

**Submission
No 37**

PREVENTION OF YOUTH SUICIDE IN NEW SOUTH WALES

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hunter institute
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Putting Prevention First

Inquiry into the prevention of youth suicide in New South Wales

A response from the Hunter Institute of Mental Health

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Submission to the NSW Parliamentary Committee on Children and Young People's inquiry into the *prevention of youth suicide in New South Wales*.

The Hunter Institute of Mental Health (the Hunter Institute) welcomes the opportunity to provide the following submission to inform the inquiry into the *prevention of youth suicide in New South Wales*. The Hunter Institute is a leading national organisation dedicated to reducing mental illness and suicide and improving wellbeing for all Australians. For 25 years we have been delivering successful, evidence-based mental health and suicide prevention programs from our base in Newcastle, New South Wales (NSW). The Hunter Institute's vision is for a future where fewer people are impacted by mental ill-health and suicide and more people live well. We aim to do this by reducing mental ill-health, reducing suicide and increasing wellbeing through building the capability of individuals, families, communities, organisations and governments.

We acknowledge that the Terms of Reference have identified a young person as *aged between 12 years or above but under 25 years of age*. From this point, unless stated otherwise, this is the age bracket that is meant by young person or youth.

Youth suicide is a complex issue that has profound impacts on many. Young people can especially be impacted by the distress experienced from the death of a peer or a young person in their community. Figures released in 2016 revealed that youth suicide is at its highest since 2006, with eight children and young people (aged between 5 – 24 years) dying by suicide every week in Australia¹. Rates of self-harm among young people are also increasing, with approximately 41,000 young people aged 12-17 years making a suicide attempt by the age of 24, and one in four young women reporting self-harm in their lifetime².

A recent analysis of current suicide prevention policies across Australia has identified gaps in the implementation of evidence-based strategies, programs and services that are young person appropriate and accessible². Specific and coordinated action is therefore needed that focuses on young people, alongside significant and sustained investment from all levels of government and the community to ensure that young people are supported. Embedding a promotion and prevention mindset into youth suicide prevention planning will also encourage diverse sectors, service systems and the community to work together to achieve the common goal of improving youth mental health and wellbeing and reducing suicide.

The recently endorsed Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan) acknowledges that suicide prevention is the responsibility of all levels of government and government agencies³. This inquiry therefore, provides the government of NSW with the opportunity to ensure alignment between national and state suicide prevention strategies to encourage leadership, collaboration, and a coordinated multi-sectoral approach to suicide prevention, maximising efforts and reducing duplication to ensure that young people receive the support they need early before they get to the point where they feel life is not worth living.

¹ Headspace National Youth Mental Health. *New ABS Figures: youth suicide*. News release. 29/06/2016. <https://headspace.org.au/news/new-abs-figures-youth-suicide/>

² Robinson, J., Bailey, E., Browne, V., Cox, G., & Hooper, C. 2016. *Raising the bar for youth suicide prevention*. Melbourne: Orygen, the National Centre of Excellence in Youth Mental Health

³ Council of Australian Governments (2017). Fifth National Mental Health and Suicide Prevention Plan, *Advanced Reading Copy*. Canberra: pg7 <http://www.coaghealthcouncil.gov.au/Portals/0/Reports/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan%20-%20-%20Advanced%20reading%20copy%20-%207%20August%202017.pdf>

Investment must continue to be made in implementing what is known to work, expanding the evidence-base for approaches to youth suicide prevention, and building the capacity of workforces, communities and services to have the skills, knowledge and competency to respond to young people in times of distress. Suicide prevention is most effective when it does not occur in isolation, and is combined with a broader focus on addressing the social determinants of poor health, mental health and wellbeing⁴.

This submission is structured by:

- Providing some broad recommendations for youth suicide prevention, based on the Hunter Institute's experience of consulting widely across Australia, reviewing the evidence-base, and recently writing state suicide prevention and youth suicide prevention strategies.
- Sharing information about the Hunter Institute and identifying the Hunter Institute's current approaches to suicide prevention, including youth suicide prevention that is relevant to this Inquiry. While many of the Hunter Institute's programs are nationally funded and implemented, most have reach and impact on young people living in NSW.

