Submission No 19

PREVENTION OF YOUTH SUICIDE IN NEW SOUTH WALES

Organisation: Orygen, The National Centre of Excellence in Youth Mental Health

Name: Ms Vivienne Browne

Position: Senior Policy Analyst

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Orygen
The National Centre of Excellence in Youth Mental Health

Submission

Parliament of New South Wales Committee on Children and Young People: Prevention of Youth Suicide in New South Wales Inquiry

About Orygen

Orygen, The National Centre of Excellence in Youth Mental Health (Orygen) welcomes the opportunity to provide input to the Parliament of New South Wales Committee on Children and Young People Youth Suicide Prevention Inquiry.

Orygen is the world's leading research and knowledge translation organisation focusing on mental ill-health in young people. At Orygen, our leadership and staff work to deliver cutting-edge research, policy development, innovative clinical services, and evidence-based training and education to ensure that there is continuous improvement in the treatments and care provided to young people experiencing mental ill-health.

Orygen's suicide prevention research program comprises a number of discrete projects that together seek to examine the efficacy, safety and acceptability of interventions specifically designed for at-risk young people. It also has a strong focus on evidence-synthesis and on informing and evaluating national, and state-based, suicide prevention policy.

Orygen released the *Raising the bar for youth suicide prevention* report in November 2016. This was a culmination of an extensive program of work conducted throughout 2016 by Orygen in consultation with the Australian youth mental health and suicide prevention sectors and in partnership with young people. The report calls for reinvigorated suicide prevention responses that specifically respond to the needs and experiences of young people. The findings of this report are discussed throughout this submission.

Overall comments

Suicide is the leading cause of death of young people in Australia. In 2015 more young people died by suicide than any other cause including car accidents, accounting for a third of deaths in this age group. An analysis of ABS and coronial suicide data over the past 10 years also indicates that a) suicide rates among young people have been increasing, and b) a youth suicide is more likely to be a part of a cluster than an adult suicide. Further, the most recent Australian Child and Adolescent Health and Wellbeing Survey found 7.5 per cent of 12-17 year olds reported having considered suicide in the past year and 2.4 per cent had made an attempt. Australian research also found close to one in four young women aged 20-24 years reported they had self-harmed during their lifetime and AIHW data show rates of hospitalisations for young women aged 15-19 for self-poisoning have increased dramatically.

There have been substantial investments and efforts in suicide prevention in the last 10 years. While all governments in Australia have made significant efforts through policy, program and investments in

the past 20 years to respond to these preventable deaths, the only period when a notable decrease in suicide among young people occurred was after the release of an Australian dedicated Youth Suicide Prevention Strategy (an approach which led the world at the time). Since then, Orygen believes suicide prevention policies and approaches have not fully met the needs, experiences or preferences of young people, particularly in an era of rapid advancements in technology and increased uncertainty and stress for this age group.

Access to timely and affordable youth mental health care is crucial. One of the strongest risk factors for suicide-related behaviour is the experience of mental ill-health. Young people with serious and complex experiences of mental ill-health, for example affective disorders, personality disorders and psychosis, are most at-risk of suicide and yet many are unable to access the youth-focused specialist support services they need. There is a need to urgently respond to any existing or emerging gaps in care.

Resources and supports need to be provided where young people seek help. Help-seeking preferences among young people are different to other age groups. Young people are less likely to seek mental health information from a GP than other age groups. Instead, Australian survey data indicates they would be most likely to approach a peer or a family member for support. However, young people who have had experiences of suicidal ideation also state that they often don't find these sources as helpful as they could be. There are also range of online and TeleWeb services that young people utilise and are highly regarded. Therefore youth suicide prevention strategies need to:

- *Better understand and utilise technology*: This includes identifying technology specific actions within suicide prevention strategies and activities. Existing TeleWeb infrastructure should be supported and platforms augmented to ensure they are age appropriate, co-designed with young people and address existing gaps in online and offline mental health care.
- *Consider the role of families and peers*: Families are important sources of information and facilitators of help-seeking. There is a need to ensure they have access to evidence-based information and resources which support them through conversations about suicide with young members of the family.

Young people should be involved in the design, delivery and evaluation of suicide prevention responses. Future youth suicide prevention policies and programs must make assertive efforts to involve young people as partners and co-designers. Young people are seeking these opportunities. Their involvement will improve their acceptability, appropriateness and, most likely, their efficacy at reducing suicide and suicide-related behaviours among young people.

