

PREVENTION OF YOUTH SUICIDE IN NEW SOUTH WALES

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

Name: Mr Alan Woodward (Executive Director, Lifeline)
Mr Sam Refshauge (CEO, batyr)
Dr Jo Robinson (Head – Suicide Prevention Research, Orygen)

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Ms Stephanie Mulvey
Committee on Children and Young People
Parliament of NSW
Macquarie Street
Sydney NSW 2000

1 August 2017

Dear Sir/Madam,

Lifeline, batyr and Orygen welcome the opportunity to provide input to the Parliamentary Inquiry into the Prevention of Youth Suicide in New South Wales, and do so with the following joint submission.

Please note that Orygen, the National Centre of Excellence in Youth Mental Health, and batyr, will each contribute separate submissions in addition to the feedback, advice and solutions offered here.

Background

Lifeline

Lifeline – Australia’s leading crisis support and suicide prevention service – has more than 50 years’ expertise to draw from in supporting the NSW Parliament’s Committee on Children and Young People through this inquiry.

Our network of 41 Lifeline Centres across the country operates as a nationally cohesive organisation while retaining a local presence and responsiveness. We currently have 13 NSW-based Centres that answer about 500,000 requests for help each year.

This network delivers national services such as Lifeline’s 13 11 14 crisis line, nightly online Crisis Support Chat service, suicide Hot Spot Service and a range of online self-help and referral resources.

Many Centres also lead and contribute to regional suicide prevention networks, deliver accredited suicide prevention education and training programs, and run community-based suicide prevention programs such as support for those impacted by suicide.

batyr

batyr is a youth mental health organisation established in 2011 that focuses on preventative education, including training young people to speak about their personal lived experience with mental health issues. In turn, batyr takes these speakers into schools, universities and corporate environments to start community conversations around mental health.

The programs aim to engage, educate and empower young people to learn from the experiences of others and to reach out to the great services around them.

Since 2011, batyr has engaged over 70 000 students through more than 500 programs in 170 schools and 5 on-campus university chapters. It has also trained 350 young people to tell their story through 50 speaker training workshops. With a physical presence in NSW, ACT, Queensland, South Australia and Victoria, batyr’s growing footprint has seen young people,



parents, teachers and communities benefit from the organisation's strengths-based programs to reduce stigma associated with mental health issues and increase help seeking behaviours and attitudes.

Orygen, The National Centre of Excellence in Youth Mental Health

Orygen is the world's leading research and knowledge translation organisation focusing on mental ill-health in young people.

The organisation delivers cutting-edge research, policy development, innovative clinical services, and evidence-based training and education to ensure there is continuous improvement in the treatments and care for young people experiencing mental ill-health.

Orygen's suicide prevention research program comprises several 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 informing and evaluating national, and state-based, suicide prevention policy.

In November 2016 Orygen released the Raising the Bar for youth suicide prevention report developed in partnership with young people and in consultation with the Australian youth mental health and suicide prevention sectors (including Lifeline and batyr). The report called for suicide prevention responses that specifically respond to the needs and experiences of young people.

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

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

Youth suicide requires special attention in the NSW Government's foreshadowed suicide prevention plan, with long-term outcomes only achieved through greater strategic focus and the development of relevant services and programs. An explicit segment on youth suicide prevention in this plan should promote the coordination of activities, programs and responsibilities across the State.

In doing so, it should recognise that suicide drivers are different for young people and require different responses. Adolescence is a time of major functional and structural changes in the brain, compromising cognitive functioning such as coping skills, problem solving and decision making. This can mean suicidal thoughts can quickly escalate. There appears to be a greater risk of suicide contagion as Australian data indicates that the suicide of a young person is more likely to be part of a cluster than an adult suicide. Further, technology plays a significant role in how young people communicate and seek help if they are struggling or distressed.

Adolescence and young adulthood are also a periods where mental ill-health onsets with 75 per cent of mental health issues identifiable before the age of 24 years. As such, there is a strong case for integrating mental health services with suicide prevention and other forms of wellbeing support for young people. This includes school and university/college programs for awareness raising and education, and for screening components with suitable responses. Lifeline's own safeTALK in Schools program has been developed together with Orygen, and would be strongly complemented by batyr's model of peer support in secondary and tertiary education settings.



The NSW Government should also consider the reluctance or practical inability for some young people to seek help (particularly in rural and regional areas, but also where cultural and/or language barriers exist). Therefore, the offer of help must be made in many and frequent ways, including the use of technology and internet provided services, peer support outreach and easy, confidential access to mental health services. There is also a need, as identified in work recently undertaken by Orygen on young men's mental health, for services and supports to go to young people, rather than wait for them to come to the service.