The current status of youth suicide and self-harm

In 2015, more young people aged between five and 24 years died by suicide than any other means⁵. The last 10 years have also seen gradual increases in the number of young people dying by suicide, as well as increases in self-harming rates.² Recent data shows it is much more likely for young females to self-harm than males, with approximately one in four young women aged 16-17 years having self-harmed in their lifetime.³ Data for NSW shows that in 2015, the rate per 100,000 for young people aged 15-24 years who died by suicide was 13.0 (males) and 6.4 (females)⁶. A recent analysis of suicide cluster data has also shown that youth suicide is more likely to be part of a cluster than an adult suicide.

“Responding early to both suicide risk and mental ill-health in young people could provide... [the best solution]”⁵.

It is also known that many more young people think about or attempt suicide, although these figures are harder to obtain as many attempts, and suicidal thoughts go unreported. According to the Australian Child and Adolescent Health and Wellbeing Survey⁷, 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.

The teenage years are a time of increased vulnerability to the onset of mental ill-health, and those experiencing mental ill-health are at greater risk of self-harm and suicidal behaviour. Promoting positive mental health and wellbeing, preventing mental ill-health and intervening early in the life-course, therefore can often be identified as the most effective, efficient and cost-effective ways of making an impact.

⁴ World Health Organization. 2012. *Public health action for the prevention of suicide*. Geneva: World Health Organization.

⁵ Australian Bureau of Statistics. 2016. *Causes of Death, Australia, 2015. Catalogue No. 3303.0*. Belconnen, ACT: Commonwealth of Australia.

⁶ New South Wales Health Stats. Last updated 5 July 2017. Accessed from:
http://www.healthstats.nsw.gov.au/Indicator/men_suidth/men_suidth_age_trend

⁷ Lawrence, D., Johnson, S. & Hafekost, J. 2015. *The mental health of children and adolescents: Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing*. Canberra: Department of Health.

Suicide prevention strategies should aim to reduce suicidal behaviour and the impacts of suicide for all young people, however it is important to acknowledge that there are groups of young people who are particularly at higher risk of suicidal behaviour and self-harm²¹². These groups will have specific needs that will require additional consideration and support when strategies are implemented. They include:

- Young people with serious and complex experiences of mental ill-health;
- Young men;
- Aboriginal young people;
- Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) young people;
- Young people living in rural and remote parts of NSW;
- Culturally and Linguistically Diverse (CALD) young people;
- Young people who are in justice or detention settings, or involved in child protection; and
- Young people who are homeless, or at risk of homeless.

Broad recommendations based on the evidence for youth-focused approaches to suicide prevention

The evidence on the effectiveness of individual interventions for the prevention of suicide is often limited. Therefore, it is widely suggested that any strategy incorporates multiple approaches, which cover a range of public health approaches, treatment approaches and community capacity building. The Hunter Institute advocates for the following recommendations towards preventing youth suicide in NSW.

These recommendations are based on a range of evidence from Australian research^{8 9 10}, align with current national thinking around suicide prevention, and are drawn from the Hunter Institute's collective expertise from our work consulting with key stakeholders across Australia, reviewing evidence and writing suicide prevention strategies and frameworks for other states in Australia.

⁸ Batchelor, S., 2016. *Preventing suicide: The voice of children and young people*. Brisbane: Australia. Researched and published on behalf of Yourtown

⁹ Robinson, J., Bailey, E., Hetrick, S., et al. 2015. *Informing the development of Tasmania's Suicide Prevention Strategy: A review of policy documents and related literature*. Melbourne: Australia. Unpublished work

¹⁰ Robinson, J., Bailey, E., Hetrick, S., et al. 2015. *Developing a suicide prevention strategy for Tasmania: A review of the literature*. Melbourne: Australia. Unpublished work

Focus on whole-of-government and whole-of-community, to reduce silos, increase leadership, and provide opportunities for collaboration

To improve the mental health and wellbeing of young people, and to reduce the rates and impacts of youth suicide in NSW, any approach needs to be grounded in a coordinated, collaborative, whole-of-government and whole-of-community approach. This will ensure that investments lead to efficient use of resources whilst maximising impact.