Direct and safe conversations are needed in schools and tertiary education settings. Governments need to incorporate suicide prevention into mental health education programs which are delivered in secondary education settings and, importantly, extend these programs into tertiary education settings which are currently being missed. There is emerging evidence that, if approached carefully, conversations with young people about suicide can be safe and effective. Further, training and supporting a peer workforce in schools and higher education settings can both a) build suicide prevention literacy among those trained and b) facilitate appropriate help-seeking in students at-risk.

There is a need to improve data collection and monitoring. Current data available on suicide and suicide-related behaviours (including self-harm) are incomplete and untimely. Governments should develop systems to monitor and aggregate data from a range of sources, including police, hospital, emergency and first responders. Linked sentinel systems, particularly across hospitals monitoring self-harm and suicide-related admissions would support both the development of real-time data (and risk)

capture. These systems could also provide valuable information regarding the impact of policies, legislation, investments and local responses on suicide-related outcomes.

Feedback to Terms of Reference

a. Any gaps in the coordination and integration of suicide prevention activities and programs across all levels of government

A national framework

One of the most notable gaps in the coordination and integration of government suicide prevention efforts in recent years has been the absence of a reinvigorated National Suicide Prevention Plan developed and endorsed by the Council of Australian Governments (COAG). It is anticipated that this will be rectified in August 2017 with the release of the Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan).

The existing national plan for suicide prevention (The Life Framework) is over 15 years old. In its time it provided a national frame of reference from which state and territory governments developed and coordinated their own suicide prevention policies and programs.

However, there are concerns that the health/mental health portfolio focus reflected in the draft Fifth Plan[1] could miss the broader social, cultural and economic factors of suicide and potentially result in:

- A failure to incorporate and coordinate a range of services and systems that should be involved in national suicide prevention efforts (including education, employment, justice, social and community services).
- Poor alignment with a number of current state and territory suicide prevention plans which have been structured around the social determinants of suicide and attribute responsibility for action and activities across a range of portfolios and service systems.

Piecemeal programs and poor evaluations

A criticism of suicide prevention efforts across governments over the past decade includes the:

- Fragmented, piecemeal and uncoordinated approach to suicide prevention.
- Paucity of quality evaluations that have been conducted to understand the outcomes of these programs. This has resulted in significant gaps in Australian-based evidence of what works, what doesn't, what is cost-effective and what could potentially be scaled-up.

As such, it is important that future NSW Government suicide prevention activities are supported by an evaluation framework, one which can be applied consistently across funded programs. It is also important that program budgets incorporate evaluation costs and that the framework is developed to be appropriate for young people and utilises modalities and methodologies that they find accessible.

Orygen believes the coordination and integration of evidence-based efforts across governments could be improved by:

- A national 'better practice register' of suicide prevention programs and interventions, for which Suicide Prevention Australia has recently received Australian Government funding to deliver.
- All governments agreeing on and adopting mechanisms through which information on suicide prevention activities, funding and evaluations can be shared and updated.

Regional models of community-based suicide prevention

There has been an increasing focus on the development of place-based models for suicide prevention, prioritising regionally-led solutions and action. The Australian Government has recently funded 12

Primary Health Networks (PHNs) to develop and implement community-based models of suicide prevention, including two in NSW (Western New South Wales and North Coast NSW).

Trials of the systems model (LifeSpan) are also being conducted in four sites across NSW. These are being led by Black Dog and the Centre for Research Excellence in Suicide Prevention (CRESP), funded by the Paul Ramsey Foundation and delivered in partnership with the NSW Government.

Given the number of regional suicide prevention models to be trialled across NSW communities, the NSW State Government is well positioned to ensure these large-scale government efforts are coordinated. It is important that the progress and outcomes emerging from these sites are monitored and shared, particularly regarding their efficacy and appropriateness across a range of population groups (including young people) and locations (rural compared to metro).

It is also important that any additional NSW Government funding, particularly into the PHN pilot regions, responds to any emerging gaps in mental health service delivery and improves the quality and safety of care provided by state-funded hospital, mental health and emergency services.

