

**Submission  
No 46**

# **PREVENTION OF YOUTH SUICIDE IN NEW SOUTH WALES**

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Parliament of NSW Committee On  
Children And Young People  
Inquiry into the prevention of youth  
suicide in New South Wales

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Submission from the NSW Government  
August 2017

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### 1. Executive Summary

- 1.1. Suicide is a significant public health issue that requires coordinated and combined efforts from all levels of society. The NSW Government has an ongoing commitment to reducing suicide and ensuring that people who are at risk of suicide receive effective care.
- 1.2. The NSW Government takes a Whole of Government, system wide approach to suicide prevention, recognising that suicide is a complex problem, and that only by addressing whole of health and community interactions, can suicide rates be reduced.
- 1.3. The NSW Government is moving towards a more coordinated and integrated approach to suicide prevention. The NSW Government's approach to suicide prevention is guided by *Living Well, A Strategic Plan for Mental Health in NSW 2014-2024 (Mental Health Plan)*.<sup>1</sup> Under *Living Well*, the NSW Government is committed to ensuring the unique needs of particular communities and populations are met, particularly young people and Aboriginal communities.

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<sup>1</sup>[https://nswmentalhealthcommission.com.au/sites/default/files/141002%20Living%20Well%20-%20A%20Strategic%20Plan%20\(1\).pdf](https://nswmentalhealthcommission.com.au/sites/default/files/141002%20Living%20Well%20-%20A%20Strategic%20Plan%20(1).pdf)

## 2. Introduction

- 2.1. This is a Submission to the Parliament of NSW Committee on Children and Young People Inquiry into the prevention of youth suicide in New South Wales (NSW). The Ministry of Health (the Ministry) provides this Whole of Government Submission in response to the Committee's invitation received on 29 June 2017.
- 2.2. This Submission is led by the Ministry with contributions from Juvenile Justice, Family and Community Services and the Department of Education.
- 2.3. The Ministry notes the existing terms of reference for the Inquiry. This Submission focuses on how the NSW Government uses a system wide approach to deliver locally driven responses for the prevention of suicide in NSW, targeting priority populations and addressing service gaps. This Submission includes:
  - a) Context of NSW mental health and suicide prevention reforms
  - b) Gaps in the coordination and integration of suicide prevention activities and programs across all levels of government
  - c) Governance arrangements and accountabilities for suicide prevention
  - d) Provision of services in local communities, particularly in regional and rural areas
  - e) Provision of services for vulnerable and at-risk groups
  - f) Data collection about the incidence of youth suicide and attempted suicide
  - g) Provision of high-quality information and training to service providers
  - h) Approaches taken by primary and secondary schools

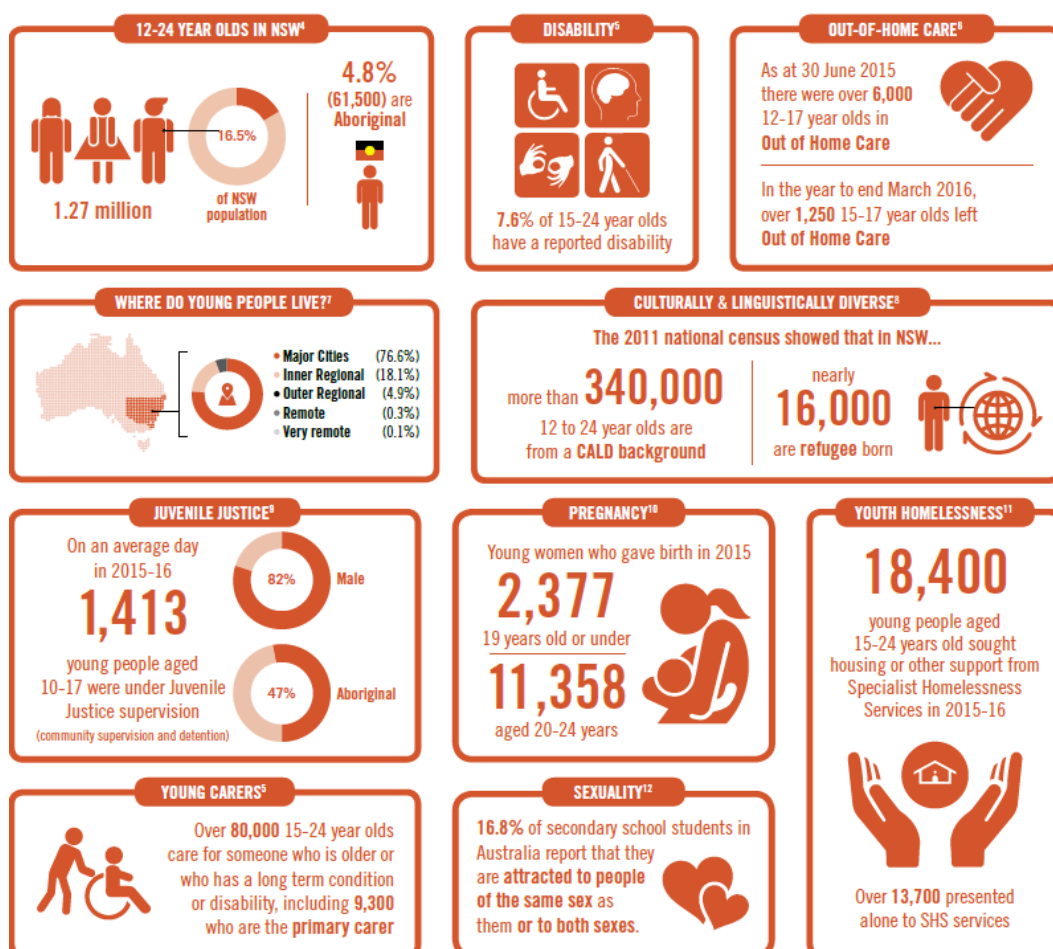
### 3. Context

The following statistical profile highlights suicide and self-harm data by age and trends. Further statistical information for vulnerable and at-risk groups is provided in section 7.

This section also provides an overview of the NSW mental health and suicide prevention reforms.

#### 3.1. Overview of the NSW youth population and suicide

- 3.1.1. Suicide is a significant public health issue that requires coordinated and combined efforts from all levels of society. The NSW Government has an ongoing commitment to reducing suicide and ensuring that people who are at risk of suicide receive effective care.
- 3.1.2. Approximately one third of Australia's young people live in NSW. Figure 1 below is an extract from the NSW Youth Health Framework 2017-24 (PD2017\_019).<sup>2</sup> It depicts the diversity of young people living in NSW.
- 3.1.3. Figure 1: Overview of young people in NSW.



<sup>2</sup> NSW Ministry of Health. (2017) *NSW Youth Health Framework*. [NSW Youth Health Framework 2017-24 \(PD2017\\_019\)](#).p.4.

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- 3.1.4. Suicide is a leading cause of death for young people aged 10 to 17 in NSW.<sup>3</sup>
- 3.1.5. Suicide was the leading cause of death for 15-17 year olds in 2015 in NSW, and the suicide mortality rate for this age group in that year was the highest since 1997.<sup>4</sup> The Child Death Review Report 2015 states that:
- ‘over the 15 year period to 2015, the NSW child death register has recorded the deaths by suicide of 264 young people (under 18 years of age). Since 2001, there has been no statistically significant change in the suicide mortality rate of young people in NSW.’<sup>5</sup>*
- 3.1.6. On 28 September 2016, the Australian Bureau of Statistics released 2015 - Causes of Death, Australia.<sup>6</sup> The data shows that there was an increase in the number of suicide deaths in NSW for those aged 15-17 years, in 2015. This data identifies 97 deaths by intentional self-harm (suicide) in 2015, an increase from 77 deaths in 2011. Over the five years 2011-15 this equates to an age standardised death rate of 1.6 deaths (per 100,000 population), which is 28% lower than the Australian average and one of the lowest age standardised suicide death rate across Australia.
- 3.1.7. National statistics show that while intentional self-harm (suicide) accounts for a relatively small proportion (1.9%) of all deaths in Australia, it accounts for a higher proportion of deaths among younger people. In 2015, suicide accounted for one-third of deaths (33.9%) among people 15-24 years of age.<sup>7</sup>
- 3.1.8. HealthStats NSW<sup>8</sup> reports 3,690 children and young people (those aged between 10 and 24 years of age) were hospitalised for self-harm in NSW in 2015-16 (rate 96 per 100,000 for 10-14 years, rate 393.5 per 100,000 for 15-19 years, rate 266.4 per 100,000 for 20-24 years). This indicator measures people admitted to hospital after self-harm. It is not a direct measure of the number of people in the NSW population who make suicide attempts. This indicator only includes people who are admitted to hospital, and does not include people who go home after treatment in the emergency department.

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<sup>3</sup> NSW Child Death Review Team. (2016). *Child Death Review Report 2015*. p. 102.

<sup>4</sup> NSW Child Death Review Team. (2016). *Child Death Review Report 2015*. p. 6.

<sup>5</sup> NSW Child Death Review Team. (2016). *Child Death Review Report 2015*. p. 92.