The Hunter Institute recommends that any NSW approaches should aim for alignment with national strategies and plans and existing state policies including:

- Fifth National Mental Health and Suicide Prevention Plan and its associated Implementation Plan.
- National Aboriginal and Torres Strait Islander Suicide Prevention Strategy.
- Mental Health Commission of New South Wales' *Living Well: A strategic plan for mental health in NSW 2014 – 2024*.

Further, it will be important for the NSW Government to work in recognition of recent (or soon to be implemented) national government initiatives such as the Digital Mental Health Gateway, the new end-to-end school-based mental health programme, and the role of the 31 Primary Health Networks (PHNs).

Start early and focus on the wellbeing of children, parents and families.

- The early years of life are recognised as the optimal time to support the social and emotional development of children and young people, to increase resilience and to prevent the onset of mental ill-health, drug & alcohol problems and potential suicidal behaviour.
- Strategies that aim to improve the mental health and wellbeing of families, beginning when children are infants can have significant positive impacts across a person's life.

Build the capacity of schools and educational settings to support young people who may be at risk of suicide.

- It is most effective to provide education professionals (early childhood through to high school) with pre-service training in the fundamentals of mental health promotion prior to service. This supports more consistent messaging across professionals, and ensures they are well-equipped from the first day of their career to support the wellbeing of young people and prevent intentional self-harm and suicide. Pre-service training also lays the foundation for in-service programs.
- School-based programs that deliver universal education and awareness programs have shown early indications of being effective and safe to deliver. They have the capacity to build mental health literacy for students and teachers, as well as building resilience.

Empower and support families and communities to talk about suicide and respond to suicidal behaviours.

- It is vital to educate and build the knowledge of communities about mental health and mental ill-health and how to have safe conversations with young people about suicide and suicidal behaviour. This includes parents and carers, community groups, and sporting clubs.

- Families and carers need the skills to be able to support their young people who are at-risk, including what resources and support is available. Recent studies have noted the important role that young people place on their families being able to support them, yet often parents don't know what to do, and how to appropriately talk about and support their child.
- Families, carers and the community also have a role to play in supporting young people who have attempted suicide, self-harmed or for those who have been impacted by a suicide. It is important to give families and communities the skills they need to do this confidently and in an appropriate and effective way that meets the needs of the young person.
- The role of technology and the media play a significant role in suicide prevention for young people. Both through the safe communication about suicide, and through the use of online interventions. The integration of technology is seen as a positive way forward for the delivery of preventative and treatment options, particularly for those young people in rural and remote communities, or from high-risk groups who find it challenging to engage with service providers.

Gatekeeper training aimed at upskilling and building the capacity of the workforces, services and communities that are engaged with young people.

- Many groups of people either directly or indirectly influence the wellbeing of young people and in doing so have a contributory role to play in preventing self-harm and suicide by optimising social and emotional wellbeing, creating safe environments, encouraging help seeking, and observing and responding to signs of self-harm and suicidal behaviour in young people¹¹.
- For young people to seek help, takes an enormous amount of courage and this first experience is critical to obtaining better outcomes. Without a skilled and trained workforce, the risk exists that this first experience is one that does not provide appropriate support and follow up. If positive impacts are to be made on their health and wellbeing, it is therefore important to ensure that young populations most at risk, including LGBTI, CALD and Aboriginal and Torres Strait Islanders, have access to services and programs that understand their specific needs, and that promote early help seeking for times of distress.
- Current gaps also exist in ensuring workforces are appropriately skilled and trained so they can support young people with mental illness and those at risk of suicide, as well as those impacted by both. There is no clear commonly agreed upon framework that guides workforce development in mental health, and this is especially lacking in suicide prevention. Current approaches to workforce development and training for professionals and community gatekeepers is poorly planned, ad-hoc, rarely evaluated or not evaluated for the specific sector.

