

**Submission
No 11**

PREVENTION OF YOUTH SUICIDE IN NEW SOUTH WALES

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Mental Health Commission
of New South Wales



Inquiry into the Prevention of Youth Suicide

Submission to Committee on Children and Young
People by the Mental Health Commission of NSW

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Submission to the Committee on Children and Young People: Inquiry into the Prevention of Youth Suicide <https://www.parliament.nsw.gov.au/committees/inquiries/Pages/inquiry-details.aspx?pk=2447#tab-termsofreference>

1. The Mental Health Commission of NSW

The Mental Health Commission of NSW is an independent statutory agency responsible for monitoring, reviewing and improving mental health services and the mental health and wellbeing of the people in NSW. It works with government agencies and the community to secure better mental health and wellbeing for everyone, to prevent mental illness, and to ensure the availability of appropriate supports in or close to home when people are unwell or at risk of becoming unwell.

The Commission promotes policies and practices that recognise the autonomy of people who experience mental illness and support their recovery, emphasising their personal and social needs and preferences as well as broader health concerns.

The Commission is guided in all of its work by the lived experience of people with a mental illness.

The Commission works in three main ways:

- Advocating, educating and advising about positive change to mental health policy, practice and systems in order to support better responses to people who experience mental illness, and their families and carers.
- Partnering with community-managed organisations, academic institutions, professional groups or government agencies to support the development of better approaches to the provision of mental health services and improved community wellbeing, and promote their wide adoption.
- Monitoring and reviewing the current system of mental health supports and progress towards achieving the Actions in *Living Well: A Strategic Plan for Mental Health 2014 - 2024*, and providing this information to the community and the mental health sector in ways that encourage positive change.

The Commission will address the Terms of Reference under three themes:

- Coordination, integration, governance, accountability
- Services
- Data.

2. Coordination, integration, governance, accountability

Suicide prevention is a shared Commonwealth and state responsibility. A large number of community-managed organisations also undertake suicide prevention activities at national, state, regional and local community levels.

Under the Fifth National Mental Health and Suicide Prevention Plan, there is an opportunity to establish formal governance and accountability mechanisms between the states/territories and Commonwealth for suicide prevention. The National Mental Health Commission will have a role in monitoring the suicide prevention priority area.

The profile of suicidality and of available services varies widely between regions. Localised assessment of need and service coordination are required to respond to this variation. The 10 Primary Health Networks (PHNs) in NSW are well-placed to create regional plans and provide a coordinating role in suicide prevention, together with local councils and Local Health Districts (LHDs). An example of this model is working well in the Clarence Valley local government area. Steered by a multi-agency collaboration, *Our Healthy Clarence* is not

youth-specific, nor is it solely a suicide prevention model; it is a broader mental health and wellbeing plan for all ages.

In 2017, the Commission provided a grant to the Centre for Rural and Remote Mental Health (CRRMH) to review and develop a community wellbeing collaborative model for rural and regional NSW, beginning with documenting the *Our Healthy Clarence* model. The intention is for the Commission and the CRRMH to support other rural communities with high suicide rates to establish wellbeing collaboratives tailored to their needs, and, like *Our Healthy Clarence*, informed by the LifeSpan “systems approach” interventions.

The LifeSpan research trial [underway in NSW](#) represents the most significant current investment in suicide prevention in NSW. It involves the implementation of [nine evidence-based strategies](#) from population level to the individual, implemented simultaneously within a localised region. For successful delivery, all strategies require a thorough consultation and review process to ensure their relevance and tailoring to the local context and community. The strategies are:

- Aftercare and crisis care following a suicide attempt
- Access to quality psychosocial and pharmacotherapy treatments
- GP capacity building and support
- Frontline staff training
- Gatekeeper training
- School-based programs
- Community mental health literacy campaigns
- Media guidelines
- Restricting access to lethal means

LifeSpan includes an intervention strategy specifically aimed at young people (see page six for details).

To date, the Commonwealth Department of Health has had an arm’s length approach to PHNs’ suicide prevention commissioning, having provided them with [a guide](#) to implementing the systems approach to suicide prevention but not insisting they employ all nine strategies. In NSW, the PHNs conduct local needs assessments to address their regions’ unique suicidality profiles and work in partnership with the LHDs, the Rural Adversity Mental Health Program and the Ministry of Health to develop appropriate local programs.

The Commission co-chairs with the NSW Ministry of Health the NSW Suicide Prevention Advisory Group (SPAG), which meets twice a year and was established to ensure all organisations involved in suicide prevention in NSW could share knowledge about program performance, understand service gaps and avoid duplication.

At the request of the NSW Minister for Mental Health, the Commission is currently preparing a whole-of-population, strategic suicide prevention framework for NSW, with oversight from a sub-group of the SPAG.