Such an assertive, holistic and coordinated approach would promote accountability and – we hope – bring an end to the current short-term project-based funding environment that promotes insecurity and sector competition.

There are a number of regional suicide prevention trial sites underway in NSW through the LifeSpan project and through the Australian Government's funding for two PHNs in NSW (Western New South Wales and North Coast NSW). However, it is important to recognise that there are areas across the state that will not immediately benefit from the work occurring in these trials. As such, additional investments and activities need to be directed to supporting suicide prevention efforts in these areas.

b. Governance arrangements and accountabilities for suicide prevention

While mental health and suicide prevention currently falls under the health portfolio, our organisations believe a whole-of-government response – incorporating education, employment, health, social services, housing and justice is also necessary. For instance, if NSW Premier and Cabinet was the central agency for suicide prevention, responsible for driving cross-portfolio collaboration and interdepartmental actions, there would be better outcomes for the state's young people. There has been some experience among our organisations of being 'bounced' between portfolios, and an unwillingness of departments to 'own' issues or the solutions to them.

For young people, there are several key NSW agencies and functions in contact with young people that must be involved in youth suicide prevention. These include the Education Department, Juvenile Justice, Child Protection, Family and Community Services. The NSW Children's Commission.

The NSW Mental Health Commission, as the agency responsible for the state suicide prevention strategy, is to be commended for its work in advancing reforms in mental health through the Living Well strategy. As such, the Parliamentary Committee should be encouraged to support the role of the Commission in suicide prevention leadership and in reviewing and reporting on progress and measures to support ongoing improvement.

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

Prevention

There is a strong need to ensure people with lived experience – particularly young people – are involved in the co-design of services to ensure they are both relevant and effective.

Key messaging and identifying channels for suicide prevention awareness raising should be developed in partnership with young people, if these campaigns are to be successful



in engaging with this audience. These should be evidence-based and build on other programs that are currently under development or being tested.

batyr's experience also shows there is even 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. A key element in recognising the value of both co-design and delivery involving lived experience is the connection with community. In training young people to tell their story, batyr often sources young people from local communities with the help of key stakeholders and service providers. The outcomes of such a project indicate the enormous benefit from this whole of community approach, as young people look up to and make connections with other young people who use their own experience to support others. Independent research backed by Macquarie University validates the significant success of batyr's approach to stigma reduction and increasing help seeking attitudes and behaviours through this type of peer to peer modelling.

In this sense, there are 'circles of influence' that exist for young people that need to be better understood, and these key groups empowered to stop suicide. This includes focusing on upskilling peers, families sports coaches, teachers, cultural and religious leaders, arts and music communities, as well as youth workers, acknowledging that these people can provide support in ways that cannot be done by traditional frontline health workers.

Intervention

Online/TeleWeb

With about a million interactions across Lifeline's 13 11 14 crisis line and online Crisis Support Chat service in 2016, Lifeline is aware of the complex social and mental health challenges that lead people to have thoughts of suicide.

From profound loneliness and relationship breakdown to job loss and financial pressure, these issues can prompt suicidal behaviour. This shows the need to involve health and social support services in suicide solutions, just as we need to have clinical and non-clinical responses to support people struggling with life's challenges.

There should there be a strong focus on the resourcing and promotion of 24/7 crisis support services, particularly the nightly online Crisis Support Chat and emerging crisis text service. This is essential given the ability of such services to:

- connect with suicidal people;
- intervene and de-escalate a personal crisis to prevent suicidal behaviour; and
- facilitate help seeking and use of other services (through referrals).

Lifeline's 24/7 crisis support services are critical infrastructure for the NSW and should feature strongly in any proposed youth-focussed suicide prevention initiatives due to their accessibility and effectiveness. The nightly online Crisis Support Chat service is a key outreach service to young people, with 50% of people who contact the service aged 24 or under.

Other key national crisis support data:



- Suicide is an identified safety issue in about 50% of contacts to the chat service.
- About 50% of visitors to the chat service have used other services afterwards, demonstrating Lifeline's role as a 'gateway' to other services.
- Each day across Australia, about 125 calls to Lifeline's 13 11 14 crisis line will be from someone thinking about taking their own life 'now or in the future'.

Access to Youth Mental Health Services

One of the strongest risk factors for suicide and/or 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. It is important that mental health services are:

- 1) youth friendly and appropriate,
- 2) seamless across stages and severity of mental ill-health, with attention paid to any existing or emerging gaps in care; and
- 3) are connected into technology and online supports to ensure young people can access support after regular service hours.