<sup>6</sup> The Australian Bureau of Statistics 3303.0 - Causes of Death, Australia, 2015 Available at <http://www.abs.gov.au> Accessed 03/08/2017

<sup>7</sup> The Australian Bureau of Statistics 3303.0 - Causes of Death, Australia, 2015 Available at <http://www.abs.gov.au> Accessed 09/08/2017

<sup>8</sup> Source: Centre for Epidemiology and Evidence. Health Statistics New South Wales. Sydney: NSW Ministry of Health. Available at: [www.healthstats.nsw.gov.au](http://www.healthstats.nsw.gov.au) Accessed 03/08/2017.



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- 3.1.9. It is well-recognised that an individual's mental health problems are not the only causes of suicide.<sup>9</sup> The causes of suicide and suicide attempts are complex and generally influenced by a combination of individual, social, cultural, environmental and contextual factors.<sup>10,11,12</sup> Suicide Prevention Australia notes that protective factors such as resilience, self-esteem, connectedness, belonging, supportive environments and positive life events can be valuable safeguards and protection against suicidality.<sup>13</sup>

### 3.2. Reforming NSW mental health and suicide prevention

- 3.2.1. The NSW Government has committed \$115 million from 2014-15 to 2016-17, and \$95 million each year ongoing, for delivery of mental health reform priority actions. This investment was made in response to the Mental Health Commission's document *Living Well, A Strategic Plan for Mental Health in NSW 2014-2024* (Mental Health Plan). Under the mental health reform package, government agencies are collaborating to implement specific priority actions and activities to improve mental health and suicide prevention across the community, and build a platform for activity beyond 2017.
- 3.2.2. This Whole of Government, whole of system response to mental illness is about creating a balanced system of prevention and early intervention, community and hospital based treatment and rehabilitation services combined with opportunities for learning, employment, housing and social interaction, to support people living with mental illness.<sup>14</sup>
- 3.2.3. The NSW Government welcomes the development of the Fifth National Mental Health and Suicide Prevention Plan. It provides an important opportunity to establish a collaborative national focus over the next five years.
- 3.2.4. An overview of the NSW public health system and education system is provided in Appendix 1 and Appendix 2.

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<sup>9</sup> Transforming Suicide Prevention Research: A National Action Plan. Volume 1 Sydney 2015. Suicide Prevention Australia. Available at <https://www.suicidepreventionaust.org> Accessed 11/08/2017.

<sup>10</sup> U.S. Surgeon General, National Action Alliance for Suicide Prevention. 2012 National Strategy for Suicide Prevention: Goals and Objectives for Action. Washington, D.C.: US Department of Health & Human Services, 2012.

<sup>11</sup> NSW Child Death Review Team. (2016). Child Death Review Report 2015. p. 94.

<sup>12</sup> Suicide Prevention Australia (2010), Position statement: youth suicide prevention, Sydney: SPA, Available at <https://www.suicidepreventionaust.org/sites/default/files/resources/2016/SPA-Youth-Suicide-Prevention-Position-Statement%5B1%5D.pdf> Accessed 11/08/2017.

<sup>13</sup> Suicide Prevention Australia (2010), *Position statement: youth suicide prevention*, Sydney: SPA, Available at <https://www.suicidepreventionaust.org/sites/default/files/resources/2016/SPA-Youth-Suicide-Prevention-Position-Statement%5B1%5D.pdf> Accessed 11/08/2017.

<sup>14</sup> <http://www.mhcc.org.au/media/72585/reform-factsheet.pdf>

### 4. Gaps in the coordination and integration of suicide prevention activities and programs across all levels of government

This section outlines the NSW Government's approach in delivering a more coordinated and integrated approach to suicide prevention.

#### 4.1. A systems-based approach to suicide prevention

- 4.1.1. *Living Well* highlights the gaps in co-ordination and integration of suicide prevention activities and programs across all levels of government.<sup>15</sup> As part of the actions recommended by *Living Well*, the National Health and Medical Research Council Centre for Research Excellence in Suicide Prevention and the Black Dog Institute was commissioned to develop a systems-based strategic framework for suicide prevention in NSW. This framework is called Lifespan.
- 4.1.2. LifeSpan involves the implementation of nine evidence-based strategies simultaneously within a localised area and is the largest suicide prevention trial of its kind in Australia. Using the LifeSpan systems-based approach, the Black Dog Institute estimates that it may be possible to prevent 21% of suicide deaths, and 30% of suicide attempts.<sup>16</sup>
- 4.1.3. The LifeSpan framework calls for collaboration across government, community managed organisations and private health providers to implement the evidence based solutions to locally identified needs. NSW Health, Commonwealth primary health networks, the NSW Mental Health Commission, the Department of Education, and local community organisations are working in partnership with the Black Dog Institute to implement LifeSpan.
- 4.1.4. The Black Dog Institute, with private funding, is piloting LifeSpan in four areas of NSW: Murrumbidgee, Central Coast, Illawarra Shoalhaven and the Newcastle Local Government Area. The LifeSpan trial sites will work alongside service providers funded under the Suicide Prevention Fund established last year to deliver community based suicide prevention activities.

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<sup>15</sup>[https://nswmentalhealthcommission.com.au/sites/default/files/141002%20Living%20Well%20-%20A%20Strategic%20Plan%20\(1\).pdf](https://nswmentalhealthcommission.com.au/sites/default/files/141002%20Living%20Well%20-%20A%20Strategic%20Plan%20(1).pdf)

<sup>16</sup>[http://www.lifespan.org.au/wp-content/uploads/2016/07/LifeSpan\\_Summary-Paper\\_July\\_2016.pdf](http://www.lifespan.org.au/wp-content/uploads/2016/07/LifeSpan_Summary-Paper_July_2016.pdf)  
p. 6.

### 4.2. Their Futures Matter - a new approach to child protection

- 4.2.1. Family and Community Services (FACS) do not provide services that have a specific focus on suicide prevention. Instead, it has a role in supporting vulnerable children and young people with complex needs who are at risk of entering the child protection system or Out-of-Home Care (OOHC). Many of these children and young people have experienced trauma or have identified mental health needs. The provision of effective and responsive services that address trauma and mental health needs should assist in preventing youth suicide.
- 4.2.2. FACS has an important role in assisting children and young people with complex needs to access the services that will effectively respond to their identified needs. Effective coordination and integration of services can enable young people to receive the support required to more effectively respond to their needs. FACS notes that despite best intentions, sometimes greater coordination between agencies is required to assist the young person to access the most appropriate services (and reduce the need for multiple referrals) and assist the young person to access that support as quickly as possible.
- 4.2.3. The Their Futures Matter reform is leading a new approach to child protection and sets out a long term strategy for OOHC and for improving outcomes for vulnerable children and families in NSW. It sets out a cohesive and accountable system where client outcomes, strong evidence and needs-based supports are centred around children and families. The reform is premised on close collaboration across NSW Government agencies.
- 4.2.4. NSW Government agencies are committed to rolling out wrap around supports tailored to cohorts of vulnerable children and families who have similar needs and characteristics. This roll out happens through an investment approach, where NSW will use cross-government data to find cohorts who are likely to have the greatest needs, including support and intervention needs over their lifetime. Funding, effort and other resources can then be targeted to cohorts as wrap around supports, providing greater opportunities to address need, improve client outcomes and change the life trajectories of vulnerable people. More information on the reforms is available at <http://www.theirfuturesmatter.nsw.gov.au/>

### 4.3. Information exchange

- 4.3.1. An inquest in 2014 highlighted a breakdown in information exchange between a school and the local health district which significantly impaired the ability of each agency to support a student who later died by suicide. Similar breakdowns in information sharing have been reported by other schools.
- 4.3.2. While NSW child protection law supports the transfer of this information, misinformation about privacy law and/or a misunderstanding of the way in which schools would use the information appears to have contributed, at least in part, to this breakdown in information exchange.
- 4.3.3. It also appears parents and students similarly misunderstand how information from a student's health care providers can be used by educators to make school a protective factor for students at risk of suicide. This can result in a student or their parents refusing to consent to educators being advised of the student's circumstances.
- 4.3.4. Access to relevant information to support students who are at risk of serious mental health concerns can provide challenges for agencies. While consent is not legally required for schools to be informed of a student's situation, concerns have been expressed that disclosing this kind of information to schools without consent can damage the therapeutic relationship between a health care practitioner and the student to the student's detriment. However, it is important that information necessary to support the wellbeing of vulnerable students is exchanged smoothly and predictably so schools can establish or develop appropriate strategies to keep them safe.
- 4.3.5. For this reason, the Department of Education and the Ministry are finalising the development of a fact sheet on exchanging information that outlines the key principles about how Health and Education staff can work together to keep young people safe and well. This factsheet will be accompanied by a communication strategy, sample newsletter articles and the contact information of key local personnel in Health and Education.

### 5. NSW governance arrangements and accountabilities

This section describes the governance arrangements and accountabilities relevant to mental health and suicide prevention.