Ensuring approaches are implemented using evidence, monitored and evaluated.

- Youth suicide prevention approaches need to be evidence-based, grounded in research and contribute to filling gaps in knowledge about what works (and what doesn't work).

¹¹ Kay-Lambkin F, Kemp E, Stafford K, Hazell T. Mental health promotion and early intervention in early childhood and primary school settings: A review. *Journal of Student Wellbeing*. 2007;1(1):31-56.

The submission from this point highlights the Hunter Institute's current approaches to suicide prevention, including youth suicide prevention that are relevant to this Inquiry. While many of the Hunter Institute's programs are nationally funded and implemented, most have reach and impact on young people living in NSW

Promotion of a shared understanding of mental health promotion, the prevention of mental ill-health and early intervention

Suicide prevention approaches must build the capacity of all sectors and all people to play a role in preventing mental ill-health, preventing youth suicide and promoting the mental health and wellbeing of young people in NSW.

The Hunter Institute recommends approaches are embedded with mental health promotion, prevention and early intervention through the implementation of *Prevention First (adapted): A Framework for Suicide Prevention*.

*Prevention First*¹² was developed by the Hunter Institute in 2015. It provides a conceptual framework for understanding mental health promotion, mental ill-health prevention and early intervention. By building on existing international and Australian evidence, concepts, definitions, models and policies for understanding mental health promotion, mental ill-health prevention and early intervention, *Prevention First* not only provides a framework for strategic action, but assists in clearly describing what is meant by these terms.

Building capacity for collaborative and cross-sectoral work by identifying common or shared issues, language and models, will be beneficial in bringing about change. *Prevention First* provides an exemplar of how a wide variety of activities can be described in a common model or map of promotion, prevention and early intervention. The Hunter Institute has also developed an adapted version of *Prevention First* for suicide prevention; *Prevention First (adapted): A Framework for Suicide Prevention*. This framework encourages strategic and coordinated suicide prevention action.

The Prevention First (adapted) Framework includes:

- *A focus on the preventative activity* – This involves preventing the onset of suicidal behaviour (primary prevention), intervening early and effectively to reduce suicidal behaviour (secondary prevention and early intervention), lowering the impact of suicide (postvention) and promoting wellbeing.
- *A focus on the broad population groups to be targeted* – This includes the whole community, individuals at risk, individuals experiencing a suicidal crisis, and individuals and communities affected by suicide.

The framework can help people conceptualise different stages in the development of suicidal thoughts and behaviour; and allows people to conceptualise the types of interventions required at these different stages.

Prevention First (adapted) can be downloaded here: <https://himh.org.au/suicide-prevention/prevention-approaches/suicide-prevention-first-framework>

¹² Hunter Institute of Mental Health (2015). *Prevention First: A Prevention and Promotion Framework for Mental Health*. Newcastle, Australia. Available from: <http://www.himh.org.au/home/our-resources/prevention-first-framework>

Ensuring that efforts are made to promote safe and consistent messaging through the use of the *Mindframe* guidelines

The Hunter Institute recommends that the *Mindframe* guidelines continue to be promoted and implemented in NSW.

The media has an important role to play in influencing social attitudes towards, and perceptions of, suicide and mental illness. Promoting safe and responsible reporting of suicide by the media should therefore form a core component of any public health and/or communication strategy. Evaluation studies of Australian media have revealed the responsible reporting of suicide in the media has been found to decrease suicide rates. Also highlighted in these studies is an almost two-fold increase in coverage of suicide and an increase in the quality of reporting following the introduction of the *Mindframe* guidelines.