3. Services

As the Commission has argued since its inception, mental health reforms must address the gaps in services, from early intervention right through to inpatient units in hospitals. Even with excellent mental health promotion, for example by the [Rural Adversity Mental Health Program](#), suicide prevention literacy resources like [Conversations Matter](#), and awareness raising tools for local communities like [Communities Matter](#), the critical gap that remains is being able to access mental health services at the time they are needed. The Commission has heard repeatedly from young people that:

- There are no services where the young person lives, and transport is either non-existent or too expensive;
- Young people are frequently told they are ineligible for headspace services as they are either too unwell or not unwell enough;
- Children and young people discharged from hospital receive no follow-up.

Many services that have a role to play in suicide prevention and wellbeing promotion are not health services, for example sporting and religious clubs, Police & Community Youth Clubs, schools, and TAFE and university student services.

In order to ensure that young people will attend them, services must be accessible, available on Medicare and culturally safe for young people from Aboriginal, LGBTI and CALD communities. Tools tailored to specific communities, like the [iBobbly app](#) (a self-help app for Aboriginal people with suicidal thoughts) do not replace services in the young person's town or community.

In addition to adequate mental health services, gatekeeper training for non-clinical services is critical, as it builds local capacity to respond to local needs. Someone experiencing suicidality may talk to someone they trust - a friend, a youth worker, their hairdresser, their stock and station agent. These people are "gatekeepers", best placed to influence the suicidal person's decision to access care. These gatekeepers need mental health literacy and the skills to assess, manage, and provide resources for people they are worried about. If a basketball coach knows the warning signs of suicidality, then s/he can recognise and respond with confidence. In the four LifeSpan trial sites, potential gatekeepers across the community are identified and receive evidence-based gatekeeper training. This should be replicated state-wide.

The Commission understands that the Ministry of Health is currently undertaking an audit and review of existing gatekeeper training models and materials, particularly those delivered by NSW Health services, to identify opportunities and minimise duplication.

The Commission believes that suicide prevention gatekeeper training should cover teachers, nurses, GPs, juvenile justice and prison staff, headspace staff and community managed organisations operating group homes for young people in out of home care. Gatekeeper training must be in the professional development options for frontline workers, such as emergency department non-clinical staff (reception and security staff), police and ambulance officers.

Schools provide a cost-effective and convenient way of reaching all young people, not just those with identified mental health issues, in a non-clinical setting. In any case, only a quarter of young people with mental health problems receive care from health services.

Even among young people with the most severe mental health problems, only 50% receive professional help (source available [here](#)).

The LifeSpan suicide prevention trial currently underway in NSW includes a school-based program, [Youth Aware of Mental Health \(YAM\)](#), adapted for the Australian context (including the Aboriginal and Torres Strait Islander context). Effective school-based programs focus on increasing help-seeking, mental health literacy, and knowledge of suicide warning signs and help strategies. YAM has been successfully [trialed in eleven countries](#) and is currently being rolled out to all schools (public, independent and Catholic) in the LifeSpan trial site regions. The Commission welcomes the NSW Government's recent decision to invest in the recruitment of 10 YAM specialist trainers which will enable the Department of Education to expand YAM to all public high schools in NSW.

Following a suicide of a student, the quality of intervention is key to addressing the contagion effect. At present there is no state-wide postvention program, although the Independent Schools Association has an agreement with headspace School Support which delivers postvention services on request. The NSW Government should consider developing postvention guidelines for school principals along the lines of the Victorian Department of Education's [Guidelines to assist in responding to attempted suicide or suicide by a student](#), to ensure consistent, proactive evidence-based approaches are adopted by public schools in the event of a school suicide.

6. Data

The Commission is mindful that Australian media reporting, and some mental health advocates, can sometimes lead audiences to believe that the highest suicide rates are in the 12-25 years age group, whereas in fact the rate is much higher in older people, in particular men aged 35-54 years, Australia-wide. The highest suicide rate has consistently been in men aged 85+ years. (source: Australian Bureau of Statistics, [Causes of Death, Australia, 2015](#))

That said, the intentional self-harm rates in young people are increasing, and self-harm is a pathway to suicidal behaviour. An August 2017 Australian Institute of Family Studies report, [Self-harm and suicidal behaviour of young people aged 14-15 years old](#), shows that 10 per cent of 14 to 15 year olds interviewed reported self-harm over a year-long period, and five per cent had attempted suicide.

In order to develop a holistic picture of suicidality in NSW, so that effective strategies to reduce it are designed, better mechanisms are needed to help bring disparate data sets together. The lead agencies in the LifeSpan trial sites are doing this already, conducting data audits and entering into local data-sharing agreements.

The Commission, together with the state Coroner, has been exploring the potential for a NSW suicide register along the lines of the Victorian Suicide Register. To begin developing a holistic picture, there is a need to bring together the combined expertise of InforMH (data unit of the Ministry of Health's Mental Health Branch), the Black Dog Institute and other key organisations and researchers to build on the data collection work already begun in the LifeSpan trial sites and to apply it more broadly across NSW.

Mental Health Commission of NSW

The Mental Health Commission of NSW thanks the Committee on Children and Young People for the opportunity to make a submission to this Inquiry. Should you wish to discuss any of the issues raised in this submission in more detail, please contact Ms Kerri Lawrence, Manager, Strategic Engagement and Innovation, on [REDACTED]
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