#### 5.1. NSW Government governance arrangements

5.1.1. The NSW Government has a range of governance mechanisms relevant to mental health and suicide prevention. These state-based governance arrangements include:

- The Mental Health Commission of New South Wales, established in July 2012 under the Mental Health Commission Act 2012 for the purpose of monitoring, reviewing and improving the NSW mental health system. The Mental Health Commission of NSW is an independent body which helps drive reform that benefits people who experience mental illness and their families and carers. In February 2016, the NSW Mental Health Commissioner established a NSW Suicide Prevention Advisory Group, to advise the Commissioner on issues relating to suicide prevention and to improve the planning, monitoring and co-ordination of suicide prevention activities in NSW.
- The Mental Health Reform Implementation Taskforce, an interagency group established to provide strategic direction across the ongoing implementation and monitoring of NSW mental health reform initiatives. The membership includes representatives from the Ministry and Departments of Family and Community Services, Education, Justice, Premier and Cabinet, and NSW Treasury. The NSW Mental Health Reform Monitoring Reports chart the progress of the implementation to date, and are provided to the NSW Government's Social Policy Cabinet Committee.
- The NSW Child Death Review Team (CDRT) reviews the deaths of children in NSW. The purpose of the CDRT is to prevent and reduce child deaths including suicide. By law, the NSW Ombudsman is the CDRT Convenor and the NSW Advocate for Children and Young People and the Community and Disability Services Commissioner are members. Other CDRT members are appointed by the Minister. They include representatives from the Ministry and Departments of Family and Community Services, Education, Attorney General and Justice, the NSW Police Force, and Office of the NSW Coroner; and individual experts.

### 5.2. NSW Health's governance arrangements and accountabilities for mental health and suicide prevention

- 5.2.1. NSW Health operates under a devolved model of health system governance and is progressively shifting towards an activity based funding model. Under this model, NSW Health does not provide any quarantined funding to local health districts specifically for suicide prevention programs, workforce or activities. However the activity based funding model enables local planning and delivery of mental health services and suicide prevention initiatives that are built on detailed knowledge of local communities and their needs.
- 5.2.2. The NSW Health Performance and Purchasing Frameworks<sup>17</sup> support the delivery of effective, efficient and sustainable mental healthcare delivery. The governance elements and accountability mechanisms are agreed within the Service Agreements.<sup>18</sup> Application of the Framework is relevant to clinical networks, units and health service teams within each service or organisation.
- 5.2.3. The 2017-18 Service Agreements with local health districts and specialty networks include nine mental health specific Key Performance Indicators (KPIs) which are monitored by the Ministry and within the districts (See Appendix 3 for the list of 2017-18 Mental Health KPIs).
- 5.2.4. The KPI most relevant to the prevention of suicide is Acute Post-Discharge Community Care - follow up within seven days (%). The majority of people with chronic and recurring mental illness are cared for in the community. Continuity of care (follow up and support by professionals and peers) in the community settings for psychiatric patients discharged from a hospital leads to an improvement in symptoms severity, readmission rate, level of functioning and patient assessed quality of life. Early and consistent follow up in the community reduces suicide among hospital discharged mental health patients with high suicide risk and history of self-harm.<sup>19</sup>
- 5.2.5. Compliance with policy directives is mandatory for NSW Health and is a condition of funding for local health districts and specialty networks. Various policy directives related to the prevention of suicide are described in section 9.

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<sup>17</sup> <http://www.health.nsw.gov.au/Performance/Documents/performance-framework.pdf>

<sup>18</sup> <http://www.health.nsw.gov.au/Performance/Documents/service-agreement-generic.pdf>

<sup>19</sup> NSW Ministry of Health (2017) 2017-18 Service Agreement Data Supplement Key Performance Indicators (and Associated Improvement Measures). p.102. Available at <http://hird.health.nsw.gov.au/> Accessed on 16/08/2017.

### 5.3. Department of Education governance arrangements and accountabilities for suicide prevention

- 5.3.1. NSW public schools are committed to providing safe, supportive and responsive learning environments for everyone. They have a range of well-defined processes and options for supporting students who may be experiencing significant mental health issues.
- 5.3.2. The school learning and support team plays a key role in ensuring that the specific needs of students with additional learning and support needs are met. The team facilitates and coordinates planning processes and resourcing for students with additional learning and support needs, including those in need of support for their mental wellbeing.
- 5.3.3. Every school has a learning and support team. The composition of teams may vary as they are made up of members according to the needs of individual school and its community.
- 5.3.4. Schools are assisted in their support for students by the Department of Education's School Services. School Services teams and local school-based specialist positions support schools and build the capabilities of school staff. They are available to assist with the operation of the school's learning and support team by providing advice and guidance in developing and implementing additional strategies to support the learning, wellbeing and behaviour of students
- 5.3.5. The school counselling service is a key school-based psychology service that is available to every public school in NSW. There are 1,026 school counselling service positions across NSW public schools. School counselling staff, work as part of teams whose clinical practice is supervised by 133 senior psychologists. Ten leader psychology practice positions across the state supervise the clinical practice of the senior psychologists and support them in their supervision and management of their counselling teams. Systemic support for the NSW school counselling service is provided by the state office Psychology and Wellbeing Team in the Learning and Engagement Directorate. This support ensures consistency of training, processes, service delivery and registration requirements with the Psychology Board of Australia.
- 5.3.6. The school counselling service works collaboratively with learning and support teams, parents and caregivers, and other agencies, to develop appropriate school based support for students. School counselling staff carry out cognitive, social, emotional and behavioural assessment of students, including students who are at risk of suicide or self-harm. They are able to provide counselling to

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students, individually and in groups, and, where appropriate, refer students and/or their families and caregivers to other agencies that will support the development of student health and wellbeing outcomes.

- 5.3.7. In the event of an emergency, including a response to suicide, attempted suicide and/or self-harm, schools will implement a coordinated response in line with their emergency management plan. All public schools in NSW have emergency management plans which address all potential emergencies, including suicide, attempted suicide and self-harm. Identifying, assessing, supporting and referring students identified at risk are essential components of a school's work.
- 5.3.8. The Department of Education's strategies ensure rapid response and support to schools following suicide or suicide attempts that address the impact on the school community and are aimed to reduce the likelihood of suicide contagion. The Department of Education works closely with partners in headspace and the Ministry in this important area.



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

This section describes the NSW Government's broad range of activities that contribute to preventing suicide and supporting those at risk of suicide at a local level.

#### 6.1. Whole of Health investment in mental health and suicide prevention

- 6.1.1. NSW Health provides specialist mental health services through its 15 Local Health Districts, and three Specialty Networks - Justice Health and Forensic Mental Health Network (JH&FHN), Sydney Children's Hospital Network and St Vincent's Health Network), and through grants to community managed organisations.
- 6.1.2. The NSW Government takes a Whole of Government, system wide approach to suicide prevention, recognising that suicide is a complex problem, and that only by addressing whole of health and community interactions, can suicide rates be reduced. As such, it could be argued that a significant portion of the budget for mental health in NSW targets suicide prevention. For example:
- Specialised mental health clinicians consult and liaise with clinical teams across NSW Health (eg. emergency departments, community health services) to identify and assist consumers who are at risk of suicide. More specifically, this year over \$107 million is attributed to specialised programs aimed at preventing mental illness in children and young people.
  - Providing \$2 million for the Suicide Prevention Fund established last year.
  - Providing \$3.1 million funding to continue to support the Lifeline's crisis telephone service on a 24/7 basis (13 11 14), as well as providing mental health training and supervision for Lifeline's telephone crisis workforce.
  - Over \$1 million funding is allocated to continue the roll-out of the Project Air Strategy for Personality Disorders across NSW. This funding involves training clinicians to respond to people who have self-harmed, and improving mental health service delivery to people with personality disorders.
  - Allocating \$500,000 for specialist suicide prevention training for NSW Health's non-mental health clinicians in front line roles, to strengthen their skills in identifying and responding effectively to individuals at risk of suicide.

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- Allocating \$150,000 in additional training for mental health clinicians to improve responses to suicide attempts and management of risk.

6.1.3. Under the Suicide Prevention Fund, eight mental health community managed organisations have been commissioned to deliver community based suicide prevention activities. The activities relevant to youth and regional and rural areas include:

- The Kumpa Kiira Suicide Prevention Project, auspiced by Coomealla Health Aboriginal Corporation, focuses on Aboriginal people, including young people in the Balranald and Wentworth Shires of NSW.
- The Bright Minds, Connected Communities Suicide Prevention Project is tailored to address the needs of young people at risk of suicide in the Lake Macquarie region of NSW.
- The ACON project for suicide prevention activities are targeted to the lesbian, gay, bisexual, transgender and intersex communities in the central Sydney area.

6.1.4. To ensure that people presenting to NSW Health services who may be at risk of suicide are kept as safe as possible, and that assessment, care and treatment interventions are appropriate, a number of steps are in place, including:

- Ongoing funding for the NSW Mental Health Line (1800 011 511). This 24/7 telephone service facilitates access to mental health professionals for people anywhere in NSW. It provides universal access to mental health triage, referral and advice. The Mental Health Line also acts as a resource for other health professionals seeking advice about a person's clinical presentation, the urgency of their need for care and service options.
- Training for all NSW mental health clinicians in suicide assessment and management.
- Access to specialist mental health clinicians in emergency departments and hospitals, including video links in rural areas.
- The comprehensive assessment of people presenting to mental health services for risk of suicide, and careful monitoring, treatment, and support if they are at risk.
- Continuity of care when a person with mental health care needs is transitioning from one health care setting to another or returning to the community.

