PARLIAMENT of AUSTRALIA
HOUSE of REPRESENTATIVES

**STANDING COMMITTEE ON HEALTH AND AGEING**
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# Discussion Paper for the Inquiry into Early Intervention Programs Aimed at Preventing Youth Suicide

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# Inquiry into Early Intervention Programs Aimed at Preventing Youth Suicide

## Discussion Paper

### Introduction

1.1 The rate of suicide in Australia has decreased over the past ten years, but suicide still accounts for the deaths of 1 in 4 males and 1 in 5 females between the age of 20 and 24. In fact, suicide is one of the two main causes of deaths of young people between the ages of 15 and 24 years, with the other being road traffic accidents.[1]

1.2 There are also very high rates of mental illness amongst young Australians, with Orygen Youth Health Research Centre (Orygen) reporting that one in four young people will experience a mental health condition at any time in the next 12 months.[2]

1.3 Suicide is the result of a complex set of factors.[3] The complexity of the problem highlights the need for early intervention programs aimed at increasing the resilience and mental well-being of young people and enabling them to feel like they can cope with difficult situations as they arise.

1.4 The House of Representatives Standing Committee on Health and Ageing has re-adopted its inquiry by roundtable forum into the need for, and success of, early intervention programs aimed at preventing youth suicide. The inquiry lapsed at the dissolution of the 42nd Parliament.

1.5 To date, the inquiry process has included two Roundtables, both in 2010. The first was in Melbourne and the Committee took evidence from a range of non-government organisations including the Australian Psychological Society, Royal Australian and New Zealand College of Psychiatrists, beyondblue and Headspace: National Youth Mental Health Foundation.

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1 Suicide Prevention Australia (SPA), Submission No. 11, p 8.

2 Orygen Youth Health Research Centre (Orygen), accessed from http://oyh.org.au/whyyouthmentalhealthmatters on 30/08/2010.

3 Youth beyondblue, *Fact Sheet 14: Suicide-know when to get help*, accessed from http://www.youthbeyondblue.com/factsheets-and-info/fact-sheet-14-suicide-know-when-to-get-help/ on 30/08/2010.

1.6 The Sydney Roundtable also took evidence from a range of non-government stakeholders including Lifeline Australia, the Black Dog Institute, Suicide Prevention Australia and the Australian National University's Centre for Mental Health Research.

1.7 Following the first two Roundtables, the 2010 Federal Election occurred and caused the inquiry to lapse. The issue of mental health received significant attention throughout the election campaign.

1.8 This discussion paper aims to summarise the key themes presented to the Committee at the first two Roundtables. This paper makes no recommendations, but will act as a tool to further inform the Committee in considering a final report which is due to be tabled in early 2011. The Committee will also invite additional comment in relation to this paper.

## National Suicide Prevention Strategy

1.9 The Australian Government first developed the *National Suicide Prevention Strategy* (NSPS) in 1995.[4] The NSPS promotes suicide prevention activities across the Australian population and hopes to reduce deaths by suicide and suicidal behaviour through the following:

- adopting a whole of community approach to suicide prevention to extend and enhance public understanding of suicide and its causes; and
- increasing support and care available to people, families and communities affected by suicide or suicidal behaviour by providing better support systems.[5]

1.10 The NSPS was comprehensively reviewed in 2000 and the evaluation found that many of the programs and activities funded through the strategy had a positive impact on reducing risk factors for suicide and increasing community awareness and capacity to respond to suicidal ideation and behaviours amongst young people. However, the Committee heard that, due to lack of data, the evaluation was not able to ascertain the NSPS's effectiveness at reducing overall youth suicide rates or increasing their health and wellbeing.[6]

1.11 These issues are not limited to public health programs aimed at reducing suicide. In fact, the Committee has encountered a distinct lack of data and

4 Suicide Prevention Australia (SPA), Submission No. 11, p 11.

5 Australian Government, Mental Health and Wellbeing accessed from http://www.health.gov.au/internet/mentalhealth/publishing.nsf/content/national-suicide-prevention-strategy-1 on 2 September 2010.