Finally, it should be recognised that there will remain large areas of the state which will not immediately benefit from the work undertaken in the regional suicide prevention model pilots. It is important that suicide prevention initiatives in these areas remain well supported and funded.

b. Governance arrangements and accountabilities for suicide prevention

Whole-of-government response

There is a need for better governance and more clearly delineated roles and accountabilities for suicide prevention across all levels of government.[2]

Across many states and territories, the responsibility for suicide prevention policy has historically been positioned within health and mental health portfolios. The involvement and leadership of these portfolios is important, due to the strong correlation between poor mental health and suicide risk among young people.[3] However, suicide and suicide risk are also impacted by a range of social and economic determinants, including loss of industry, housing affordability, family breakdown and high costs of education and training.[4] As such, there is a strong case for governance to include the breadth of portfolios and departments accountable for these areas.

One approach would be to position overall governance of suicide prevention within the Department of Premier and Cabinet (DPC), articulating it as one of the 'Premiers Priorities'. DPC would then be responsible for the development and oversight of a NSW Suicide Prevention Framework with accountabilities spread across public entities, departments and portfolios.

There is also a need to establish an interdepartmental and cross-portfolio mechanism which can support suicide prevention across NSW. Chaired by the DPC, this mechanism could:

- Ensure suicide prevention is positioned as a whole-of-government priority and responsibility.
- Be advised by the NSW Mental Health Commission and the NSW Suicide Prevention Advisory Group, both established NSW bodies comprising key stakeholders and experts in this field.

A specific youth suicide prevention plan

Rates of suicide have been steadily increasing among young people over the past 10 years.[5] During consultation for the *Raising the bar* report, stakeholders and young people were in agreement that suicide prevention looks different for young people. They believed existing plans and activities haven't fully considered or responded to the unique factors influencing suicide risk among young people, or

their help-seeking preferences and behaviours.[6] As such the report called for the development of a separate Youth Suicide Prevention Implementation Plan. This plan should:

- Be developed in partnership with young people.
- Reflect evidence-based practice shown to be effective for this age group.
- Provide a targeted suite of actions and program delivery that are accessible and acceptable to young people.

This approach has already been undertaken by the Tasmanian Government in 2016.[7] At the very least, Orygen believes all government suicide prevention strategies should include a specific section dedicated activities and programs which respond to suicide risk in young people (12-25 years).

With an emphasis on partnering with young people in its design and development, a specific youth plan/section would address the unique needs of young people, with particular consideration given to:

- Specific groups of young people who may be at elevated risk (including young people with serious and complex experiences of mental ill-health; Aboriginal and Torres Strait Islander young people and LGBTIQ young people).
- The help-seeking patterns and preferences of young people.
- The important role of families and peers.
- The settings for effective youth engagement and service delivery (including a much greater emphasis on technology).

In the development of a suicide prevention strategy, Orygen recommends the NSW Government:

- Commission sector leaders with experience in youth engagement, youth mental health and suicide prevention to produce a framework for young people's engagement in suicide prevention. This would support the planning and implementation of both state-wide and regional suicide prevention efforts.
- Actively establish connections with networks of young people who could help inform the design and implementation of the NSW Suicide Prevention Plan or specific Youth Plan.

Health portfolio accountabilities

There remains a clear need for increased accountability across the state-funded health sector both in regards to a) the quality and safety of care provided within hospitals and emergency departments following self-harm or a suicide attempt and b) the coordination of post-discharge care.

Care in emergency departments and hospitals: The standards of care for young people who present to hospital after self-harm or a suicide attempt urgently need to be improved. Orygen's *Looking the other way: Young people and self-harm* report found some instances of alarmingly poor responses to young people presenting with self-harm in emergency departments and hospitals.[8] These responses often lacked compassion and were sometimes antagonistic and harmful.

Evidence-based standards of care and training for professionals (clinical and non-clinical) responding to self-harm and suicide attempts are required immediately. While currently the NSW Government's Mental Health Guide for Emergency Departments notes 'empathic, non-judgemental and professional attitudes are critically important for the effective assessment and management of these patients',[9] Orygen believes further resources and periodic training are required for NSW health and mental health services which:

- Focus on compassionate, understanding and positive responses.
- Include a needs assessment, including mental health assessment.

- Are developed and delivered with the participation of people with a lived experience (including young people).