### **6.2. Strategic commissioning**

- 6.2.1. Grants to community managed organisations deliver a significant amount of mental health services in addition to the NSW Health specialist mental health services provided through the 15 local health districts, and three speciality networks.
- 6.2.2. In 2016-17, NSW Health allocated \$72 million to a range of community managed organisations to support people with complex long term mental illnesses to live well in the community. The suite of programs delivered includes suicide prevention activities as part of these organisations' core business.
- 6.2.3. As part of the Commonwealth Government's renewed approach to suicide prevention, primary health networks are tasked with commissioning regionally appropriate suicide prevention activities and services. Ten NSW primary health networks work with NSW local health districts and other local organisations to support better targeting of people at risk of suicide. Their mandate is to focus on effective local coordination and management, allowing for community needs and strengths to be recognised.<sup>20</sup>

### **6.3. Regions with higher than average rates of suicide**

- 6.3.1. As part of a new National Suicide Prevention Strategy, the Commonwealth Government has committed \$46 million for Suicide Prevention Trials in 12 regions of Australia with higher than average rates of suicide, to strengthen suicide prevention.
- 6.3.2. NSW trial sites include Western NSW and North Coast NSW.
- 6.3.3. Each trial will run for three years and receive approximately \$3 million, bringing together federal, state and local governments, doctors and mental health service providers to identify issues and deliver a tailored response to a community or individual need.

### **6.4. Enhancing community based services**

- 6.4.1. The NSW Government has expanded specialist community Child and Adolescent Mental Health Services (CAMHS) for children and adolescents with moderate-severe mental health problems and their families/carers, particularly

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<sup>20</sup> <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-nsp>

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those with the greatest clinical need related to severe and acute problems and increased risk of harm to themselves or others.

- 6.4.2. The demand for access to developmentally appropriate specialist mental health services for children and adolescents in NSW regularly outstrips the capacity to supply timely services. The barriers in connecting young people with these services can be more apparent in rural and regional areas. Also, there is a lack of funded services in rural and regional areas to support young people who are gender diverse or gender questioning.
- 6.4.3. Mental Health Reform funding will assist local health districts in managing demand and ensuring young people with a mental illness receive the specialist care they need. Local health districts will deliver additional assertive outreach community CAMHS and consultation to the health, welfare and education sectors through what is known as a consultation liaison service.
- 6.4.4. The expansion will increase outreach consultation liaison to hospital based non-specialist CAMHS settings as well as building the capacity of non-specialist services to deliver developmentally appropriate care for children and adolescents with mental health problems, their families and carers.
- 6.4.5. Enhanced community CAMHS through consultation liaison complements existing interagency partnerships. The focus will be on community settings such as schools, OOHC as well as hospital based settings including emergency departments and paediatric wards. Through work with these key partners, it will improve the delivery of integrated and comprehensive care for children, adolescents and their families across NSW.

### 7. Provision of services for vulnerable and at-risk groups

This section describes the NSW Government's broad range of activities that target priority populations.

#### 7.1. Overview of vulnerable young people in NSW

7.1.1. Some population groups have consistently higher rates of suicide attempts or deaths due to suicide. The Child Death Review Report 2015 highlights that:

- Males have been consistently over represented in suicide deaths of young people in NSW, and this is also reflected nationally. In only two of the last 15 years – in 2013 and 2015 – was the suicide mortality rate for females higher than for males.<sup>21</sup>
- Aboriginal children and young people represented eight per cent of all young people who died by suicide over the 15 years from 2001. The mortality rate for Aboriginal young people has increased substantially in the period 2011-2015 (1.13 to 2.63).<sup>22</sup>
- The suicide mortality rate is higher for young people with a child protection history. From 2002 to 2011, young people with a child protection history had a suicide mortality rate four times greater than young people with no history.<sup>23</sup> Children who die from suicide are often faced with multiple individual, social and contextual risk factors.<sup>24</sup>

7.1.2. The NSW Youth Health Framework 2017-24 (PD2017\_019)<sup>25</sup> identifies youth suicide as a critical issue for health services. The Framework notes that some young people experience poorer health and wellbeing outcomes, increased risk of harm, more complex needs and increased access barriers. Those young people who are at higher risk of poor health and wellbeing are noted in figure 2 below.<sup>26</sup>

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<sup>21</sup> NSW Child Death Review Team. (2016). *Child Death Review Report 2015*. p. 92.

<sup>22</sup> NSW Child Death Review Team. (2016). *Child Death Review Report 2015*. p. 92.

<sup>23</sup> NSW Child Death Review Team (2014). *Causes of Death of Children with a Child Protection History 2002-2011*. p. 3.

<sup>24</sup> NSW Department of Family and Community Services. (2016) *Child Deaths 2015 Annual Report*. p.26.

<sup>25</sup> [NSW Youth Health Framework 2017-24 \(PD2017\\_019\)](#)

<sup>26</sup> NSW Ministry of Health. (2017) *NSW Youth Health Framework*. p.10.

Figure 2: Overview of vulnerable young people in NSW.

Vulnerable young people who are at higher risk of poor health and wellbeing include those who:

- are Aboriginal
- are homeless or at risk of homelessness
- are sexuality and/or gender diverse (LGBTI)
- are entering, in, or exiting OOHC
- are under justice supervision
- are refugees or newly arrived migrants
- have physical or intellectual disabilities
- have a chronic or complex condition, including mental health disorders
- are a young carer
- have experienced family, domestic, intimate partner or peer violence
- live in rural and remote areas
- are pregnant and/or parenting

7.1.3. The NSW Youth Health Framework was released on 6 July 2017. All local health districts and specialty networks will agree a local plan and priorities to implement the Framework with a focus on strengthened early intervention and targeted health responses for vulnerable young people and building staff capacity to engage young people.

## 7.2. Addressing Aboriginal children and young people's health needs

7.2.1. The NSW Government is committed to closing the gap in health outcome disparity between Aboriginal<sup>27</sup> and non-Aboriginal people and ensuring the unique needs of particular communities and populations are met.

7.2.2. The NSW Government continues to build a better health system to support Aboriginal people, including Aboriginal people at risk of suicide or recovering after a suicide attempt. NSW Health efforts include:

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<sup>27</sup> The term 'Aboriginal' is used to describe the many nations, language groups and clans in New South Wales (NSW) including those from the Torres Strait. The preference for the term 'Aboriginal' to 'Aboriginal and Torres Strait Islander' in NSW recognises that Aboriginal people are the original inhabitants of NSW. NSW Ministry for Health, 2004, *Communicating positively. A guide to appropriate Aboriginal terminology*. retrieved from <http://www.health.nsw.gov.au/aboriginal/Publications/pub-terminology.pdf>

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- Building the capacity in the Aboriginal workforce. This activity is a key strategy in responding to the needs of Aboriginal people experiencing emotional distress and mental health issues that may be linked to suicide risk. NSW is a national leader in developing and supporting this workforce.
- Developing Aboriginal Community Controlled Health Services (ACCHS) Aboriginal mental health and social and emotional wellbeing worker's skills in postvention services, Aboriginal mental health first aid, clinical assessment, treatment and recovery-focused care.
- Providing mandatory cultural training for all NSW Health staff aimed to improve cultural safety for Aboriginal consumers and staff, and to reduce racism.
- Improving identification of Aboriginal users of mental health services and using that data to improve services.
- Renewing the NSW Aboriginal Mental Health and Wellbeing Policy in 2017 to support the aims of improving the mental health service system, strengthening partnerships, growing the Aboriginal workforce. Building cultural capability and integrated care is an essential strategy to address the high levels of mental illness, distress and suicide in Aboriginal communities.
- Funding 17 mental health projects through 16 ACCHS. These projects build the capacity of ACCHS to respond well to mental health issues in their communities.
- Funding drug and alcohol projects through several ACCHS and Aboriginal Drug and Alcohol Residential Rehabilitation Services. In 2016-17, the Ministry is investing \$4.5 million in the Mental Health and Drug & Alcohol Aboriginal community managed organisation program.
- Funding the adaptation of the current *Getting on Track in Time - Got it!* program for Aboriginal communities within NSW. *Aboriginal Got It! - Getting on Track in Time* targets Aboriginal children in Kindergarten to Year 2 and their parents and carers. This school-based mental health early intervention program helps parents, carers and schools to identify children's social and emotional difficulties, and supports them to respond to difficult behaviours in a culturally responsive way.

### **7.3. Increasing psychosocial supports for young people in the community**

- 7.3.1. Mental Health Reform funding was provided to expand community-based psychosocial support services to young people aged 16 to 24 years who have severe mental illness and who have, or are at risk of developing significant functional disability.
- 7.3.2. The Youth Community Living Support Services (YCLSS) program is operational in five local health districts. Flourish Australia provides services in Blacktown, Penrith and Newcastle. Wellways Australia provides services in Lismore and Campbelltown, in partnership with their local mental health services.
- 7.3.3. YCLSS work in partnership with local mental health services to provide practical assistance to young people in developing living skills, accessing education and training, improving relationships with family and friends and making healthy lifestyle choices. The program also provides access to other services to address young people's needs, such as income support, employment, drug and alcohol and other health services, accommodation and recreation.

