

**Submission
No 27**

PREVENTION OF YOUTH SUICIDE IN NEW SOUTH WALES

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Ms Stephanie Mulvey
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Dear Ms Mulvey,

batyr welcome the opportunity to provide input to the Parliamentary Inquiry into the Prevention of Youth Suicide in New South Wales. We have also collaborated in a joint submission with Orygen and Lifeline.

batyr is a for-purpose organisation (not for profit) established in 2011, that aims to engage, educate and empower young people to speak out about mental health issues. batyr runs peer to peer programs that address issues that impact the mental health of young people and promote resilience and help seeking behaviour. By training and using young speakers with a lived experience, batyr is creating an environment where seeking help and talking about mental health is not only accepted but encouraged and supported.

batyr offers school (batyr@school) and university (batyr@uni) programs that use young speakers with relatable, lived experiences of mental health issues to educate young people 15 – 24, on the support networks and services available to them and empower them to reach out when needed. Since its conception in 2011, batyr has reached over 70,000 students in 170 schools and 5 university campuses through 500 programs; 350 young people have also been trained through the Being Herd speaker training program to share their journeys.

With suicide rates among young people at their highest level in 10 years, a new suicide prevention strategy is needed to deal with this alarming spike, in the form of more energy focussed towards preventative measures and education. Despite best intentions, current measures have had little impact on the following:

- Worldwide, over one million people end their own lives each year - one person every 40 seconds.
- A further 10 million attempt suicide, annually.
- The suicide rate has risen around 60 per cent in the last 45 years.
- Suicide is the leading cause of death in young people in many nations, including Australia.
- The majority of people do not receive psychiatric help before taking their own lives.
- Suicide rates for 15 to 24-year-olds in Australia are at their highest rate in 10 years
- A third of all deaths of young men here are due to suicide
- 41,000 young people aged 12-17 have made a suicide attempt
- Twice as many 15 to 19-year-old women died in Australia by suicide than in 2005
- Suicide rates have increased for children under the age of 14
- One-quarter of women aged 16-17 years old have self-harmed
- Aboriginal and Torres Strait Islander, LGBTIQ, seriously mentally ill young people are at high risk

batyr agree with the head of Orygen's suicide prevention research, Jo Robinson assessment: *"We're clearly not getting things right. We really lack national leadership when it comes to youth suicide prevention. So, despite a lot of investment, despite a lot of talk at government level ... we really need a reinvigorated approach to youth suicide prevention."*

With targeted programs, government funding and community support, NSW can counter the global trend and reduce suicide rates. Individual programs designed to build community cohesion, address the stigma and help people access support have saved lives internationally and can do so here as well.

Similarly, programs such as batyr's Being Herd speaker training workshops for young people with a lived experience of mental health issues, illnesses or suicidality, have been proven to have a significant impact in the journey towards both self-healing and providing inspiration and help for others, reducing stigma and increasing help seeking behaviours and attitudes.

Responses to the Committee on Children and Young People's areas of interest

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

It is essential that suicide prevention remains core to reform of the health, mental health and other related services and portfolios. We must also keep the person at the centre of every change being discussed as part of this reform. We must listen to lived experience of mental health and suicidal behaviours, and make meaningful use of this experience in implementation plans.

Despite intentions to the contrary, dismantling of some services and ceasing of counselling and mental health programs in NSW, work against a coordinated and integrate suicide prevention program, especially given higher rates of suicidality among farming and regional and remote communities. A recent Commonwealth report highlighted 28 Federal electorates where the most amount of life is lost due to suicide, characterised by economic uncertainty and stress. Any cuts to services in regional and remote areas don't just affect farming populations, but also young people's mental health as well. An opportunity exists for a clear vision and whole-of-government approach for both mental health awareness as well as suicide prevention.

Strong evidence points to the benefits of an approach to mental health education and suicide prevention that involves evidence-based interventions from population level to the individual, implemented simultaneously within a localised region. Important to the success of this approach is collaboration between local healthcare, community services and those with lived experience.

Preventative education for mental health issues will assist to effectively educate the wider

public about mental health, mental illness and wellbeing. batyr achieve this through structured programs which engage young people, their teachers and parents in their local community. These programs are developed and delivered with the involvement of young people with a lived experience in mental health issues.

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

The most powerful element of the work conducted by batyr in schools is the sharing of stories, synonymous with our Indigenous history and most effective when story tellers are sourced from the local community to which they return to speak to other young people. The impact of this is even more telling in regional and remote communities where the problem of youth suicide is more acute and where there is the greatest need for connection with support networks, as so often these communities' problems are exacerbated by the lack of social cohesion, distance, unemployment, lack of education and absence of positive role models.

While the 2017 Centre for Rural and Remote Mental Health (CRRMH) report indicated that the prevalence of mental illness is similar across the country, nonetheless its impact on the lives of those living in rural areas, however, is greater due to differences in access to and uptake of effective treatments and services in regional and remote areas. Diagnosis, treatment and management in rural and remote areas often occurs later or not at all, leading to a greater likelihood of hospitalisation, self-harm and suicide outside of metropolitan centres.

The report also indicates that in general, the rate of suicide is higher outside of major cities. The trend is similar among Aboriginal and Torres Strait Islander people compared to non-Indigenous people, reportedly more than twice the rate for non-Indigenous Australians.

There is a strong need to ensure young people with lived experience are involved in the co-design of services to ensure they are both relevant and effective and engage their local context, particularly outside of major metropolitan centres which are significantly better resourced than rural communities. batyr's experience also shows there is significant benefit in involving young people in the development and delivery of mental health programs because of their capacity to connect with, educate and act as role models for other young people, again of greater priority in and among regional and remote areas and communities.

