ages of 15 and 24. Only traffic accidents kill more young people than suicide. There are correspondingly high rates of mental illness among young people, with the Orygen Youth Health Research Centre stating that one in four is likely to experience a mental health condition in the next 12 months.

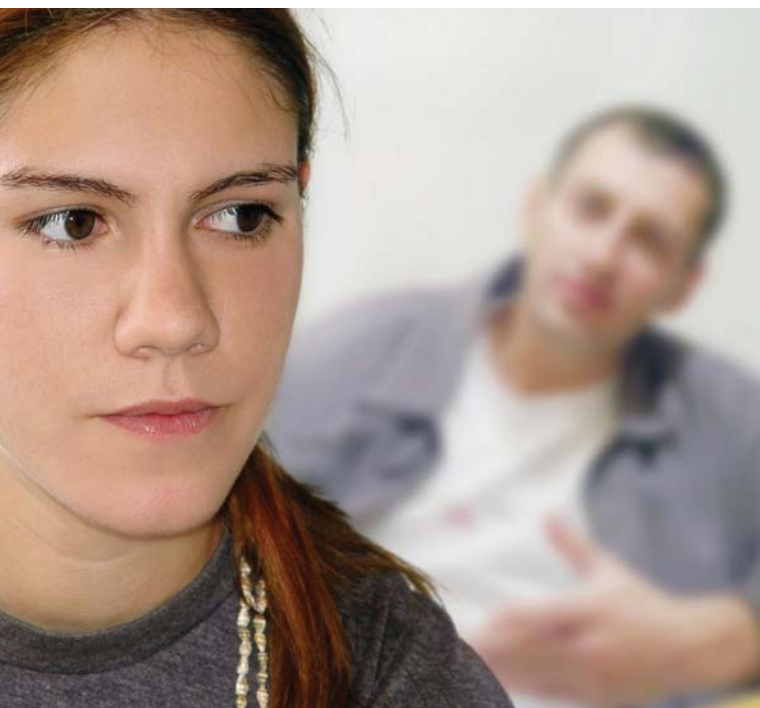
While the issue is widespread, it is also hidden. Youth mental health and suicide experts told a recent parliamentary roundtable that poor understanding of mental health in the community and associated stigma means issues often go unreported until it is too late.

STORY:
JEREMY KENNETT |

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*HIDDEN PROBLEM:
Issues that young people
face often go unreported
until it is too late.
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“Even among young people with the most severe mental health problems only half receive professional help,” Royal Australian and New Zealand College of Psychiatrists executive member Daryl Watson says.

“Parents often do not know where to go to get help or believe that they can manage on their own.

“This is a particular issue for communities and families where help seeking is not part of the culture. Stigma prevents people from seeking help.”

Chris Tanti, CEO of *headspace*, says many young people lack the knowledge about mental health to realise they need help.

“For a lot of young people they have no frame of reference for what is going on with themselves. It is hard for them to understand whether they need a service or not,” Mr Tanti says.

For Jarrad, a 21-year-old from New South Wales, it has been a five year struggle. He always thought he was to blame for all his problems, from a disconnected home life to troubles at school and with friendships. He didn’t realise he was depressed.

“I didn’t tell anyone that’s how I felt. No-one asked me. After initially doing well in high school, it all started to fall apart around the time I turned 16. I saw a therapist, who I didn’t tell how I really felt – my biggest regret. I could no longer handle my step-mother, so when I managed to get into uni, I moved out. It just got worse.”

Not being able to identify what was wrong and reach out for help almost cost Jarrad everything.

“I didn’t want help. I believed I couldn’t be helped. I didn’t want to live anymore. I was 19 when I was admitted to hospital for suicidal ideation and self-harm.”

Finally being assessed and diagnosed with major depression was the turning point for Jarrad. Treatment and therapy helped him to overcome his insecurities, and realise that not everything bad in his life was his fault.

Dr Watson says increasing mental health knowledge in the community, particularly among parents, teachers, peers

CONFUSED: *Parents often do not know where to get help.*

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and community leaders, is the key to identifying more young people at risk before they reach a crisis point.

Poor general understanding and misconceptions around mental health means warning signs are often missed, and the fear of being labelled ‘crazy’ keeps many from reaching out.

Orygen research fellow Joanna Robinson says developing skills and understanding at the school level is especially important because of the frontline role teachers and school counsellors have in working with young people.

“We know that when those people do seek help one of the first ports of call for them is teachers or school counsellors,” Ms Robinson says.

“Some specific training around managing young people who are at risk and working with people who engage in self-harm for those sorts of populations would be incredibly beneficial.”

National depression initiative *beyondblue* is working to fill this training gap through the *KidsMatter* mental health promotion, prevention and early intervention initiative aimed at primary schools around Australia.

Developed in partnership with the Department of Health and Ageing and other community providers, *KidsMatter* provides teachers with the skills to feel confident in addressing mental health concerns among their students.

Beyondblue program director Brian Graetz says the program recognises that teachers are expected to undertake a highly skilled role when mental health discussions begin at the classroom level.

“One of the things we try to do under the *KidsMatter* model is provide training for teachers on how to talk to parents – that is, to understand that they have strong interests and to understand what they are going to want out of a conversation,” Dr Graetz says.

However mental health literacy organisation *MindSavers* says the emphasis for mental health education should be on those who need it most – young people themselves.