### **7.4. Supporting young people in contact with the criminal justice system**

- 7.4.1. A number of individual, social and contextual factors place young people in contact with the criminal justice system at an even higher risk of suicide and self-harm than other young people.<sup>28</sup>
- 7.4.2. Juvenile Justice NSW work closely with JH&FMHN staff to prevent suicidal behaviours and self-harm amongst Juvenile Justice clients, both in custody and in the community. Services include early screening for young people at risk of self-harm, specialist assessment and referral, therapeutic care for clients with mental health issues and monitoring as required. Referrals are made to CAMHS in order to ensure ongoing support post-mandate.
- 7.4.3. Organisational policy and procedures are in place to guide best practice, providing information to assist front line staff with the identification and assessment of clients at risk of self-harm and suicide, and the type of response and intervention required. Strategies to prevent and manage self-harm are reviewed regularly to ensure the most recent evidence-based approaches are implemented consistently. Professional development for staff is updated and

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<sup>28</sup> Indig, D., Vecchiato, C., Haysom, L., Beilby, R., Carter, J., Champion, U., Gaskin, C., Heller, E., Kumar, S., Mamone, N., Muir, P., van den Dolder, P. & Whitton, G. (2011) *2009 NSW Young People in Custody Health Survey: Full Report*. Justice Health and Juvenile Justice. Sydney.



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provided regularly to maintain the quality of response to clients at risk of suicide and self-harm, and ongoing support to staff.

- 7.4.4. Juvenile Justice Centres are designed to provide safe, secure and developmentally appropriate accommodation for all young people in custody.
- 7.4.5. The most common method of attempted suicide by young people in custody is by hanging, including various forms of self-strangulation. In order to manage this risk, all detainee rooms are fitted with modified fixtures to remove hanging points. Cutting (of wrists and arms) is the most common method of self-harm used by young people in custodial settings, so all rooms are checked regularly and broken items are removed and/or replaced.
- 7.4.6. When a young person in custody is identified as being at risk of suicide or self-harm, their rights and dignity must be considered alongside their safety. Where possible, alternatives, such as one-to-one supervision, negotiation, motivational interventions are attempted prior to the removal of clothing, bedding etc.
- 7.4.7. The most important safety measure to prevent suicide and self-harm is the development of rapport and ongoing engagement between staff and the vulnerable young person.
- 7.4.8. Other safety measures include:
- removing any materials from the young person's room that could be made into a noose or cutting implement
  - checking no medication has been hoarded by the young person
  - placing the young person in an observation room
  - consideration of shared accommodation, where applicable and reviewed for risk.
- 7.4.9. Centres also ensure that the following controls and measures are maintained to prevent the ingestion of dangerous substances:
- carefully controlling the approved use and storage of potentially dangerous substances such as bleach, detergents, disinfectants, thinners, petrol, etc.
  - locating dangerous substance storage areas outside the secure area of a Centre
  - ensuring local processes do not enable high risk detainees to have access to dangerous substances, power outlets or electrical equipment

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- maintaining close supervision of detainees at risk of self-harm/suicide when they use or have access to any electrical equipment or power outlets.
- 7.4.10. Young people often have difficulty asking for help and staff must be aware and support young people seeking assistance. For this reason, all young people are screened by Juvenile Justice staff upon admission to custody where self-harm and suicide risk is assessed using the *Detainee Risk Questionnaire*, and by JH&FMHN nursing staff within 24 hours. Young people with any mental health concerns are referred to the Centre-based Juvenile Justice Psychologist, JH&FMHN Clinical Nurse Consultant Mental Health and/or JH&FMHN Psychiatrist. Immediate transfer to hospital is organised if required. All Juvenile Justice clients, whether in custody or the community, are able to refer themselves to a Victims Services Counsellor and are supported throughout this process.
- 7.4.11. A holistic risk assessment includes an exploration of an individual's self-harm history, biological, psychological, social, cultural and spiritual factors; recent stressors and coping strategies, level of insight and readiness to change. The nature and function of the self-harm or suicidal behaviour are examined. An individual *My Safety Plan* is then developed with the young person, and progress monitored.
- 7.4.12. Juvenile Justice Psychologists are responsible for the ongoing assessment, treatment and/or referral of young people with mental health concerns. Working with Juvenile Justice Caseworkers, referrals are made to CAMHS (in the community) and JH&FMHN staff (in custody). In each Juvenile Justice Centre, co-ordination of mental health service delivery occurs via the multi-disciplinary Client Services Meeting where cases are reviewed regularly, and collaborative decisions made to ensure effective and safe management of young people through an agreed intervention plan.
- 7.4.13. Ongoing support post-release is organised early, in conjunction with the JH&FMHN Community Integration Team to plan for a smooth transition from custody to community and referral to external health providers as required.

### 7.5. Supporting vulnerable children and young people with complex needs who are at risk of entering the child protection system or Out-of-Home Care

- 7.5.1. Under the *Their Futures Matter* reforms, FACS is delivering an \$8.6 million Trauma Treatment Service to treat up to 150 children per year. The service will work with children under 15 in statutory foster and relative/kinship care that have experienced significant trauma and are experiencing placement instability. A multidisciplinary team of psychologists and therapists will use evidence-based interventions such as Trauma-Focused Cognitive Behavioural Therapy and Parent Child Interaction Therapy as they work with children and carers to reduce trauma symptoms and improve psychological wellbeing.
- 7.5.2. As part of a package of reforms under *Their Futures Matter*, FACS is also introducing Intensive Therapeutic Care (ITC). ITC will replace the residential care model that currently exists in NSW. ITC aims to support children and young people, aged above 12 years, with identified high and complex needs who are unable to be immediately supported in a family based or foster care placement. ITC will holistically address the individual needs of children and young people and improve their outcomes through consistent therapeutic care, comprehensive assessments, tailored interventions and funding packages.
- 7.5.3. FACS also works closely with other agencies, the corporate sector and not-for-profit sector to improve resources that build on community strength. FACS funds a state-wide mentoring program, *Youth Frontiers*. The program is delivered by community managed organisations in more than 100 secondary schools to approximately 1200 young people with the aim of:
- engaging young people through quality mentoring with a focus on building confidence, self-esteem, and communication skills
  - enabling young people to overcome barriers to participating in their communities by developing team work, leadership and decision-making skills
  - recognising the contribution that young people make in their local communities.
- 7.5.4. Program providers have the same delivery targets for regional and rural electorates as they do for metropolitan electorates. They report, however, that it is more difficult to recruit mentors in some regional and rural areas because of

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the low populations and the need for mentors to travel long distances to meet with their mentees.

- 7.5.5. The program targets year eight and nine students. While it has a civic engagement focus, *Youth Frontiers* has demonstrated that quality mentoring can work to achieve positive developmental outcomes for young people in a school setting and increase community connectedness. The program's achievements support a case for school-based interventions, especially where they involve partnerships with community stakeholders.

### **7.6. Supporting vulnerable children and young people through the education system**

- 7.6.1. Some groups of students are more vulnerable than their peers and schools have a range of options and resources to assist and support them. Included in these are the school counselling service, networked specialist centres, partnerships between the Department of Education, the Ministry and headspace, resources allocated through the NSW Government's \$167.2m *Supported Students Successful Students*, the newly released *NSW Anti-bullying Strategy* and initiatives such as *Connected Communities*.
- 7.6.2. The school counselling service provides psychological expertise and has the capacity to assess, intervene and refer students in need of additional support for a range of reasons, including risk of suicide or self-harm. Schools also access support for students through networked specialist centres, whose role is to provide support for schools when a child or young person's needs reach a level of complexity that requires additional case management or integrated service delivery.
- 7.6.3. The Department of Education works closely with partners such as the Ministry, headspace, headspace School Support and the Black Dog Institute to provide evidence-based programs and training that equips school staff to better identify, intervene and support student mental health and wellbeing.
- 7.6.4. A Memorandum of Understanding between the Department of Education and the Ministry provides a framework for a collaborative approach to improving the mental health of children and young people in NSW through *School-Link*.
- 7.6.5. *School-Link* aims to ensure the early identification of mental health issues for children and young people, the provision of evidence based early intervention

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programs in schools, early access to specialist mental health services, and support for recovery.

- 7.6.6. To support students who are at higher risk for significant mental health issues, the Department of Education works closely with *School Link* on the 'Got It' (*Getting On Track In Time*) program, a school-based mental health early intervention program for students in K-2 with emerging conduct disorders, and *Project Air for Schools*, a registered course for teachers, which is designed to increase the capacity of staff in high schools to implement evidence informed responses to young people experiencing significant mental health issues, particularly emerging personality disorders.
- 7.6.7. Another initiative includes 'Youth Aware of Mental Health (YAM)', as part of the Lifespan strategies; *YAM* is an evidence-based mental health and suicide prevention program for young people aged 14-16 years.
- 7.6.8. The 2017-18 NSW Government Budget allocated an additional \$6.1 million over 3 years to support anti-bullying, including \$4.1 million for ten additional positions to extend the *YAM* program across NSW.
- 7.6.9. Another strategy in the Lifespan approach to suicide prevention is gatekeeper training. Gatekeepers are those who have primary contact with people who may be at risk for suicide and are in a position to identify them by recognizing suicidal risk factors. The Department of Education is working with the Black Dog institute to make *Question, Persuade, Refer (QPR)*, an on-line, evidence-based gatekeeper training program available to school staff across NSW. *QPR* has been shown to lead to positive outcomes on knowledge about suicide, intentions to intervene, and confidence in helping someone identified as being suicidal.
- 7.6.10. The Department of Education has engaged the Black Dog Institute to customise its existing accredited Advanced Training in Suicide Prevention workshop for the high school context. This training will increase school counselling staff skill and confidence in managing and supporting students who may be at risk of suicide or attempting suicide. The Black Dog Institute has also been engaged to assist in updating the Department of Education's existing support document for the school counselling service: *Managing students at risk of suicide*.
- 7.6.11. Difficulty coping with distressing life events, including bullying, has been shown to increase vulnerability to mental health disorders such as anxiety and depression, and may lead a person to consider self-harm or suicide.

