

**Submission
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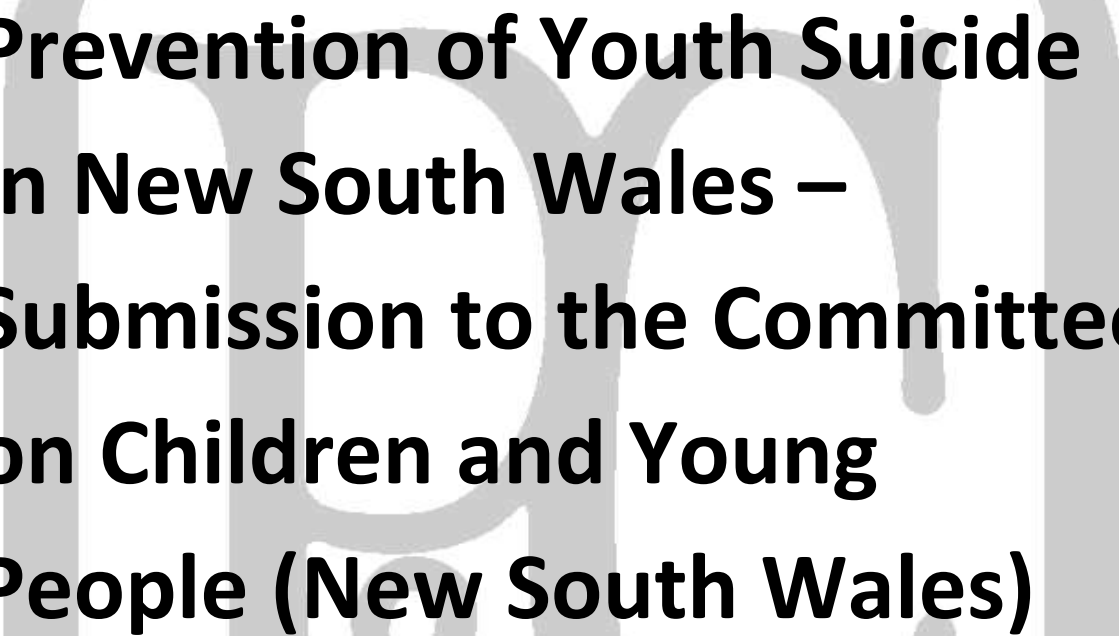
PREVENTION OF YOUTH SUICIDE IN NEW SOUTH WALES

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**Prevention of Youth Suicide
in New South Wales –
Submission to the Committee
on Children and Young
People (New South Wales)**

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Introduction

The Federation of Parents and Citizens Associations of New South Wales (P&C Federation) is thankful to the Committee on Children and Young People for this opportunity to contribute to the Inquiry into the Prevention of Youth Suicide in New South Wales. P&C Federation supports the position of individual educational and developmental needs met by a range of differential services expressed through appropriate and well-planned curricula, programs and environments conducted by sensitive and well-trained personnel in conjunction with parents¹ and families. It is essential that school staff, parents and the Government work in partnership to ensure that the needs of each student in the Public Education system are met.

The core belief of P&C Federation is that the education of our children and youth is the most fundamental means of ensuring individual and collective success and, as a result, our greatest national resource.

P&C Federation's response to this inquiry is guided by the principle that the means of preventing youth suicide must necessarily involve support from multiple areas of a young person's life, including family, peers, schools and health professionals. As schools are typically a central part of young people's lives, they represent areas on which any integrated suicide prevention policy should focus. Our response is centred primarily (though not exclusively) on the roles of New South Wales public schools and the New South Wales Government in suicide prevention strategies.²

Terms of Reference

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

The two most clearly articulated mental health programs pertaining to New South Wales public schools are NSW School-Link and Getting on Track in Time – *Got It!*. School Link allows NSW Child and Adolescent Mental Health Services to deliver specialist mental health services to children and young people in schools and TAFE's in partnership with the Department of Education, and currently is implemented in 3000 New South Wales schools and TAFE's. Among the initiatives of this program is to *"support schools and TAFE's to comprehensively implement statewide postvention guidelines following the suicide or attempted suicide of a member of the school/TAFE community"* (Aim 2.1.1).³ *Got It!* is an early intervention mental health program delivered by specialist NSW Child and Adolescent Mental Health to assist parents and schools to identify children's social and emotional difficulties and supports them to respond to difficult behaviours. Additionally, the NSW Suicide Prevention Strategy 2010-2015 was developed to provide intended outcomes for suicide prevention.

While these programs are commendable insofar as they go, there are definite limits to their effectiveness. The implementation of School-Link lies largely with School-Link Coordinators in Local Health Districts, however as this initiative is servicing 3000 schools and TAFE's, this inevitably leaves a large number of public schools who will continue to rely on whatever services are offered by schools

¹ "Parent" refers to anyone with legal care of a child, such as a parent, carer or legal guardian

² Some content of this report stems from experiences of P&C Federation members. Requests for *in-camera* testimony from these individuals should be made to P&C Federation.

