



To: NSW Parliament Committee on Children and Young People

Re: Inquiry into Prevention of Youth Suicide in NSW - Additional Question

Date: 3 April 2018

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*“What, in your view, are the best practice in-school suicide prevention programs (so that suicide postvention isn’t required)?”*

**headspace** National Youth Mental Health Foundation (**headspace**) thanks the Committee for the opportunity to respond to this question. In doing so, **headspace** brings knowledge from making a substantial contribution to the evidence base in youth mental health and suicide prevention at an individual, family, service and community level, gained over the course of more than 11 years. **headspace** views youth suicide prevention as a public health imperative and stands alongside the collaboration of organisations at both national and state/territory levels committed to achieving a significant reduction in rates of youth suicide.

In responding to the question posed by the Committee, **headspace** notes the significant work already undertaken in understanding the specific complexities that characterise suicide prevention efforts with and for a youth population. **headspace** also wishes to acknowledge the research that has been undertaken in the youth suicide postvention space, where a strong evidence base for continued practice is building. With respect to these works in research and initiatives already undertaken, **headspace** observes that youth suicide prevention, nevertheless, continues to be a new and developing field of knowledge. What *is* known, is that youth suicide is a systemic public health issue, whilst also being both an intra and inter-personal challenge. What research and evidence based practice have also demonstrated is that the dynamics that characterise the adolescent experience of development will continue to necessitate youth suicide postvention efforts.

Furthermore, what can be observed regarding the status of ‘best practice in-school suicide prevention programs’ is that research undertaken thus far lacks rigor primarily due to challenges to data collection and program evaluation. The issue is further complicated in that the concept of how such ‘programs’ are defined and what they entail has been variously interpreted to include: student facing programs at universal, selected and targeted levels; staff-focused knowledge building; ‘gate-keeper’ trainings aimed at staff capacity building in suicide prevention; parent knowledge and capacity building activities; and these are often in addition to whole of school ‘frameworks’ variously titled and coming from a range of theoretical orientations. Indeed, research and policy is increasingly cognisant that change in suicide prevention and, more specifically, in youth suicide prevention, must move away from a focus on ‘program’ based intervention and

toward the development of 'strategy' or 'framework' where change is practice focused and driven. Additionally, a key ingredient essential for lasting whole of community change, as noted in existing research into school based suicide prevention activities, is successful implementation with a focus on sustainability. In light of these observations, therefore, **headspace** would like to qualify the question responded to in this paper to alternatively be **“What, in your view, are the best practice in-school suicide prevention practices (inclusive of suicide postvention)”**.

In order to justify the position taken by **headspace** in response to this question and the recommendations made, we would like to firstly highlight that we are in support of the position taken by the NSW Child Death Review Team in their 2016-2017 Annual Report that the status of youth suicide in NSW would be greatly aided by the development of a youth specific suicide prevention/strategy plan on a state level. By having worked in youth suicide postvention across all education systems in all states/territories across Australia, **headspace** has developed a strong understanding of youth targeted community level suicide prevention activities. Whilst many states/territories include youth in their whole of community suicide prevention action plans, as mentioned previously, youth suicide prevention is unique and therefore is requiring of a targeted plan with **headspace** acknowledging the value of the activity undertaken by other State Governments in this space (see Tasmania Government Department of Health and Human Services 'Youth Suicide Prevention Plan for Tasmania 2016-2020'). The factors important to acknowledge when responding to the abovementioned question and therefore summarising an understanding of the needed scope of future youth suicide prevention activity include, but are not limited to, the following (**headspace** again acknowledges the observations made by the NSW Child Death Review Team):

- The youth of Australia (Mission Australia Youth Survey 2017) identify mental health as being their most significant concern
- Whilst the majority of mental health disorders develop in adolescence, only 1 in 4 (app) young women and 1 in 10 (app) young men will seek formal support through traditional channels (with traditional channels being those targeted by current systemic suicide prevention efforts)
- Further to this, of those young people who died by suicide in 2015 in NSW, a significant percentage did not present with typical indicators of an at-risk status
- Indeed the predictive value of traditional understandings of 'risk factors' and 'warning signs' for the assessment of suicide is currently being interrogated in the research, with these factors being even less reliable for youth suicide prevention due to the greater contribution of state based distress and situational (proximal risk factors) contributors to risk (a challenge for current staff capacity building efforts)
- Young people often tell their friends and peers first about their distress and suicidal ideation
- Social media is often a preferred forum for expressing distress and also for accessing information/assistance
- Suicide exposure is a significant risk factor contributing to future suicide risk, particularly for an adolescent population