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- 7.6.12. The current NSW Budget is providing \$6.1 million in new funding over three years to support the updated *NSW Anti-bullying Strategy*. As a part of the strategy, the NSW anti-bullying website was launched in early Term 3, 2017. This brings together evidence-based resources and information for schools, parents and carers, and students. The NSW Anti-bullying Strategy will also provide a range of professional development initiatives including specific training to build the capacity of teachers and other school staff to prevent and respond to bullying behaviours.
- 7.6.13. The *Connected Communities Strategy* aims to address the educational and social needs and aspirations of Aboriginal children and young people in 15 schools in 11 of the most complex and vulnerable communities in NSW.
- 7.6.14. The *Supported Students Successful Students* package includes \$8 million to provide support and assistance in addressing issues of historic trauma and oppression for Aboriginal students, their families and their Communities.
- 7.6.15. The *Supported Students Successful Students* package also provides \$4 million to support students from a refugee background, including asylum-seekers. Two state-wide teams have been established to provide specialist counselling support for refugee students who have experienced trauma and their families. Since July 2016 these teams have provided targeted psychological support for refugee students and their families in over 100 schools across NSW. Support is provided through specialised psychology and/or counselling services, professional learning and collaboration with community, community managed organisations and other government agencies to provide wrap around support where required.
- 7.6.16. To further support schools in responding where there has been a suicide or attempted suicide, the Department of Education released *Responding to Student Suicide Support Guidelines for Schools*, in July 2015. This resource was developed in collaboration with the headspace School Support Service and the Ministry.
- 7.6.17. Where there has been a suicide, schools in particular school counselling staff, identify, assess, support and refer students identified at risk as part of their postvention response. Where the need for additional support is identified, schools work in partnership with other agencies including CAMHS and headspace.

### 8. Data collection about the incidence of youth suicide and attempted suicide

This section outlines NSW Health's data sets and public reporting mechanisms.

#### 8.1. NSW Health administrative datasets

- 8.1.1. NSW Health administrative datasets record diagnoses and problems using the standard nomenclature of the International Classification of Diseases (ICD). That classification does not distinguish whether self-harm (for example poisoning or self-injury) represents attempted suicide or some other purposes.
- 8.1.2. It is likely that diagnostic and data collection practises in emergency departments lead to substantial under-recording of diagnosis codes for self-harm. The Ministry is continuing to examine strategies for development of emergency department data to more accurately track trends in the number of people attending with self-harm attempts who are not admitted to hospital.
- 8.1.3. Information on the numbers of people who die by suicide after contact with a health service following a suicide attempts requires (i) accurate identification of self-harm, (ii) access to timely data on causes of death and (iii) processes for ongoing linkage of these datasets.

#### 8.2. HealthStats NSW

- 8.2.1. HealthStats NSW<sup>29</sup> is an interactive, web-based application that allows users to access data and tailor reports about the health of the NSW population for their own use. HealthStats NSW provides quality information on trends in the health status of the NSW population highlighting health inequalities by age, gender, geography and population subgroup; the determinants of health; the causes of the burden of disease; and current health challenges.
- 8.2.2. Information on suicide, including by age is at: [http://www.healthstats.nsw.gov.au/Indicator/men\\_suidth/men\\_suidth](http://www.healthstats.nsw.gov.au/Indicator/men_suidth/men_suidth)
- 8.2.3. Information on intentional self-harm by age is at: [http://www.healthstats.nsw.gov.au/Indicator/men\\_suihos/men\\_suihos](http://www.healthstats.nsw.gov.au/Indicator/men_suihos/men_suihos)

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<sup>29</sup> [www.healthstats.nsw.gov.au](http://www.healthstats.nsw.gov.au)

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

This section provides an overview of NSW Government's provision of information and training to service providers.

#### 9.1. NSW Health policies and guidelines around the prevention of suicide

- 9.1.1. The recently issued NSW Health Policy Directive PD2016\_007 Clinical Care of People Who May Be Suicidal<sup>30</sup> assists the specialist mental health workforce to provide care across community, inpatient and emergency settings in collaboration with other health professionals. This Policy Directive”
- supports the provision of timely evidence-based clinical care of people at risk of suicide, outlines the roles and responsibilities of mental health services and clinicians and supports a consistent and coordinated evidence-informed approach to support application of clinical guidelines and training.
  - specifically states “Safe discharge requires mental health clinicians to deliver assertive and coordinated follow-up through direct contact as soon as possible following discharge from psychiatric inpatient units or emergency departments” (p.5).
  - cross-references PD2012\_060 Transfer of Care from Inpatient Mental Health Services, which has recently been amended as PD2016\_05431 to include the requirement that, prior to approval by the treating psychiatrist, leave decisions are to be considered by a multidisciplinary team, with regard to improved assessment and management of the risk of harm to self or others by the patient.
- 9.1.2. The Ministry is developing an evidence-informed guideline to support the optimal transition of young people from community-based or inpatient specialist CAMHS care or Youth Mental Health Service care to Adult Mental Health Service care. The Guideline focuses on the ongoing health care needs of young people in the context of their evolving and changing developmental needs. It sets out responsibilities to ensure continuity of care and safety are maintained during the period of transition. It is expected to be finalised in 2017 and will assist local health districts and speciality networks in developing local policies.

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<sup>30</sup> [www0.health.nsw.gov.au/policies/pd/2016/pdf/PD2016\\_007.pdf](http://www0.health.nsw.gov.au/policies/pd/2016/pdf/PD2016_007.pdf)

<sup>31</sup> [www0.health.nsw.gov.au/policies/pd/2016/pdf/PD2016\\_054.pdf](http://www0.health.nsw.gov.au/policies/pd/2016/pdf/PD2016_054.pdf)



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### **9.2. Conversations Matter**

- 9.2.1. The Ministry funded the Hunter Institute of Mental Health to develop resources to support community conversations about suicide.
- 9.2.2. The Conversations Matter [website](#)<sup>32</sup> provides advice on responding to persons following bereavement by suicide and includes resources for teachers and parents on how to have conversations with children and young people.
- 9.2.3. The resources are the first of their kind internationally and have been developed with the support of academics, service providers, people with lived experience of suicide and community members in New South Wales and across Australia.

### **9.3. Supporting youth and other workers to recognise and respond to signs of psychological distress**

- 9.3.1. As part of the NSW Government response to *Living Well*, \$350,000 was provided to Wesley Mission to deliver Youth Mental Health First Aid (YMHFA) training to NSW youth and other workers (2014/15 – 2016/17 financial years). Across 2015 and 2016, over 800 NSW youth and other workers, mainly in rural and regional areas received the training.
- 9.3.2. The 2016 YMHFA evaluation suggests that individuals participating in the training are better informed regarding when to assess for risk of suicide, listen non-judgmentally, encourage appropriate professional help, and encourage self-help strategies with young people in psychological distress.

### **9.4. Supporting young people's access to timely and appropriate primary care**

- 9.4.1. Information and education is being provided to specific private health professionals who were included as prescribed bodies for the purposes of Chapter 16A of the Child and Young Persons (Care and Protection Act 1998) in 2016. This provision in the legislation enables health professionals to proactively share relevant information with other prescribed bodies and respond to concerns about the safety, welfare and wellbeing of children and young people, including where there is identified suicide risk.
- 9.4.2. Funding (\$50,000) has been provided to support a research project through the University of Technology Sydney on *The Primary Care Response to Adolescent Self Harm*. The project will provide information on General Practitioner

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<sup>32</sup> [www.conversationsmatter.com.au](http://www.conversationsmatter.com.au)

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experiences of identifying and responding to self-harm in young people. This research will inform how General Practitioners healthcare for young people who self-harm can be improved. The final report of this project is due by the end of August 2017.

- 9.4.3. Training resources for General Practitioners have been developed to assist them to engage with and provide effective healthcare for young people aged 12-24. These resources feature psychosocial assessment which can identify suicide risk.