Mindframe encourages responsible, accurate and sensitive representation of mental illness and suicide in the Australian media (i.e. online, print, broadcast and stage and screen). The *Mindframe* approach involves building a collaborative relationship with the media and other sectors that influence the media, ensuring media professionals are equipped with evidence-based information to assist in safely portraying suicide and mental illness, normalising help-seeking behaviour and therefore helping to minimise stigma for vulnerable community members, such as young people

In recent years there have been increasing discussions regarding the potential risks and opportunities presented by mass communication via social media platforms. The rapid growth of online and social media activity has led to an evolution of traditional media and promotional activity by allowing user-generated content on these platforms, and this has implications particularly for vulnerable youth.

Mindframe are currently developing social media guidelines to support Australian media professionals and online communicators, including those working in the mental health and suicide prevention sectors, to safely post and/or share social media posts about suicide, self-harm and mental illness. These guidelines have been developed to minimise the risks, and to enhance the benefits that social media may provide to young people in distress.

Stigma remains a major barrier to young people help-seeking, therefore adherence to guidelines that aim to reduce stigma plays a vital role in increasing help-seeking rates.

For further information on *Mindframe* visit www.mindframe-media.info

Utilisation of platforms and strategies that aim to promote clear and consistent messaging and communications about mental health and suicide.

The Hunter Institute recommends that the *Life in Mind* portal (when in operation) is promoted to the suicide prevention sector as a key nationally supported mechanism that will encourage leadership, collaboration, information sharing and reduce duplication of efforts.

It is recognised, that collaboration is needed across all sectors and service providers involved in suicide prevention to ensure the best outcomes. In 2016, The Hunter Institute was commissioned by the Australian Government Department of Health to develop and implement *Life in Mind*. *Life in Mind* aims to connect Australian suicide prevention services and programs to each other and the community by providing a comprehensive online portal and supporting coordinated, consistent messaging around suicide prevention. *Life in Mind* will link policy to practice, communities to help-seeking and practitioners to the evidence base, in the hope of better supporting the sector and the community to respond to and communicate about suicide and its impacts.

Life in Mind will contribute to national leadership in this space by supporting the development of safe and effective messaging about suicide prevention through:

- Working with *Mindframe* and others (including Commissions, states and territories, PHNs and NGOs) to operationalise and disseminate the Communications Charter to all agencies and networks working with media
- Developing online tools to support organisations and networks to create effective and safe local and national messaging
- Supporting a national ‘Champions’ leadership group and communication templates to promote national, state and local work.

The online portal is expected to be released early 2018, and will be the key location to find out what is occurring in Australia and NSW, in suicide prevention. [Life in Mind more info link](#)

The Hunter Institute is currently working to operationalise the National Mental Health and Suicide Prevention Charter (the Charter) which will work to raise awareness about and advocacy for mental health and suicide prevention, and to reduce duplication of efforts that exist in the sector. The Hunter Institute recommends that the Charter is fully supported by the NSW government, and all organisations working in suicide prevention, as a demonstration of commitment to working together.

The National Mental Health and Suicide Prevention Communications Charter (the Charter) was developed in 2011. The overall aim of the Charter is to support a national approach for organisations and practitioners working in mental health and suicide prevention when communicating about mental health and suicide prevention. It is designed as a “big picture” document that will guide the ways that organisations talk about mental health and suicide prevention as well as setting principals to guide the ways organisations work together and coordinate their communication efforts.

The Charter sets out key messages to promote clear and consistent communication of mental health and wellbeing, mental illness and suicide. Additionally, the Charter aims to serve as a formal commitment to working together which in turn encourages better structures and processes for collaboration which would facilitate communication, information sharing, reduce duplication and encourage coordination to maximise effort.

Supporting young people to have safe discussions about suicide

The Hunter Institute recognises the importance of providing young people with the skills in how to have safe conversations around suicide and mental ill-health; where to have those conversations; and where to access knowledge, resources and support. The Hunter Institute recommends the continued support for the implementation of the Conversations Matter resources within local communities.