Post-discharge care: There are a large number of research studies suggesting that the period following discharge from psychiatric inpatient care, and/or admission for a previous suicide attempt, carries a very high risk for suicide or further attempts.[10]

However, recently published research on community care provided following a suicide attempt (NSW 2005-2011), found:

- A small majority of people did not receive any follow-up care from a community mental health service within 30 days of being discharged from hospital.
- For those who had not previously been connected with a community health care service the results were even lower, with less than one third receiving care.[11]

This is an urgent national issue, as identified by the Australian Government,[12] and not restricted to NSW only. Orygen commends the recent $750,000 investment by the NSW Government to extend the *Way Back Support Service* in Newcastle after evaluation. Providing a similar investment to roll out this model across all Local Hospital Networks in NSW should be considered. In regards to young people, there is a need to:

- Provide referrals and access to follow-up care options that are accessible and acceptable to young people.
- Proactively utilise technology-based, youth friendly supports (including Kids Helpline, Lifeline's crisis line and chat service and eheadspace) in providing follow-up care and monitoring future suicide risk.

c. Provision of services in local communities, particularly in regional and rural areas

Young people living in rural or remote areas of Australia are at increased risk of suicide, suicide-related behaviours and self-harm.[13,14] They have limited access to mental health services and may be more likely to experience of a number of factors which increase suicide risk, such as socioeconomic disadvantage, resulting from unemployment, loss of industry and isolation.

The ripple effects of a suicide can also be amplified in these small communities. In an analysis of suicide clusters undertaken in the development of the *Raising the bar* report, 39 out of 53 youth suicides identified as part of a cluster occurred in remote areas of Australia.[15] The cluster of youth suicides recently on the North Coast of NSW is another tragic example of the contagion effect of a young person's suicide, particularly in regional/rural communities.

As identified earlier in this submission, there are a number of initiatives underway by both the Australian and NSW Government to develop, trial and evaluated place-based regional suicide prevention models and responses.

In the *Raising the bar* report, Orygen reviewed early information available regarding the systems model developed by Black Dog and CRESP. A number of areas were identified where specific attention was needed to ensure these activities were appropriate, accessible and acceptable to young people. These included:

- Use of technology in service delivery and understanding the role/value and risks of social media in suicide reporting and responses for young people.

- Training of gatekeepers that young people identify they would be most likely seek help from (this could include a greater focus on peer and family supports as well as sporting clubs and art/music groups).
- Providing timely postvention services.
- Inclusion of tertiary education settings (including Universities and VET providers) in education program development and delivery.

In developing service and responses in communities, Orygen would recommend:

- The NSW Government work closely with PHNs, designers of regional models and **young people** to ensure that these models are developed and evaluated in a way that meet the needs of young people.
- Explore opportunities for the co-commissioning of services by PHNs and LHNs in regional and rural areas (particularly to provide assertive regionally tailored follow-up care and support for young people following an episode of self-harm or suicide attempt and/or postvention support following a suicide in the local community).

d. Provision of services for vulnerable and at-risk groups

There are a number of groups of young people who are at greater risk of suicide (as shown in their current overrepresentation in suicide statistics). These include: young men, Aboriginal and Torres Strait Islander young people, LGBTIQ young people, young people in, or exiting, out-of-home care, young people in contact with the justice system and homeless young people.

One of the strongest risk factors for suicide-related behaviour is the experience of mental ill-health which has been found to be present in around 90 per cent of young people who die by suicide.[16,17] Individuals with a history of self-harm (a behaviour which often commences during adolescence and young adulthood) are also at increased risk.[18]

Orygen believes that the provision of youth friendly, acceptable and appropriate mental health care is of critical importance in suicide prevention efforts. The recent headspace evaluation survey found that contact with the service significantly reduced suicidal ideation and repeat episodes of self-harm among young people[19]

While headspace services are primarily funded by the Australian Government, the NSW Government could seek opportunities to invest in and enhance these services, particularly to strengthen linkages and pathways into the tertiary/acute services provided by the NSW Government. Orygen believes providing seamless youth mental health care that responds early to both suicide risk and mental ill-health in young people could provide one of the 'best-bets' for suicide prevention moving forward.

Young people who have been exposed to suicide of a peer/connection

A recent analysis of suicide cluster data has shown that a youth suicide is more likely to be part of a cluster than an adult suicide.[20] Orygen believes young people who have been exposed to the suicide of a peer or member of their family or community are particularly vulnerable. It is therefore important for suicide prevention policies, frameworks and regional models to incorporate and evaluate postvention responses.