### **9.5. Capacity and capability building for NSW Health staff**

- 9.5.1. Since June 2016 there have been 42 one-day Essential Youth Healthcare Skills training workshops in NSW local health districts and specialist health networks. This training builds capacity among NSW Health staff to engage with young people and to assess and respond to psychosocial risk and protective factors, including suicidality among young people. It considers the impact of adolescent development on health and wellbeing and factors that might be indicators of increased risks for young people.
- 9.5.2. Standardised youth health and wellbeing assessment tools and guidelines to enable early identification of concerns has been developed for use in hospital and community settings. These were trialled in six services in June 2017 and finalized versions will be released by the end of 2017. An online learning module (released January 2016) and video learning resources (to be released by September 2017) about how to conduct youth health and wellbeing assessment and respond to identified risks are also available for NSW Health staff.
- 9.5.3. Under the NSW Suicide Prevention Strategy 2010-2015, \$800,000 was granted to the NSW Institute of Psychiatry to run the Aboriginal Mental Health Worker Grief and Loss Training project on behalf of NSW Health. Between 2012 and 2016 the Institute of Psychiatry developed and piloted a training package, delivered training to 145 Aboriginal mental health and community workers and prepared training resources.
- 9.5.4. NSW Health ran an Aboriginal grief and loss train-the-trainer workshop in April 2017. Experienced Aboriginal mental health clinicians can now deliver the training in Southern NSW, Mid North Coast, South Eastern Sydney and Murrumbidgee and Western NSW.

### 9.6. Capacity and capability building for Family and Community (FACS) staff

- 9.6.1. FACS Psychological Services runs the '*Suicide and Self Harm workshop: Risk Management for FACS staff*'. The workshop aims to increase caseworker confidence with discussing and screening for suicide risk and self-harm in at-risk young people.
- 9.6.2. The Office of the Senior Practitioner (OSP) released a mental health practice kit in July 2017. This kit is available to all FACS practitioners. This kit includes a chapter which is dedicated to supporting practitioners to work effectively with children and young people who are experiencing mental health issues. The kit provides practical ideas about how to support a young person who is experiencing mental health issues as well as access to a range of resources to support the young person.
- 9.6.3. In September 2014 The OSP conducted a Research to Practice seminar '*Talking about suicide*'. Experts in this field shared their knowledge through key note addresses. A series of Practice Notes were developed from this seminar and are available to staff.
- 9.6.4. The 2014 Annual Child Death report included a chapter on vulnerable teens. This chapter included a cohort review of young people known to FACS who died under various circumstances including suicide deaths. This chapter was accompanied by a learning package that was delivered to FACS Community Service Centres.
- 9.6.5. Additionally, the OSP also provides a clinical consultation service to FACS practitioners. This team provides consults on four clinical areas of practice, one being mental health. FACS practitioners are able to access this team via email, phone and in person. The team also provides regular training to frontline staff. Supporting staff in their work with young people who are experiencing mental health issues is one of the areas of practice that this team supports through clinical consultation.

### 9.7. Capacity and capability building for Education staff

- 9.7.1. Research shows that wellbeing and quality teaching are mutually reinforcing<sup>33</sup>. Focusing on professional learning and improving the quality of teaching and learning allows teachers to be able to better recognise and respond to the learning and wellbeing needs of all students, including those with mental health needs.
- 9.7.2. Effective support for the wellbeing of all students is further promoted via a range of professional learning options for school staff, including courses accessed through the Department of Education *MyPL* professional learning management system. Courses that are registered with the NSW Education Standards Authority enable teachers to gain accreditation against the Standards for Teachers through completion of registered course requirements.
- 9.7.3. Examples of registered courses available to teachers that will increase their skills in responding to students who may be facing complexity include, *Youth Mental Health First Aid*, *Teaching Students who have Experienced Trauma*, *Project Air for Schools*, and *Professional Certificate in Education (Positive Education)*.
- 9.7.4. The Department of Education is committed to developing the expertise of its school counselling service, and offers a number of training scholarships. Training for the school counselling service relevant to mental wellbeing of students which have been offered in 2016 and 2017 include: *Professional Certificate in Education (Positive Education)*, *Graduate Certificate in Developmental Trauma*, *Project Air for Schools*; *Project Air for Schools Train the Trainer*.

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<sup>33</sup> What works best: Evidence-based practices to help improve NSW student performance, Centre for Education Statistics and Evaluation, 2015.

### 10. Approaches taken by primary and secondary schools

This section provides an overview of the NSW education systems approach to suicide prevention.

#### 10.1. Teaching and Learning

- 10.1.1. Research consistently demonstrates that quality teaching and learning is a major influence on student engagement and outcomes, and benefits individual students. Teaching and learning practices in NSW public schools play an important role in supporting the cognitive, emotional, social, physical and spiritual wellbeing of all students.
- 10.1.2. Students' knowledge and understanding of ways to enhance personal and community health, safety and wellbeing are developed across all stages of learning. Personal Development, Health and Physical Education (PDHPE) is an important key learning area within the curriculum as it encourages an understanding and valuing of self and others.
- 10.1.3. Education relating to mental health for all students from Kindergarten to Year 10 is included in the mandatory PDHPE curriculum. It is provided within the broader context of personal health choices, self and relationships and individual and community health.
- 10.1.4. The curriculum provides a comprehensive approach to mental health education that explicitly addresses the types of mental illnesses, the nature of mental health problems, understanding mental health, factors that support mental health, perspectives on mental health, developing personal skills, managing change and challenges, the importance of connectedness, understanding feelings and emotions, strengthening resilience and strategies for seeking support for themselves and others.
- 10.1.5. To complement the PDHPE curriculum, senior students in government schools participate in the *Crossroads* program. *Crossroads* extends student knowledge, understanding, skills and attitudes in aspects of personal identity, mental health and wellbeing.
- 10.1.6. Principals and teachers make decisions related to the depth and content of their mental health programs. These decisions are based on the local school context. Schools may choose to work in partnership with parents to deliver a comprehensive program to enhance the mental health and wellbeing of students.
- 10.1.7. Specifically including suicide awareness as a unit of work in the school curriculum is not recommended, as it may have a negative impact on vulnerable

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students. It is preferable to focus the discussion on mental health, resilience and skill development, such as seeking help, communication, connecting with others and problem solving.

- 10.1.8. The NSW Education Standards Authority is currently reviewing the mandatory K-10 PDHPE syllabus to ensure health issues pertaining to young people are addressed appropriately. Content relating to mental health has, and will continue to be, an important aspect of the PDHPE curriculum to ensure that young people develop the knowledge, understanding and skills needed to support themselves and others to live a healthy, safe and active life.

### **10.2. School Services teams and local school based specialist staff**

- 10.2.1. The Department of Education's School Services staff are available to assist schools with policy and practice support for students with additional support needs. In addition to school counselling staff, there is also around 3,000 school-based specialist positions across learning, wellbeing, behaviour and attendance who work daily with students with additional support needs.
- 10.2.2. School services teams support schools and build the capabilities of school staff. They are available to assist with the operation of the school's learning and support team by providing advice and guidance in developing and implementing additional strategies to support the learning, wellbeing and behaviour of students.

### **10.3. Partnerships with Agencies**

- 10.3.1. The Department of Education works closely with partners such as the Ministry, headspace, headspace School Support and the Black Dog Institute to provide evidence-based programs and training that equips school staff to better identify, intervene and support student mental health and wellbeing, including in response to self-harm, attempted suicide and/or suicide.
- 10.3.2. In addition to partnerships with the Ministry and the Black Dog Institute implementing '*Got It*', *Project Air for Schools*, *Youth Aware of Mental Health (YAM)*, *Question, Persuade, Refer (QPR)*, and *Advanced Training in Suicide Prevention*, schools are able to access additional resources to inform good practice and quality education to support student wellbeing. Examples include (but are not limited to):

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- *KidsMatter*, an Australian mental health and wellbeing initiative delivered in primary schools and early childhood education and care services
- *MindMatters*, a mental health initiative for secondary school students that provides structure, guidance and support while enabling schools to build mental health strategies to suit their unique circumstances
- *CAMHS*, which provides specialist mental health services for children and adolescents up to the age of 18 years and their families
- *Beyond Blue*, which offers a range of information and curriculum resources for secondary schools to support student mental health and wellbeing
- *headspace* early intervention mental health services, and
- *the Black Dog Institute* which provides research training and information dedicated to understanding, preventing and treating mental illness.

### **10.4. Procedures and processes for responding to suicide and suicide risk**

10.4.1. The Department of Education's Health and Safety, Legal Services, Learning and Wellbeing, and Communications and Engagement (Media Unit) Directorates, in collaboration with the Ministry, and headspace developed the resource *Responding to Student Suicide Support Guidelines for Schools*. This resource was released in 2015. These departmental directorates and agencies work together with schools when there has been a suicide attempt or suicide of a student. This enables a rapid and comprehensive response to a serious incident and facilitates wrap-around support for the entire school community.

10.4.2. Since late 2015 the Department of Education has been providing seminars across NSW for school leaders titled *Exploring strategies to prevent and respond to youth suicide*. These seminars have been established to help equip school leaders and other key departmental staff with an understanding of attempted suicide, suicide, and suicide contagion, and the supports available for them and their school communities should this occur. The Seminars have been held in Ryde, Wollongong, Coffs Harbour, Dubbo and Wagga Wagga. Two further seminars are planned for Bankstown and Newcastle. Representatives from headspace School Support, NSW Health's School Link and CAMHS, as well as other external presenters with expertise in mental health, self-harm and suicide prevention have played an integral and important role in these seminars. To date, 468 leaders have attended the seminars with another 275 expected to attend the Bankstown and Newcastle seminars by the end of 2017.