MindSavers director Dr Deborah Selway says current models are too adult orientated, focusing on teachers, counsellors or adult mental health first aiders delivering mental health information to young people.

“What I am proposing is a more youth-directed educational model for early intervention in which youth are trained to directly share information with their peers,” Dr Selway says.

Mission Australia research in 2009 showed that the three top issues of concern for young people are drugs, suicide and body image, and that 85 per cent of youth surveyed identified their friends as their first option when seeking advice.



The fear of being labelled 'crazy' keeps many from reaching out.

"Based on that knowledge, *MindSavers* would want to see – and I am sure we would all want to see – that young people have the knowledge they need to help each other," Dr Selway says.

"Our objective is to take mental health information to the grassroots level of the youth community by trained high school students working in collaboration with their school counsellors and teachers.

"We are hoping that this early intervention strategy will help take vital information from *headspace* and *beyondblue* directly to young people and that they will utilise it. Hopefully it will help save some lives in the process."

To this end *MindSavers* has begun a small pilot project in Adelaide where young carers are given basic mental health training to help them identify and assist other young people at risk.

"The early results are very encouraging. This project design can be scaled up if necessary, but it really does meet

FACE TO FACE: Young people can be directly involved in helping each other.

the grassroots need for young people to get that information," Dr Selway says.

headspace is also working to ensure young people are directly involved in the services they receive from the organisation, from forming part of the advisory structure for management to helping design the *headspace* centres themselves.

Chris Tanti says the goal is to engage young people in a way that is relevant to them rather than to the organisation.

However one submission to the parliamentary roundtable claims the most relevant way to engage most young people at risk of suicide is not through the mental health system at all.

According to ABS statistics from 2005, men are four times more likely to die by suicide than women, and experienced counsellor Andrew claims it is inappropriate and even dangerous to refer many of these men to mental health services for treatment.

"Men typically kill themselves due to severe social stressors such as loss of a relationship, loss of or failure to gain employment, financial problems, sexual abuse or physical assault," Andrew says.

"Most of the men who commit suicide are not mentally ill and referral of these men to mental health services is actually very harmful and significantly increases their risk of suicide."

One circumstance clearly linked to suicide in young people is the previous suicide of a friend or family member.

"In Queensland 42 per cent of young people who take their own lives are young people who are bereaved



by suicide,” CEO of family services provider *SunnyKids*, Christopher Turner says. “That is research that is supported around the world.

“Young people – or anyone who is at risk of suicide through their bereavement – are also among those potential suicides that are probably easiest to prevent. We know that the likelihood of suicide by that group of people will diminish significantly if they have access to appropriate support.”

Yet finding support for this crucial group of people at risk has not always been easy.

Mr Turner points to the example of *Head High*, a support group established in 2003 by a group of young bereaved people on the Sunshine Coast who found there was no service that met their particular needs.

Head High has now developed to the point where it is partnering with government and the business community to develop support and resources for young people bereaved by suicide, and for groups working with them.

However *Head High*’s experiences at the 2007 and 2009 national suicide ‘postvention’ conferences show the difficulty in replicating successful local services on a larger scale.

“It is fascinating that at the end of each of those two conferences groups from all over the country would come to them and say: ‘We need this in our community. How can we get this in our community?’” Mr Turner says.

“We would all leave that conference and little progress would be made on that.”

This sort of breakdown is symptomatic of a broader lack of collaboration afflicting mental health services in Australia, according to Chris Tanti.

“People are often in competition with each other, so they do not cooperate around the interests of the client,” he says. “Community services are not necessarily well linked to specialist services. There is a complete disconnect when the presentation is more complex, and the client often gets left or the referral does not occur.”

Mr Tanti believes there are the resources available to provide a more complete service, if providers and the government are able to place the needs of the consumer first.

“I think there probably is enough money in the system, but it is just badly coordinated, badly allocated and badly evaluated. We need to be looking at the systems and the services and bolting them into each other. We need to make it as simple as we possibly can for the consumer.”

The goal is to engage young people in a way that is relevant to them.

The confronting statistics, complex causes and organisational issues around youth suicide can make the problem seem overwhelming.

But the stories of young people who have battled with suicide show there is hope.

Katy eventually managed to find the help she needed despite fighting self-harm and depression alone and in silence for more than a year.

“My closest friends thought I was bubbly, happy and funny – they told me in life skills once that these were my strengths. I got straight A’s. I was good at sport. I had a boyfriend. My life seemed perfect. But I still felt terrible,” Katy told *headspace*.

It was only because of concern about a friend that she was eventually able to get help for herself.

“At one stage late in 2009, I became worried that one of my friends was depressed. While I was wrong, this fear was what led me to contact *Kids Help Line*. I emailed them and didn’t receive a reply for weeks, but when I did, I felt amazing.”

If better collaboration between service providers and greater awareness of mental health issues in the community can be achieved, the road to recovery for young people like Katy might be made easier.

“Having people know has made all the difference. I fought. I survived. I am healing. But the process would have been faster and less painful if I had have sought help sooner.

“Fight, survive, heal – but not alone.” •

**Some names used in this article have been changed to protect privacy.*

MORE INFORMATION on the Health and Ageing Committee's forum on early intervention to prevent youth suicide, visit www.aph.gov.au/haa/youthsuicide or email haa.reps@aph.gov.au or phone (02) 6277 4145.