Postvention services or activities are designed to reduce the distress and trauma experienced by a community (often a school community) following the death of a student, and to reduce the risk of subsequent deaths. Given that youth suicides more commonly occur in clusters than adult suicides, and that schools are a common setting in which clusters can occur, postvention activities in education

settings (including tertiary education) are important to reduce the risk of subsequent deaths. Other important settings to consider again include local sporting clubs and community groups.

e. Data collection about the incidence of youth suicide and attempted suicide

Improved data collection and monitoring is crucial to build our understanding of the nature and prevalence of suicide, as well as suicide attempts and self-harm. This would:

- Improve the targeting and timeliness of responses, particularly for vulnerable populations and situations.
- Determine the effectiveness of policy, program or service interventions into the future.

Suicide data

There is a delay of up to two years in the data available on suicide in Australia. Currently suicide death statistics are collected via the National Coronial Information System (NCIS). The ABS then reports on these on an annual basis. However, there can often be long delays in the commencement and proceedings of a coronial inquiry. Further there are likely to be deaths by suicide that are not identified or interpreted correctly through the coronial system processes.

While suicide registers exist in some states such as Victoria and Queensland, with Tasmania investigating the establishment of one, stakeholders in suicide prevention have identified opportunities to further improve this situation. State and territory governments are in a good position to draw many of the relevant sources of data together. This would include:

- Improved surveillance across systems including hospitals, first responders and police.[21]
- Real-time data collection and monitoring which would bring together different approaches and data sources such as police, ambulance/first responders, hospital data and social media reporting.[22]

Suicide attempt and self-harm data

Opportunities also exist to extend routine self-harm and suicide attempt data collection and monitoring systems in hospitals to include first responders (police and ambulance) and emergency department presentations and collect detailed clinical and demographic information in an ongoing way. Given the link between self-harming behaviours and future suicide attempts, understanding the prevalence, experience and effect of interventions for this group of (predominantly) young people is crucial for suicide prevention efforts.

Linked multi-centre sentinel systems, such as the one implemented in the United Kingdom,[23] have been shown to provide timely reports of changes in rates or characteristics of self-harm and suicide attempts for the purposes of planning and evaluation of both state and national service provision.[24]

Australia's only established self-harm sentinel data system is in Newcastle, New South Wales. Orygen has also partnered with hospitals across North West Melbourne to develop robust systems for monitoring hospital presentations of young people who self-harm. This information will then be utilised to facilitate crucial improvements in the delivery of support to young people who present to hospital with self-harm. There are plans to link this project to other collaborators across Australia, including in Sydney.

Developing similar linked systems (building upon the Newcastle model and work being conducted by Orygen) across other hospitals in NSW and Australia could, at a relatively low cost, support the development of a much needed dataset of the prevalence of, and characteristics associated with, self-harm and could be extended to other suicide-related behaviours including attempts.

f. Provision of high-quality information and training to service providers

The *Raising the bar* report identified a range of suicide prevention training and information now available across Australia, and recognises the strong focus on these activities in systems models being trialled nationally.

Gatekeeper training

There are a number of evidence-based gatekeeper training programs that can be delivered to young people including: Signs of Suicide (SOS), Sources of Strength and Question, Persuade and Refer (QPR). A research review of these programs highlighted that these programs have been found to:

- Be effective at improving the knowledge, attitudes, self-efficacy and perceived competence of gatekeepers in the short-term.
- Possibly influence skills and referral behaviours of gatekeepers.
- Possibly make help-seeking for suicide risk more acceptable for young people.[25]

However as this review states: *'most studies have not examined the referral patterns and pathways following gatekeeper training. Therefore, it remains to be determined if this type of intervention actually does increase the identification, referral and provision of services to young people at-risk of suicide and how this relates to reported reductions in suicidal behaviours and suicide rates.'*[26]

Further, in Australia, young people appear less likely to seek out support for mental health concerns from a GP.[27] They regularly identify in national youth survey data that their preferred sources for seeking help are family and friends.[28] However, they have also reported that these sources are not as helpful as they could be.[29] It is therefore important that in youth suicide prevention efforts the 'right' providers and community groups are provided with suicide prevention information and training. Involving young people in the design, development and delivery of information and training could also support better targeting, acceptability and accessibility of these programs.

Through the NSW suicide prevention funding and activities Orygen would recommend:

- Funding research and evaluations which provide longer term follow-up of outcomes (including rates and instances of suicide and suicide-related behaviours at a study and population level) in communities where gatekeeper training has been delivered.
- Targeting gatekeeper training to individuals who young people may be likely to seek help from. This includes not only teachers, but also parents and other students/peers.
- Involving young people in the development and delivery of suicide prevention training. Training young people to be peer gatekeepers may increase their own mental health literacy while supporting their at-risk peers to access services. Involving young people may also improve the appropriateness and acceptability of the program for other young people. One example is the safeTALK program, developed by Orygen and Lifeline[30].