Post-Discharge Care (period of highest risk)

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. It is therefore critical that step-down care is provided. For young people this care should be provided in a way that is acceptable and appropriate to them.

Again, mobile apps, online supports and chat services (such as Lifeline) are important, as are assertive and followed up referrals to youth mental health services. The Way Back Support Service in Newcastle is a promising initiative being trialled funded by the NSW Government, The Movember Foundation and Beyond Blue with other trials currently underway in the Northern Territory and the ACT.

Postvention

The suicide of a young person is more likely to be part of a suicide cluster than an adult suicide. The recent spate of youth suicides in North Coast NSW highlights the need for stronger 'whole-of-system' postvention responses to such situations.

Greater work should be put into educating communities about suicide and the support services available to them. From Lifeline's 24/7 crisis support service to the Standby Response service and headspace's Schools Support program, there should be fast and coordinated responses when significant community needs are identified.

With suicide contagion being a key risk among young people, we need to ensure communities are equipped with the knowledge and resources to respond in a timely calm, methodical and appropriate way that manages such risk.

Suicide postvention response plans can help facilitate a coordinated response following the suicide of a young person. Communities should be supported to develop these so that they are in place prior to the occurrence of a potential cluster.

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



Priority groups

Suicide prevention activities in NSW should focus on reaching priority groups, including young men, LGBTI people, those bereaved by suicide, those living with mental illness and those

This means building community awareness and trust around services like Lifeline's 24/7 crisis support services,, and youth mental health services such as headspace, particularly among these priority groups. We should also ensure GPs, social workers and community leaders understand when and how to make referrals to them.

There should also be a strong focus on Aboriginal and Torres Strait Islander suicide prevention, given these communities comprise substantially younger people. and that rates of suicide among Aboriginal and Torres Strait Islander aged 5-17 years are five times that of non-Aboriginal and Torres Strait Islander young people. The role of Indigenous-controlled health and medical organisations in NSW – and the NSW Aboriginal Land Council and its members – provide the means for directly applying the recommendations from the Aboriginal and Torres Strait Islander Suicide Evaluation Project (ATSISPEP) report for greater involvement in suicide prevention by Indigenous people and communities.

The need to 're-imagine' mental health care

Our organisations wish to stress the importance of involving young people in the co-design of mental health and suicide prevention services. The *Keeping It Real: Reimagining mental health care for all young men* report released by Orygen in June 2017 found that young men are continuing to fall through the cracks of our mental health system and there is the need to design new services so that they:

- recognise the symptoms young men have and the role of masculinity
- are relevant and acceptable to young men and 'reach in' to their lives; and
- are co-designed with young men themselves.

This is because, while young males are almost three times as likely to die by suicide as young Australian females, only a small proportion of young men are accessing services or receiving appropriate treatment for their mental ill-health.

The report concludes that, rather than continuing to offer more of the same in terms of service and treatment models for young men experiencing mental ill health, there is a real need for innovative new approaches to be developed and trialled, co-designed with young men themselves.

This view is shared by batyr and Lifeline, with the report's findings relevant to other priority groups listed above. In short, it means that services and programs must be relevant and accessible to those groups for who they are created. This is best achieved through co-design of services.

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

The significant delay in suicide data greatly reduces the value of these data for policy and program development and evaluation purposes.



Real-time data collection, linking emergency services data with other self-harm and hospitalisation data, would help identify regional needs and, in turn, ensure responses are based on local contexts.

There is also a need to collect and examine data on suicide attempt behaviours by young people, especially young women, to inform regional and community-based suicide prevention. Despite being a recommendation of the National Mental Health Commission's *Review of Mental Health Programmes and Services* these data are not routinely collected or used consistently across NSW.

Australia's only established self-harm sentinel data collection system is in Newcastle, New South Wales, however this only collects data on presentations for self-poisoning. Drygen is currently developing a similar system in partnership with hospitals across North West Melbourne. This system will allow for the real-time monitoring of all hospital presentations of young people who self-harm. There is significant interest in establishing similar systems in NSW and this should be capitalised upon. This is being led by Professor Andrew Page and colleagues at University Western Sydney. Their work also has a focus on the development of modelling tools for policy analysis which is to be commended and carefully considered by the NSW Government.

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

There is reasonable evidence regarding the effectiveness of training gatekeepers and other suitable people in suicide prevention response, although further research is needed to understand the impact of these programs on help-seeking behaviours or suicide-related outcomes among young people themselves.