6 SPA, Submission No. 11, p 11 and Robinson, J., Orygen, Transcript, 20 April 2010, p 36.

information being collected to appropriately determine whether public health programs are having the desired outcome.

1.12 Until the evaluation of public health campaigns across the board (including those directed at preventing youth suicide) are sufficiently stringent to ensure that the program is meeting its stated needs and objectives - effective programs are unlikely to be consistently replicated across the country. Ineffective programs may continue and actually do more harm than good.

## Key themes

1.13 The Committee encountered a number of key themes through the evidence which has been presented before it thus far. These can broadly be termed data and evaluation, collaboration, mental health literacy and 'gatekeeper' training. A general overview is provided below.

### Data and Evaluation

1.14 The Committee understands that in Australia today there is limited data and information available to inform the public policy debate in relation to youth suicide prevention. This limits the ability to implement and target programs effectively, and to monitor the success of those programs.

1.15 The Committee has made previously recommendations about the limited amount of the information and data that is available to:

- know exactly how many Australians are affected by a particular health problem; and
- evaluate whether or not government and non-government interventions and programs are working.

1.16 Evidence to the Committee suggests that the quality of the data which is available to both researchers and those in public policy is not high enough to assist in the implementation of adequate program development. The Committee understands that there are gaps in the available data, particularly where some deaths may not be ultimately classified as a completed suicide. There is a need to take a consistent approach across States and Territories to allow this to occur.

1.17 The Committee also understands that the evaluation mechanisms used to evaluate programs which have been established lack consistency. This

leads to an inability to inform future program development and implementation.

## Collaboration

1.18 As with any big policy challenge, there are real benefits to be had in the area of suicide prevention through collaboration. An issue as challenging as preventing youth suicide will have no single panacea or simple solution. Therefore working together across the community, the health sector and Government will present the best approach to achieve real and significant reductions in the rate of youth suicide.

1.19 The idea of collaboration was raised with the Committee by various groups throughout its Roundtable Forums. The Committee strongly encourages the Federal Government to seek opportunities to embed collaboration in its policy and program design and to show national leadership on this issue.

1.20 A practical solution that was raised with the Committee as a tool for information sharing and collaboration was Information and Communication Technology (ICT). Given the increasing use of ICT as a tool by young people, it seems reasonable to utilise the space occupied by young people to promote messages about youth suicide prevention and mental health awareness. Of course, ICT should not be developed in isolation from other responses to suicide prevention, but it does provide a useful opportunity to engage with young people as well as for broader collaboration with researchers, medical practitioners and teachers.

1.21 The Committee uses the term 'collaboration' to refer to various types of resource sharing and working together, including:

- with young people;
- between governments; and
- between service providers.

## Collaboration with young people

1.22 The Committee met with young people in Sydney on 30 June 2010. This discussion illustrated to the Committee how many ideas young people have to deal with the problem of youth suicide, and also the importance of harnessing these ideas as part of any youth suicide prevention strategy.

1.23 Young people have clear ideas about what works and what doesn't work. Engaging with young people enables them to have ownership of the

service, and ensure that the needs of young people are being met by the service.

1.24 The need to engage with young people in the design and implementation of services seems self evident, and the Committee would like to see an emphasis on youth engagement in any future program aimed at preventing youth suicide.

## Collaboration between Governments

1.25 Collaboration is not simply something that involves speaking with young people and other service providers. Given the structure of the Australian health system, and the various federal, state and local governments that provide funding, there is a significant need for governments across Australia to collaborate with each other to minimise duplication and maximise program benefits.

1.26 The significant concern that is raised when discussing collaboration between governments is for the centralising of funding in the Commonwealth who may not be locally responsive. However, these fears should not deter governments across Australia from seeking to have broader collaboration when it comes to providing services to prevent youth suicide.

