

**Submission
No 13**

PREVENTION OF YOUTH SUICIDE IN NEW SOUTH WALES

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Inquiry into the Prevention of Youth Suicide

PARLIAMENT OF NEW SOUTH WALES COMMITTEE ON CHILDREN AND YOUNG PEOPLE

Submission: Grand Pacific Health

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Grand Pacific Health

Grand Pacific Health (GPH) provide a wide range of high quality health and mental health supports to communities across South Eastern NSW and the ACT including Wollongong, Bega, Goulburn, Batemans Bay and Queanbeyan.

Specific challenges noticed by GPH.

The geographical area that GPH services includes regional and rural areas. It is our observation that young people in these areas experience significant challenges due to:

- Limited services (across the spectrum of suicide intervention).
- Distance and limited public transport to get to service.
- Limited access to internet based interventions due to issues with connectivity.
- Limited access to non-clinical activities (sports, dance, artspace etc) that can play a part in increasing young people's wellbeing.
- Increased experience of risk factors such as social disadvantage, limited employment and educational opportunities
- Limited support for young people at risk of homelessness or those attempting to leaving domestic violence
- Young people's family also experience high rates of challenges (financial stress, family breakdown, mental health issues etc) that compromise their capacity to support their young people. There are almost no services which provide family therapy to treat family dysfunction in the rural areas.

As a service providing support to young people challenges for GPH include

- 1) Recruiting and retaining staff.

There is also a shortage of appropriately mental-health trained clinical and non-clinical staff in regional and rural areas, which can result in under-qualified/under-resourced individuals providing



support to young people. This is further compounded by the limited availability of youth-friendly services and creates an environment where young people are reluctant to access support due to concerns over confidentiality, poor treatment and stigma.

2) Lack of Co-ordination of services

There is often a lack of coordination and collaboration between services within regional and rural areas, due to a number of reasons, such as competitive tendering and continual changes to service provision and funding requirements. This leads to an inconsistent and often uncoordinated approach to suicide prevention, limited engagement by the community with existing services (as these services often change) and a lack of help-seeking knowledge among the community.

Unfortunately, the capacity to develop a comprehensive community-wide approach to suicide prevention is often not possible within regional and rural areas, where service funding cycles do not allow for long-term planning and commitment from service providers within the sector. As a result, services that are not tied to fixed-term funding (such as General Practitioners, Local Health Districts and Education) find it difficult to work collaboratively with a sector that is continually changing. Often this results in young people not getting the most appropriate and effective support in a timely manner, as referral pathways are unclear.

3) High levels of stigma

This lack of co-ordination exacerbates the stigma associated with suicide, as communities do not have adequate levels of mental health literacy and often have existing ideas about “getting on with it” in rural communities. Suicide is often not seen as a priority until a suicide event has occurred, which inevitably results in a reactionary response.

GPH has attempted to address these issues in the following ways;

- Have a staff member on the community Suicide Prevention Network committee
- Have a staff member dedicated to suicide post-vention co-ordination (holding meetings with relevant services after the death of a young person by suicide)
- Co-ordinating with GP practices demonstrating a focus on supporting young people in order to provide supporting services (psychological services)
- Working with a local high school to deliver ongoing mental health literacy training to their students.
- Trialling the “read the play” mental health literacy program in a hope of rolling it out in local sporting teams.
- Implementing a referral pathway for young people accessing already established youth service (i.e. youth homelessness service) to a free psychological service – however this service has fixed term funding.

We thank you for this opportunity to contribute to this inquiry and if you have any further queries regarding this submission, please contact Chris Pittolo (Youth Health Clinical Psychologist) at