³ NSW Ministry of Health. 2015. *NSW School-Link Strategy and Action Plan 2014-2017*. February

themselves. This is concerning due to the fact that the ability of school staff to effectively work with students with suicidal tendencies can vary greatly. It has been noted that public school teachers have indicated a desire for more school counsellors to better support students with disability. However, as school counsellors are allocated based on student enrolment data and not on indicators of student need, there is no scope for schools to direct discretionary funding towards counsellors. Furthermore, most available figures suggest the average counsellor/student ratio in New South Wales public schools is about 1:1050,⁴ contrary to expert recommendations which generally advise a counsellor/student ratio of 1:500. The most recent allocation model assigned for every 1000 students, 2.6 counsellors in small schools (<30 students), 0.96 counsellors in medium schools (between 30 and 850 students) and 0.79 counsellors in large schools (>850 students). As a result of this small number of counsellors compared to large numbers of students, many students utilising the counsellors will inevitably receive an inadequate amount of attention. This is especially likely considering the myriad mental health issues students may face due to various issues such as curriculum-related stress or bullying, the services of school counsellors may be high in demand. With the small number of counsellors available to these students, it is likely that some students with suicidal tendencies will not be identified or adequately addressed.

The dearth of available evidence makes it exceedingly difficult to comment on the overall effectiveness of school counselling services in New South Wales, however anecdotal evidence gathered from some P&C Federation members who have had mixed experiences with mental health support staff in schools is concerning. Reinforcing our concerns is qualitative research indicating that most adolescents who have lost friends or relatives to suicide found supports in schools to be mostly unavailable, and tend to confide in a select group of friends or relatives. Moreover, such adolescents are often unfamiliar with how to contact their school counsellor and perceive school counsellors as school staff rather than professional clinicians, and are therefore reluctant to confide in them due to doubts about their confidentiality.⁵ It was also noted that school counsellors typically do not reach out proactively to students after they had experienced a loss through suicide.⁶ Due to scant available evidence, it is difficult to say if these issues are more attributable to the severely low numbers of school counsellors, or to the quality of training school counsellors receive. For this reason, P&C Federation believes a comprehensive review of mental health and supports in public schools, including in how suicidal tendencies in students are addressed, is urgently overdue. In particular, an increase in the number of school counsellors per student in public schools is a matter of priority.

Moreover, these programs typically serve as frameworks to address mental health issues generally rather than suicide specifically. P&C Federation argues that state-wide policies should be initiated which (1) target suicide specifically and (2) provide frameworks specifically for schools and parents. Such policies should entail the training of all school staff in how to identify signs of suicidal behaviour and how to approach students with such tendencies. A viable template for this are the *Guidelines to assist in responding to attempted suicide or suicide by a student* formulated by the Victorian

⁴ Australian Psychologists and Counsellors in Schools (APACS). 2013. An Australia Wide Comparison of School Psychologists / Counsellors / Guidance Officers

⁵ Andriessen. 2017. Grief of adolescents after the death of a relative or a friend: Summary of the findings of an interview-based study. University of New South Wales. August 15.

⁶ Andriessen, K. (School of Psychiatry, University of NSW), personal communication, 04 August 2017

Department of Education and Early Childhood Development. Such policies would serve as a standardised framework to address students with suicidal tendencies, and would represent a clear improvement from the current situation in New South Wales where a plethora of scattered policies and frameworks are available, but a state-wide policy applied consistently across all schools is lacking.

Although developing such a policy is beyond the scope of P&C Federation, we urge the Government to implement approaches that show some demonstrable effectiveness in curbing suicide rates among young people. Some assessments in Australia and elsewhere have identified gatekeeper policies among the most effective frameworks for addressing students with suicidal tendencies, by which school personnel are trained to identify students at risk, determine the levels of risk, and make referrals if necessary.⁷ This may provide teachers and other school staff with better skills and confidence in identifying and referring at-risk students.⁸ School-wide screening policies have also been cited as promising avenue to identify individuals at risk of suicide or self-harm. Attention should also be paid to the possibility that exposure to suicide of a student may cause an increase of other students attempting or committing suicide. Reinforcing this is an extensive study in Canada which found that students exposed to a schoolmate's suicide were over twice as likely to attempt suicide or experience suicide ideation for over a year after their exposure, even if they did not personally know the decedent.⁹ It thus seems strongly advisable that any state-wide suicide policy for New South Wales school communities would include postvention strategies that provide supports for students for up to two years following a schoolmate's suicide. Given that suicide has such multifaceted causes, it is worth stressing that adopting a combination of strategies in a state-wide policy is the optimal for the Government.