## **11. Appendixes**

### **List of Appendixes**

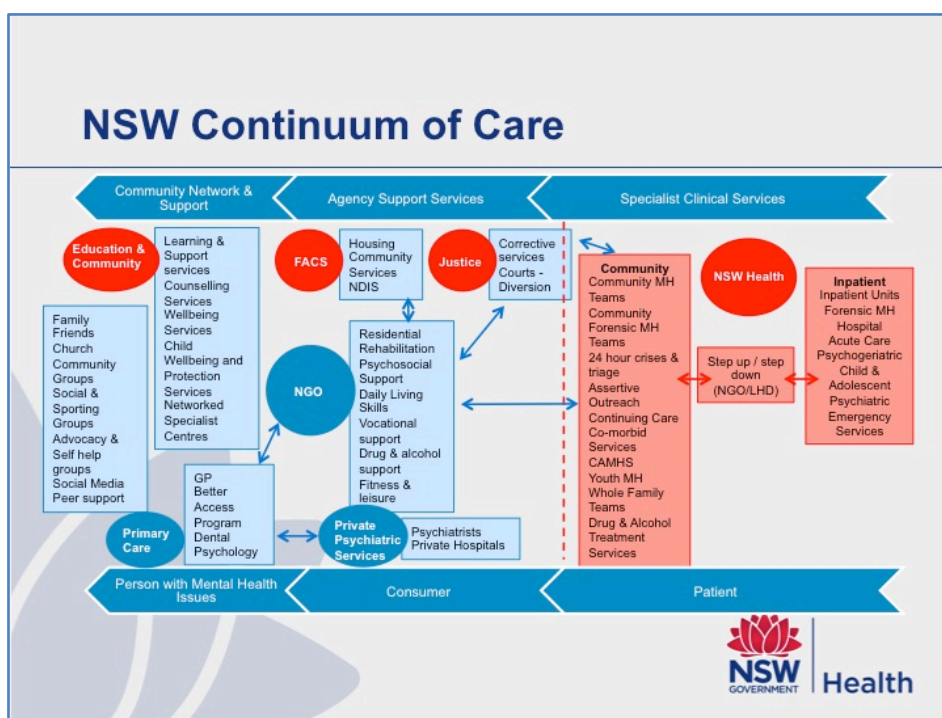
- Appendix 1: The public mental health system in NSW
- Appendix 2: An overview of the NSW public education system in NSW
- Appendix 3: 2017/18 Mental Health Key Performance Indicators



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### 11.1. Appendix 1: The public mental health system in NSW

- 11.1.1. Core specialist clinical services provided by NSW Health include acute assessment and treatment services, and continuing care and rehabilitation services, all of which are provided in both hospital and community settings. There are also specialist clinical services in inpatient and community settings for children and young people, older people and forensic patients.
- 11.1.2. Within the health sector there are strong linkages with a wide range of partners including general hospital services (e.g. emergency departments), primary health networks, primary health care providers (especially General Practitioners), ACCHS, and drug and alcohol services. Services are also delivered through collaborative partnerships with a range of other government agencies responsible for housing, education, family services, and the criminal justice system.
- 11.1.3. This complex range of services and linkages is shown at figure 3 below.
- 11.1.4. Figure 3: NSW mental health services across the continuum of care.



- 11.1.5. The Ministry is currently developing a NSW Mental Health Strategic Framework. This framework will align with the National Mental Health Strategy, the Fifth National Mental Health and Suicide Prevention Plan and outlines the Ministry's Mental Health priorities.

### 11.2. Appendix 2: An overview of the NSW public education system

- 11.2.1. The *Melbourne Declaration on Educational Goals for Young Australians*<sup>34</sup> was the first formal recognition in Australia that schooling has a broader role to play in the development of Australian school children, above and beyond academic outcomes. Achieving these educational goals are the collective responsibility of governments, school sectors and individual schools as well as parents and carers, young Australians, families, other education and training providers, business and the broader community.
- 11.2.2. The Department of Education has devoted considerable planning and resources, to support schools to broaden their focus to support the development of the whole child, and in 2015 it released the Wellbeing Framework for Schools for implementation in all public schools across NSW. The Framework is prosocial and strengths based and assists schools in their work as they support students to be strong, confident and achieving contributors to our community.
- 11.2.3. The Wellbeing Framework has an overarching statement of commitment to Wellbeing for Schools to support students to connect, succeed and thrive at each stage of their development and learning. All public schools are required to have a planned approach to support the wellbeing of all students.
- 11.2.4. The Wellbeing Framework for Schools is underpinned by the NSW Government's \$167.2 million *Supported Students Successful Students* package, providing additional support for public schools across NSW over 4 years. Since the announcement of this package, the Department of Education has introduced a range of initiatives to support student wellbeing and to provide specialised support to our most vulnerable students.
- 11.2.5. The *Supported Students Successful Students* package includes \$80.7 million to employ 236 additional school counselling positions; \$51.5 million of flexible funding, equivalent to an additional 200 youth worker positions; \$8 million to provide over 500 graduate scholarships to boost the recruitment of school counselling staff; \$8 million to implement Connected Communities Healing and Wellbeing services to support Aboriginal students, their families and staff, and assist in building community capacity; \$4 million to support refugee students who have experienced trauma and their families; and, \$15 million to support the implementation of Positive Behaviour for Learning in public schools across NSW.

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<sup>34</sup> Ministerial Council on Education, Employment, Training and Youth Affairs, 2008

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- 11.2.6. A literature search by the Department of Education's Centre for Education Statistics and Evaluation - *What works best?: Evidence-based practices to help improve NSW student performance* published in 2015, found that wellbeing and quality teaching are mutually reinforcing. Students with high levels of general wellbeing are more likely to be engaged productively with learning. It is also true that improving intellectual engagement can improve wellbeing.
- 11.2.7. In 2017 there are more than 790,000 students enrolled in more than 2,200 NSW public schools from Kindergarten to Year 12, supported by around 85,000 teachers and support staff.
- 11.2.8. School education for students with complex needs reflects State and Commonwealth legislation. Primary among these are:
- The NSW Education Act 1990 which sets out rights and duties for education of all children in NSW, including for enrolment and attendance, curriculum delivery and for the provision of additional assistance for school children with a range of special needs.
  - Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998 allows information to be exchanged about children and young persons for the purposes of assisting a "prescribed body" to provide support to meet the safety, welfare or wellbeing needs of that child or young person. In May 2016, legislative changes expanded prescribed bodies under Chapter 16A to include private health professionals.
  - Common Law Duty of Care requires that reasonable steps are taken to protect students enrolled in government schools from risks that are reasonably foreseeable. This duty extends to taking reasonable care to prevent students from injuring themselves, injuring others or damaging property. While this duty will vary in accordance with the age, maturity and abilities of the individual student, it applies to all students enrolled in government schools.
  - The Commonwealth Disability Discrimination Act 1992 (DDA) which sets out rights and obligations in relation to discrimination on the basis of disability in a range of areas, including education
  - The Disability Standards for Education (the Standards) introduced in 2005 further clarifies the obligations of education providers under the DDA. In particular, the Standards require schools to provide 'reasonable adjustments' where needed to ensure that a student with disability can

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access and participate in education on the same basis as their peers. The Standards also require that reasonable adjustments are provided in consultation with the student and/or their parents or carers.

- The NSW Anti-Discrimination Act 1977 (ADA) makes it unlawful to discriminate on a number of prescribed grounds (NSW Government schools only).

11.2.9. Other relevant legislation includes NSW work health and safety legislation, NSW child protection legislation and State and Commonwealth privacy legislation.

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### 11.3. Appendix 3: 2017/18 Mental Health Key Performance Indicators

- 11.3.1. The 2017-18 Service Agreements<sup>35</sup> between the local health districts and specialty networks with the Secretary comprises negotiated targets to provide transparency and consistency around specific mental health activity, funding, service levels, required performance levels and governance elements.
- 11.3.2. Table 1 below outlines the nine mental health specific Key Performance Indicators which are monitored by the Ministry and within the districts.

Table 1: NSW Health 2017/18 Key Performance Indicators for Mental Health

Domain	Key Performance Indicator
Effectiveness	<b>Acute Post-Discharge Community Care</b> - follow up within seven days (%)
Effectiveness	<b>Acute readmission</b> - within 28 days (%)
Appropriateness	<b>Acute Seclusion</b> rate (episodes per 1,000 bed days)
Appropriateness	<b>Average duration of seclusion</b> - (Hours)
Safety	<b>Involuntary patients absconded</b> – (Types 1 and 2) from an inpatient mental health unit (number)
Patient Centred Culture	<b>Mental Health Consumer Experience Measure (YES)</b> - Completion rate (%)
Timeliness and Accessibility	<b>Presentations staying in ED &gt; 24 hours</b> (Number)
Patient Centred Culture	<b>Pathways to Community Living</b> - People transitioned to the community - (Number) <i>(Applicable LHDs only - see Data Supplement)</i>
Patient Centred Culture	<b>Peer Workforce</b> - FTEs (Number)

<sup>35</sup> <http://www.health.nsw.gov.au/Performance/Documents/service-agreement-generic.pdf>