Submission No 56

PREVENTION OF YOUTH SUICIDE IN NEW SOUTH WALES

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The Committee on Children and Young People have commenced an inquiry into current approaches to prevent youth suicide in New South Wales. The Terms of Reference draw particular attention to:

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

Issue: **The government should consider communities and facilitate knowledge growth through all media on the impact of contributing factors such as substances abuse that may lead to suicide.**
People with alcohol or drug abuse problems have a higher risk of dying by suicide than the general population. Males are around three times more likely to die by suicide than females (Mindframe, 2017).
The general populations appear to be totally unaware of the Australian suicide and risk factors. They also appear to be unaware of any prevention activities available to assist in times of need.
Suggested Consideration: Educate the general population through extensive media presentation about youth suicide related to alcohol and gaming. Present the high levels of risk and impact on, families, cost medical costs, police and personal health (similar to cigarette smoking campaign). Education through extensive media presentations should positively impact the incidence and reduce suicides significantly in future.
Suggested Considerations for presentation:

- Alcohol and drug related suicide
- Gaming related (combined with alcohol consumption - lack of self control) suicide
- Trauma (physical and changes to the brain related to complex and generational trauma) impacts related to alcohol related violence and domestic violence
- Fetal Alcohol Syndrome impacts

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

Issue: There are a areas in Sydney and in Regional areas where there is an absence of specialist response teams that can be called to attend primary and secondary school children who have expressed intention to kill themselves at school or at home.
While the school can call an ambulance, the hospital the student is taken to may not be the most appropriate intervention facility for treatment as a result of ambulance policies and procedures. For example: a child may be taken to a general Hospital Outpatients rather than a specialist Children's Hospital. The student may then be discharged into parent/carer care who may not pursue further treatment for the student.
Suggested resolution: Establish specific response teams or change ambulance policy making it mandatory to transport these students to specialty care facilities regardless to city or country areas (and returned after treatment to their homes). Provide all educational establishments with contact details

c. ***Provision of services for vulnerable and at-risk groups***

Issue: **Complex trauma** impacts developed by Students impact learning and behavior as a result of trauma related changes to the brain (and DNA). There seems to be no or little consideration for these children. Availability of trauma treatment is almost non-existent leaving many of these students with a sense of hopelessness, failure, untreated anxiety and shame that leaves them with a sense of belief that they are wrong to exist. A recipe for suicide risk.

Issue: **Generational trauma** impacts (as seen within Aboriginal communities) may occur as a result of the changes in the DNA and learned anxiety leaving many students with no hope, poor achievement and a propensity towards substance abuse and suicide risk.
The suicide rate for Aboriginal and or Torres Strait Islander People in 2016 (23.8 per 100,000) is approximately twice as high as non-indigenous people (11.4 per 100,000) (Mindframe, 2017)
Suggested considerations:

- Build connections and identify success. Schools are the best placed to assist students to develop a sense of belonging and experience positive success.

- Facility for students to have 1:1 -1:3 tutoring by experts in the field of trauma and learning essentials (reading, math and language processing).
- Aboriginal student funding with deliberate accountability of use (not for optional use) – employ experts and cultural staff who can genuinely assist students with extreme learning and behavior difficulties by developing strong relationships, engagement and teaching literacy, numeracy and language processing with those who experience generational trauma.
- Establish classes in secondary schools that mirror primary education. Add additional staff with expertise in secondary subject areas. This would allow schools with aboriginal students to develop strong relationships and a sense of belonging as found in primary school classes. Collaborative teaching between the classroom teacher and a subject expert would provide the necessary sense of belonging and expertise in subject knowledge required for quality teaching. Success and belonging breeds positive emotional regulation and hope for the future. Students who are traumatized require the adult to lead relationships having one key teacher allows this to occur.

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

Issue: Providers may be poorly trained in teaching the knowledge and skills related to having a positive enjoyable lifestyle. The providers as for NDIS often have no ideas of what is actually needed and wanted for students with disabilities that are comorbid with mental health.

Schools and mental health practitioners (and caring parents of youth 18 and over) are often left out of NDIS funding use plans with parents only for young people under 18 being consulted.

Suggested considerations: Providers should be required to have significant expertise (not just a cert 4). Consideration of specific elements should be mandatory in NDIS relating to mental health provision eating disorders treatment and school education (planned in with school staff). These considerations should lower suicide levels in the future.

e. Approaches taken by primary and secondary schools

Mental disorders such as major depression, psychotic illnesses and eating disorders are associated with an increased risk of suicide… (Mindframe, 2017)

Lack of success in learning is also a complex issue that brings feelings of hopelessness, depression, anxiety and venerability leading to behavior disabilities and suicide risk.

Primary and high schools may struggle to assist students at risk of suicide. Funding depends on a formal diagnosis. Without a diagnosis funding is almost non existent when parents choose not seek medical assistance for their child.

Careers and parents choose to allow the school psychologist to work with their child. Many choose to refuse leaving the child at continuous and long-term risk.

Schools staff are now required to be parents, nurses, councilors, behavior experts, learning experts, and knowledge and skills experts on all subjects. The curriculum is crowded. Don't add more – substitute only.

Suggested considerations:

- Perhaps some of the programs relegated to school time should be cut out and a new program that generates a sense of belonging and value for human life, general bullying prevention, suicide and substance abuse, self harm, feelings and the vocabulary to express feelings, negative peer pressure, domestic violence impacts, forced and under aged marriage, when and how to get help and how to help others.

Reference List

Hunter Institute of Mental Health. (2012). *Mindframe for journalism and public relations education* (online curriculum resources). Canberra, ACT: Australian Government Department of Health and Ageing.
www.mindframe-media.info/for-universities

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Casula Community Group for Responsible Planning Inc