Workforce capacity

There is also a need to assertively address the capacity and capability of the current and future workforces in youth suicide prevention information and responses. This includes incorporating the diversity and breadth of the workforce required (including rural areas and multi-systems e.g. health, education, social services and justice).

One way to build base-level competencies for the future workforce is to include training and resources on suicide prevention in pre-service education, for example, modules incorporated in university/VET study and which are reinforced or refreshed by regular training once in the workforce. The Hunter Institute in NSW already provides excellent and recognised examples of pre-service education:

- Mindframe, for journalists in the responsible reporting of suicide.
- Response Ability for secondary, primary and early childhood educators.

Extending these programs into pre-service education across a range of professions which have regular contact with young people is recommended.

There is also a need to tie requirements for professional development and competency of suicide prevention into health workforce standards and development frameworks for all primary and mental health care professionals. In particularly there is a need to identify levels of competency and capability required for each level of the workforce and service delivery.

Depending on the level of competencies provided through the training, this can be time consuming, expensive and difficult to access, particularly in rural and remote areas. As such there is a need to:

- Explore opportunities for flexible and online delivery of suicide prevention training.
- Support time-poor professionals and organisations to determine what training is most appropriate, and evidenced-based, by providing registry of best practice in training and suicide prevention resources.

g. Approaches taken by primary and secondary schools

Historically, education about suicide or suicide-related behaviours has not been a feature of many government funded mental health education programs due to concerns about the efficacy and safety of suicide specific school programs. This is particularly the case in primary schools, even though there have been an increasing number of suicides reported among young people under the age of 14 years[31], and postvention responses may be required in these settings.

However, in the development of the *Raising the bar* report, young people identified the need for a more direct approach to talking about suicide and called for programs that could provide them with the skills and resources to respond if they, or someone they know, is struggling or at-risk. There is also now emerging evidence to suggest suicide prevention can be safely delivered in secondary schools, if done so with care.[32]

Orygen believes all government funded mental health education programs should include the delivery of evidence-based suicide prevention activities. A register of these activities should be developed and administrated across both Australian and state/territory governments to build a picture of current activities and gaps.

Postvention

Given suicides among young people are more likely to occur as part of a cluster, schools are important settings for the delivery of postvention supports. headspace Schools Support is funded by the Australian Government and provides this support and service into secondary schools across Australia. It will continue to form part of the Australian Government's mental health education program to be delivered by Beyond Blue, headspace and the Early Childhood Australia.[33]

Orygen is also aware that, in response to suicides among young people in communities, a number of programs or information sessions have been delivered in schools by well-meaning individuals who may not necessarily have access to evidence-based resources, be appropriately trained themselves and who, in-fact, may inadvertently cause harm and increase risk in these student populations. It is therefore important that schools are provided with information on evidence-based and safe suicide prevention and postvention programs. They should also be actively supported by the education

department to access headspace Schools Support, Lifeline or Standby Response teams in the instance of a suicide in the community.

Tertiary education

Tertiary education settings engage well over a million young people across Australia, many of whom are at an age where the risk of onset of mental illness is at its peak. It is also a time where young people are most exposed to transitional, academic and economic stressors[34] which could potentially form the 'tipping points', identified in the literature in moving heightened suicide risk and thoughts to attempts.[35] However there is limited mention of the role of tertiary education settings in most government mental health and suicide prevention policies.

Therefore, Orygen recommends the NSW Government extend the delivery of any education-based mental health and suicide prevention programs/activities (including postvention programs) into tertiary education settings. batyr is an example of a peer-based mental health education and support program. baytr@uni is currently established in five universities across Australia, including three in NSW, and is an example of a program which could be further supported.

h. Any other related matters

Orygen would encourage the members of the NSW Committee on Children and Young People will be able to find further information on the key findings and recommendations of Orygen, in relation to youth suicide prevention in the *Raising the bar* report. It is available for download here: https://www.orygen.org.au/Policy-Advocacy/Policy-Reports/Raising-the-bar-for-youth-suicide-prevention

Further information

For further information and follow-up relating to this submission, please contact:

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