It is also important to ensure that all communities have access to service provision through local providers and that organisations like Lifeline, RUOK and headspace are adequately funded to reach all areas of the continent. The roll out of the NBN network across Australia should also ensure that all communities are able to access the wealth of digital resources available, in particular the excellent community based resources from ReachOut.com

batyr's Being Herd lived experience speaker training workshops, among other outcomes, encourage young people that talking about mental health issues, including suicidal thoughts or ideation, isn't cowardly, but an incredibly brave thing to do. The end result is an ever-increasing provision of hope for the future; that suicide is an ill-fitting permanent solution to what are often only temporary problems.

It is these stories and personal experiences of those living with and through mental health issues that, along with the appropriate funding of services, we believe can make a difference in the lives of young people, especially those from marginalised or remote communities.

The lesson here is the unqualified success that has and must continue to come from engaging young people to tackle stigma. Similarly, the subsequent increase in help seeking behaviours and attitudes indicate a strategy worth pursuing on a broader scale, as well as engaging resources across the continent to deal with specific rural, regional and remote issues.

7. Approaches taken by primary and secondary schools

In an average year 12 class-room in Australia, of 30 students 7 will be dealing with a

significant mental health issue yet only 2 will seek help, leaving 5 to suffer in silence.

Early intervention and prevention is now readily recognised as the key to halting the increasing rates of mental health issues and schools are considered the ideal place to start this early intervention according to research over the course of the past decade.

Schools are unique in being able to access the vast majority of young people at a key time during their social and physiological development. They offer great potential for suicide prevention programs. batyr would like to see greater resourcing for school programs such as those it offers. Doing so would provide an equitable opportunity for all young people to benefit from mental health and suicide prevention activities and programs.

The wider community including carers, teachers and parents would also be able to access these programs and support. We believe education and support for families should feature prominently in a revised NSW suicide prevention strategy.

While the imminent delivery of the YAM program across NSW schools as part of the Black Dog LifeSpan initiative will be a welcome step forward in dealing with young people's attitudes towards and understanding of mental health issues, it also presents challenges to other evidence based programs such as those that batyr offer which are quite distinct and have been shown to be quite effective and successful because they emphasise a proven peer to peer approach.

8. Other comments

Research indicates that the biggest barrier in asking for help is stigma. Perceptions of weakness, or being the subject of bullying or teasing so often results in young people suffering in silence. In the national survey of mental health and wellbeing conducted in 2009 over 80% of males and nearly 70% of females with mental health issues aged 16-24 years indicated that they do not use any services for their mental health problems.

It is an unacceptable reality that almost a decade on from that survey, 1 in 4 young people are still suffering from a mental health issue but only 20%-30% are getting the help they need, many facing their illness alone and disconnected and subsequently being victims of suicide.

Dr Patrick Corrigan, one of the world's most respected researchers in the area of stigma reduction, from the Institute of Psychology at the Illinois Institute of Technology says that the most effective way to reduce this stigma and increase help seeking rates is through the sharing of lived experience from a relatable, credible source, so often members of one's own community.

A recent post-graduate research study into the effectiveness of batyr's school programs demonstrated the success of our peer-to-peer education and the sharing of personal stories among young people:

The batyr@school program appears to be creating positive social change amongst a younger generation ... Overall, the present study provides evidence to suggest that the batyr@school program has value as a universal intervention in reducing public stigma towards individuals with mental health problems, as well as increasing young peoples' attitudes and intentions towards seeking professional psychological support.

The results indicate that programs such as batyr's Being Herd Speaker training is one innovative approach that can provide a support network, while the batyr@school program is an effective anti-stigma strategy in reducing adolescents' negative stereotypes, prejudice, and discrimination towards individuals with mental health problems. This is to date only the second study of its kind to demonstrate a significant impact of contact on public stigma. The batyr@school program therefore appears to be creating positive social change amongst young people and demonstrates that preventative measures and early intervention through school and university based programs have a place in dealing with youth suicide.

batyr's Being Herd training program for speakers with lived experience also reflects a strong positive outcome with respect to stigma reduction. Our own internal evaluation indicates evidence of two positive impacts, not only improving the participants' experience of telling their own story in a safe and effective way but also of building their confidence to actually share it. Both of these results positively impact on the breaking down of stigma and the associated empowerment of young people to tell their story.

While as a nation we have progressed in many other areas by managing risk factors associated with drink driving, smoking and various cancers, mental health and particularly suicide rates remain a challenge. While it is true many schools, institutions and employers are prioritising mental health awareness and parents have greater access to information than ever before, challenging societal stigma remains the single greatest barrier to reducing the phenomenon. In summary, suicide prevention must:

- Remain central to health reform, mental health and other related services;
- Ensure any approach taken is person-centred;
- Listen and learn from lived experience, and make meaningful use of this in implementation strategies;
- Engage local communities and embrace local contexts as disengagement and the lack of positive relationships and networks of support are key factors in mental health issues and suicidality.

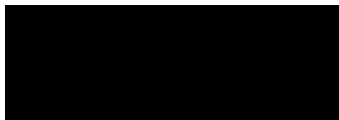
The stigma that exists around suicide prevents young people, especially young men from seeking the help and support they need. Many suicides are preventable and removing stigma

around suicide is fundamental in reducing the number of people who take their own life.

Suicides are not inevitable, and can be prevented in the same way that we have seen a systematic whole of community approach change our attitudes to drink driving and significantly impact on road death statistics. Better education and campaigns for road safety as well as investment in infrastructure improvements are now a fundamental part of everyday life. The same can occur with the prevention of suicide. In short suicide does not have to be an option for young people dealing with mental health issues.

Thank you again for the opportunity to provide comment on this inquiry and appreciate your consideration of the above input.

Yours sincerely,



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