The overarching assumption behind these strategies is that support networks are the key to suicide prevention. Dangers arise when young people who are at risk of suicide feel they have nowhere to turn, thus making suicide all the more likely if they feel isolated and/or alienated. It is for this reason that the attitude of school staff is of critical importance. Support networks may consist of all areas of a student's life, which include their family, peers, health professionals and school. Ideally, support from all these areas will be robust, but there will be occasions when support from family and peers of a young person with suicidal tendencies is lacking or unavailable. Support from these areas may be beyond the direct control of the State Government, however it can play a crucial role in shaping the attitudes and skills of school staff and the wider community. Dismissive or oblivious attitudes of school staff can have devastating effects on students with suicidal tendencies, particularly those who also lack support from elsewhere, and one role of the State Government is to ensure that supports offered by schools are as effective as possible.

Data collection about the incidence of youth suicide and attempted suicide

Although the most recent data suggests that suicide rates among people in New South Wales aged from 15 to 24 are among the lowest age groups, the suicide rates in this age bracket have climbed

⁷ Cleave et al. 2014. Suicide prevention in practice. *Teacher Magazine*. 11 November; Gould et al. 2003. Youth Suicide Risk and Preventive Interventions: A Review of the Past 10 Years. *Journal of the American Academy of Child & Adolescent Psychiatry* vol. 42(4): 386-405; 4

⁸ Robinson et al. 2013. A systematic review of school-based interventions aimed at preventing, treating and responding to suicide-related behavior in young people. *Crisis* vol.34

⁹ Swanson and Colman. 2013. Association between exposure to suicide and suicidality outcomes in youth. *Canadian Medical Association Journal* vol. 185(10): 870-877

within the last ten years: suicide rates amongst this age bracket were 7.6 per 100,000 people in 2006, but had reached 9.2 per 100,000 people in 2014. Moreover, suicide among 15-24 year old males was 13 per 100,000 in 2015, compared to 6.4 per 100,000 among 15-24 females; male suicides in this age bracket thus outnumber female suicides by a ratio of up to 2:1. There are also clear demographic trends in terms of socio-economic status (with the first quintile having the lowest suicide rates, and the third quintile having the highest), remoteness (with outer regional/remote areas having the highest suicide rates and major cities having the lowest), and local health districts (with the North Coast having the highest suicide rates and Northern Sydney having the lowest).¹⁰

However, although these trends can be measured, there is a persistent lack of clarity about the underlying causes of these trends which the Government should immediately address. For example, while the higher suicide rates among young males have been variously attributed to hormonal or brain developmental differences between men and women, or to social pressures on boys to not seek help, there is scant evidence robustly supporting any single cause. It is likely that male role models who openly seek mental health assistance can erode the reluctance young males may feel in addressing mental health issues. Similarly, while suicide rates are significantly correlated with socio-economic status (SES) and with remoteness, it remains difficult to identify the reasons behind these correlations. Given that a crucial aspect of any suicide prevention strategy is an understanding of its primary causes, P&C Federation argues there should be an effort to identify these causes. In particular, efforts should be made to identify the reasons behind the uptick in youth suicide in New South Wales from 2006-2014, and whether and/or why this is correlated with SES or geographic location. It would also be important to determine to what extent exposure to a peer's suicide increases the likelihood of suicide, suicide attempts or suicide ideation in other young people.

Approaches taken by primary and secondary schools

In addition to the above measures, there are other areas where schools can play a central role in mitigating against suicidal tendencies. There is ample research documenting links between school bullying and suicidal behaviour, and robust school policies regarding bullying are therefore crucial to creating safe environments that do not contribute to suicidal and self-harming behaviour. Among the most concerning bullying phenomena is cyberbullying, as this may extend bullying to outside school premises. Moreover, there are numerous publicised cases of students being encouraged to commit suicide by schoolmates via social media platforms, and P&C Federation has come across cases of this occurring in numerous schools.¹¹ P&C Federation considers this a deeply disturbing trend of which any school bullying policy must be cognisant.

To this end, it is commendable that the Department of Education's Preventing and Responding to Student Bullying in Schools Policy makes clear that it applies to bullying that occurs outside school premises and hours, and makes explicit mention of cyberbullying.¹² At the same time, P&C Federation is concerned that many school principals and staff do not have sufficiently developed skills in addressing cyberbullying, or may even be unaware that cyberbullying falls within their scope. P&C

¹⁰ Data from HealthStats NSW 2015 – accessed 31 July 2017

¹¹ P&C Federation has come across such cases in the course of its member support work, however these cases are confidential.

¹² NSW Department of Education. 2017. Bullying: Preventing and Responding to Student Bullying in Schools Policy.

Federation thus recommends that the New South Wales Government undertake research into the effectiveness of school responses to cyberbullying, and to investigate means of developing the skills of public school principals to address these issues effectively.