- Elevated vulnerability post a suicide-attempt persists for at least 72 hours post (which can locate at-risk students at school)
- Connection is an imperative factor in youth suicide prevention with schools presenting as an integral location for connection to be created and maintained
- The social context of suicidality necessitates flexible strategies responsive to context
- The contribution of youth voice is not well developed at any level of youth mental health/suicide prevention.

**headspace** recognises the critical importance of schools in continued efforts in youth suicide prevention. **headspace** views the school community as being an integral opportunity for strategic, evidence based and sustainable activity working at both the system and individual levels of suicide prevention. **headspace** pays respect to the significant relational support provided to students in a school context and the role this has played and continues to play in suicide prevention. Further, we observe that the current implementation of the Youth Aware of Mental Health program shows promise based on past longitudinal studies in other jurisdictions. We see it as a positive that this program is flexible and guided by the needs of the student audience to whom it is delivered, with this being an important step toward youth voice significantly driving future suicide prevention efforts. Additionally the implementation of additional youth targeted suicide prevention programs are currently being evaluated with an Australian audience inclusive of universal programs such as SAFEMINDS, social media targeted interventions (Safe Conversations, Reframe It) and staff focused gatekeeper training such as STORM. Significant activity is being undertaken in Mental Health in Education activities on a national level to ensure a universally applicable but locally tailorable youth mental health in-schools strategy/framework is available to guide schools' future activity in this space in an evidence-informed manner. There are however significant gaps and challenges noted in current strategy targeting youth suicide prevention activities at a school level. The lack of consistent evaluation and data collection over time has meant that past programs that have been well evaluated and researched do not currently have a strong up to date evidence base behind them.

Additionally, the challenge presented for schools in driving strategic and evidence based practice inclusive of universal, selected and targeted activities exists in the number of frameworks that abound currently. Therefore better guidance as to the integration of frameworks targeting positive behaviours, trauma informed practice, social and emotional learning and mental health is essential in addition to quality implementation guidance and reinforcement of activity in this space by education and mental health systems. Further, the incorporation of mental health and suicide prevention 'programs' into school practice tends to be isolated at a particular year level/peer group and therefore the opportunities for continued and embedded learning and skill development is limited by this. Finally, consistent feedback from staff at a school level indicates a desire for broader mental health literacy building at all levels of a school community inclusive of a broader knowledge base for pre-service teachers, current teachers, and the parent body, in addition to social and emotional learning/mental health/resilience building embedded into the teaching curriculum at every stage of education.

In reviewing all of these factors, **headspace** observes that in addition to the development of a youth specific suicide prevention strategy, the following in-school suicide prevention practices/activities are integral to the future of suicide prevention for NSW:

- The development of a package of teaching guides and resources, guided by best practice and youth voice, which allows for the integration of social and emotional learning into teaching practice commencing at early learning and persisting up to point of completion of year 12
- The development of a companion guide for parents enabling the embedding of social and emotional learning practice at home
- System level endorsement of a whole of school framework guiding strategic and evidence based mental health practice at all levels (prevention, early intervention, intervention and postvention). Framework implementation is guided and resourced in an ongoing manner to ensure consistent and sustainable implementation and activities which are data driven at a school level
- Provision of evidence based training for teaching staff reflective of their need for broad mental health knowledge building and skill development with allowance for additional scaffolded knowledge/skill development reflective of the demands of role
- The development and provision of a youth facing training implemented consistently across all schools/systems and targeted at equipping student with core peer/friend support skills, particularly for peers/friends in distress
- The delivery of training to all school wellbeing/leadership teams targeting return to school processes and support provision for students at risk following a suicide attempt or suicide related activity.
- Approaches to assertive aftercare in cases where children and young people have expressed acute suicidal ideation or had a suicide attempt. This must place the child/young person at the center of this coordinated response and include health and mental health professionals, education professionals, and of course the family

If the Committee has any questions, please do not hesitate to contact Kristen Douglas, National Manager, **headspace** in Schools Email. [REDACTED]