It's important to recognise those community members – beyond the traditional focus on frontline health workers – who can play a role in suicide prevention. This might include those in emergency services, child protection and family support, as well as those in community groups, sporting clubs and retail shops.

batyr's NESAs approved programs for teacher professional development as well as their experience in facilitating community forums also supports a whole of community approach.

g. Approaches taken by primary and secondary schools

Our experience is that high schools, colleges and universities are becoming more comfortable in seeking support from organisations like batyr and Lifeline who deliver school-based education programs around mental health and suicide prevention. This trend is encouraging and should be further supported and resourced, particularly in regional settings. This is because suicide prevention activities in educational settings have the strong ability to reach key priority groups in a safe and support environment, as well as provide skills to parents, teachers and the broader community.

This work – which supports people towards the lower intensity end of the spectrum – is essential for normalising help-seeking and peer-to-peer help-giving, as well as increasing knowledge about available mental health and suicide prevention services. In turn, this



approach results in young people being far more likely to seek professional support or online.

However, while secondary and even primary schools feature in most government mental health and suicide prevention policies, there is limited mention of the role of tertiary education settings. The NSW Government could therefore look at opportunities to extend the delivery of any education-based mental health and suicide prevention programs / activities (including postvention programs) into tertiary education settings.

batyr's 'Being Herd' training program for speakers with lived experience also reflects a strong positive approach to stigma reduction and suicide prevention for young people. batyr's 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 share it with school groups. batyr seeks to create a sustainable legacy for the future by seeking local community support and investment in future Being Herd workshops and school programs.

Generally, we believe education and supports for families should feature more strongly in NSW suicide prevention, especially where a young person has attempted suicide or experienced a suicidal crisis. Health and hospital systems should be more involved in equipping families to care for and support a suicidal young person. Links to community support services, including those operated by NGOs, should also occur to ensure there is a wraparound service response to care for young people who have shown suicidal behaviours. While we acknowledge the need to adequately resource the triage support, anecdotally, there is significant understanding of the need for more preventative intervention and education.

h. Other comments

1. Greater support for suicide prevention networks

Suicide prevention networks (SPNs) have the strong ability to bring relevant health, social and community organisations together, share community knowledge, build on local relationships and respond quickly to need. As such, the NSW Government should continue to support and build on those SPNs currently in operation across the state.

The development of regional SPNs recognises the need for community mapping and needs analysis to; explore how these can become better coordinated or streamlined; uncover service gaps; promote collaboration; estimate costs and plan next steps.

Focus should also be given to forging meaningful links and collaboration between Primary Health Networks, NSW Local Health Districts, state community mental health services and these community networks. Many Lifeline Centres have been key contributors to SPNs in regional areas across the state, such as North Coast NSW, Macarthur and the Hunter Valley, and are well placed to create such links.

This approach acknowledges the need to build relationships and take a community-led focus to suicide prevention, where professional services and community action work together.

2. Learning from North Coast NSW lessons



There are significant lessons to be learnt from recent suicides in North Coast NSW and the holistic nature of the resulting community response. This experience – the challenges, successes and ‘lessons learnt’ – could help form a workable ‘template’ when NSW communities are faced with similar situations moving forward.

With several youth suicides in the region – and, understandably, much community concern – the Our Healthy Clarence Steering Committee worked under significant pressure to take quick and appropriate action.

The group identified the need for improved communication between health, social, training services and the public on how to access information and services. The group continues to work on increasing access to acute mental health services. This includes ensuring:

- Improved access to appropriate care for self-harm or suicidality, including follow up after an attempt
- Better collaboration between service providers
- Improved availability of primary care and mental health professionals in the region

Training programs are being run to build the capacity of workforces and the general community to respond to people at risk of suicide, with focus on key ‘gatekeepers’ receiving Mental Health First Aid and Applied Suicide Intervention Skills Training (ASIST). The broad range of gatekeepers will include bus drivers, nurses, sports clubs, men’s groups, Centrelink, parents, transgender groups, farmers and fishers. Further, they are also working to ensure there is increased availability of evidence-based mental health and wellbeing programs within schools. For instance, Lifeline North Coast presented to parents and family members in Grafton to enhance their capacity to identify and respond to suicide risk, as well as being aware of the need for their own self-care well-being.

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

Yours sincerely,

Alan Woodward
Executive Director
Lifeline Research Foundation
[Redacted]

Sam Refshauge
CEO
batyr
[Redacted]

Dr Jo Robinson
Head, Suicide Prevention Research
Orygen, The National Centre of Excellence in Youth Mental Health
[Redacted]