Talking about suicide can be challenging and it can often be frightening for people given the different advice about the safety of having conversations about suicide. Developed by the Hunter Institute, **Conversations Matter** resources provide practical information for communities and professionals to guide conversations about suicide and can be used to support one-on-one conversations or group discussions.

“Conversations about suicide with young people can be challenging, and while it is important to understand the risks, we also need to make sure we are not ‘too afraid’ to talk about suicide (Jaelea Skehan, 2014)”¹³.

¹³ Recognising and responding to youth suicide, News Release, Wednesday, September 24, 2014. Available from <http://www.conversationsmatter.com.au/news-and-events/recognising-and-responding-to-youth-suicide-in-nsw>

The **Conversations Matter** resources are the first of their kind internationally and were developed with the support of academics, service providers, and people with lived experience and community members in NSW and across Australia. The resources meet a national need and can be used locally and could enhance the work of existing community gatekeepers by embedding within core training and development deliverables in the suicide prevention framework. The suite of resources are hosted on the **Conversations Matter** website at www.conversationsmatter.com.au

In 2015, Kids Helpline, a national 24/7 telephone and online counselling and support service for five to 25 year olds, received more than 7,500 contacts related to suicide⁸. While this figure is high, it is known that many young people don't ask for help, and often people around them don't know how serious the situation is. Barriers to accessing support for young people often include fear of stigma and being judged as attention-seeking, feeling worthless and not wanting to be a burden to others⁸. Strategies and services therefore, that can help reduce these barriers for young people and encourage them to open-up to their peers and families will provide an essential role in helping young people at-risk to access the support they need.

Approaches should be evidence-based, grounded in research and contribute to filling gaps in knowledge about what works

The Hunter Institute recommends that evidence-based approaches, such as LifeSpan, that are being implemented in NSW continue to be supported, and any outcomes that are achieved, are sustained and embedded into future suicide prevention approaches.

The Hunter Institute supports the LifeSpan approach as a significant investment into the reduction of suicide including youth suicide. LifeSpan is a new evidence-based model for integrated, regional suicide prevention in Australia, involving the simultaneous implementation of nine key strategies to reduce suicide. LifeSpan aims to support people to live full and contributing lives by bringing together healthcare, community services, and those with lived experience within a region, to work collaboratively to implement the multiple strategies within their community.

Strong evidence points to the benefits of combining effective strategies into an integrated approach to suicide prevention. The three key components of LifeSpan include:

- Nine evidence-based strategies, targeting population to individual-level risk
- Simultaneous implementation of all nine strategies in selected regions
- Governance at a local level (integration of non-government organisations (NGOs), primary health care networks, local health districts, education, police and community groups to coordinate action).

The LifeSpan Newcastle pilot is being led by the Hunter Alliance, a partnership between the Hunter New England Local Health District (including the Hunter Institute of Mental Health), Hunter New England Central Coast Primary Health Network, Hunter Primary Care and Calvary Mater Newcastle. The pilot builds on collaborative work already occurring in Newcastle between these organisations.

The *Mindframe* guidelines are supported as one of the nine evidence-based strategies in the LifeSpan approach – encouraging safe and purposeful media reporting of suicide and mental illness.

Conclusion

Investing in prevention and promotion approaches can lead to more efficient use of mental health resources, and has a flow-on effect for a range of services including general health care, drug and alcohol services, education, child and family services, and the justice system.

Targeted effort is required to ensure that approaches are action focused and specific, whilst providing support for an approach to youth suicide prevention that is coordinated and whole-of-government inclusive of mental health promotion, prevention and early intervention, and the prevention of youth suicide.

When considering youth suicide, it is critical that we consider the barriers to accessing help seeking services. When a young person does reach out, they must have a positive first experience that encourages further contact offered by the most appropriate service/pathway. This needs to be individual and specific to ensure groups such as the LGBTI, CALD, youth justice and Aboriginal and Torres Strait Islanders have their needs met and do not slip the gap.

The Hunter Institute would be happy to provide further information and detail if required. We thank you for the opportunity to provide input into this important topic.