

**Submission
No 50**

PREVENTION OF YOUTH SUICIDE IN NEW SOUTH WALES

Organisation: SANE Australia
Name: Mr Jack Heath
Position: Chief Executive Officer
Date Received: 12 September 2017

12 September 2017

Ms Melanie Gibbons MLA
The Chair, Committee on Children and Young People
Parliament House
Macquarie Street
Sydney New South Wales 2000

Dear Ms Gibbons,

Inquiry into the Prevention of Youth Suicide in New South Wales

Thank you for your invitation to SANE Australia to make a submission to the Inquiry into the Prevention of Youth Suicide in NSW.

SANE Australia is a national mental health charity working to support four million Australians affected by complex mental illness including schizophrenia, bipolar, borderline personality disorder, eating disorders, OCD, PTSD and severe depression and anxiety. SANE's work includes mental health awareness, online peer support and information, stigma reduction, specialist helpline support, research and advocacy.

While SANE's work focuses primarily on the needs of adults over the age of 18 living with mental illness and their loved ones, we firmly believe that early intervention for mental health problems is critical in preventing suicide both in young people and across the lifespan.

Suicide is a complex public health challenge and there is no single determinant. What we do know is that people living with complex mental illness are particularly at risk of dying by suicide. A meta review conducted by Chesney and colleagues found that on average mental illness is present in 87.3% of deaths by suicide. Further, evidence shows that the risk of suicide amongst those living with:

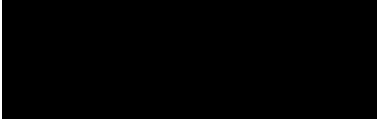
- Borderline Personality Disorder is 45 times that of the general population
- Anorexia Nervosa it is 31 times that of the general population, and
- Schizophrenia it is 13 times that of the general population.

Therefore, it is critical that any approach to preventing suicide, also reflects a commitment to supporting those impacted by complex mental illness. Potential areas for action that could make a substantial difference include:

- Undertaking specific activities to reduce the stigma associated with complex mental illness, promoting knowledge, awareness and understanding.
- Providing better support for individuals being discharged from hospital following an admission for management of their mental illness or following a suicide attempt.
- The provision of psycho-social support for people living with complex mental illness to support them to engage with employment, housing and the community. Many of these individuals now fall through gaps between the community based mental health system and the NDIS.
- Expanding evidence-based person-centred approaches to care such as Open Dialogue which position the person with lived experience within a network of care and support.

Should you require any further information or have any questions please don't hesitate to contact me via [REDACTED]

Yours sincerely,



Jack Heath
Chief Executive Officer