1.27 One way to ensure local responsiveness is to engage with local government when determining future program or service sites. Local government is well equipped to identify and manage issues which have arisen with their local community.

## Collaboration between service providers

1.28 A significant point of fracture in the system aimed at preventing youth suicide is the lack of collaboration between service providers. There is a large range of services available to people ranging from early intervention and prevention services to acute psychiatric care for people who experiencing significant mental health difficulties or suicidal ideations. However, it seems that communication between these services is patchy at best, and non-existent at worst.

1.29 Collaboration is vitally important in order to ensure that those at high risk are picked up, and not allowed to fall through the cracks, and given the care and support that they need. There is no lack of research about the high risk points, but perhaps better collaboration could provide more adequate services to people at those points.

1.30 Another significant concern, which is not limited to the current discussion about youth suicide prevention services, and has been raised with the Committee throughout its various inquiries over the 42nd Parliament, is fragmentation of the system.

1.31 There does not seem to be a lack of services available to people who are experiencing difficulties and requiring support. However, the Committee was concerned to hear stories about people going through the yellow pages and ringing provider after provider trying to find the appropriate care and support.

1.32 Better collaboration across governments and between service providers would alleviate the significant problems of fragmentation. Young people can be daunted and confused by the myriad of services available to them, to the point that they are actually unable to navigate the system to seek help. This is something that should be urgently rectified.

## Mental health literacy

1.33 Mental health literacy refers to a person's ability to recognise a disorder, seek treatment for that disorder, belief about treatment option, stigmatising attitudes and information sources about mental health disorders.[7] Ultimately any discussion about early intervention and suicide prevention involves some responsibility being borne by the person who is experiencing difficulty in seeking help. However, during its discussions the Committee learnt that help seeking is not a simple solution.

1.34 For example, the Committee sought to understand why some young people do not seek assistance when they are experiencing severe difficulties, and was told that the community as a whole is generally lacking in mental health literacy.

1.35 The benefits of improving Australian's mental health literacy are multi-fold. Empowering Australian's to take responsibility for their own mental well-being enables them to seek help when they need it, rather than falling through the cracks of a system that is unable to identify and target every single person who will require assistance. Moreover, increasing mental health literacy across the population will assist in destigmatising mental health difficulties.

7 Orygen Youth Health Research Centre, accessed from http://rc.oyh.org.au/ResearchAreas/mentalhealthliteracy/nationalsurvey on 08 September 2010.

1.36 The Committee sought to understand the role that education can play in increasing mental health literacy and heard that these programs generally have a focus on building resilience. Increasing the resilience of our young people will enable them to better manage and cope with adversity.

1.37 It would seem, and was raised with the Committee that the internet and social media presents an important opportunity to engage with young people and foster discussions about mental health and well-being.

## 'Gatekeeper' training

1.38 If there is one guiding principle that should be used to address the problem of youth suicide it is that of early intervention. It stands to reason that the earlier a problem can be identified, treated and managed, the better the outcome for the young person. One of the difficulties with early intervention is ensuring that those who require support get that support.

1.39 One way that young people experiencing mental health difficulties can be linked in to a service is through the support of their friends, family and teachers. The Committee learnt, when it visited a Headspace site, that a number of young people present at their services had been referred there by a peer, parent of teacher.

1.40 The Committee heard from young people about the sometimes positive and sometimes negative assistance that they had received when dealing with difficulties. This included a young person whose brother had suicided, not being supported by the school principal; a young girl experiencing significant bullying and harassment being told it was 'tall poppy syndrome'; and a young person being identified as being at risk by a concerned teacher and being referred to KidsHelpline.

1.41 The Committee understands that teachers are already carrying a significant burden when it comes to teaching and managing the well-being of Australian young people. However, it would be useful for teachers, parents and peers to be trained to recognise the signs of mental distress, equipped to start a conversation with the young person and able to provide them with a list of resources that are available or put them in contact with a specialist service.

**1.42** There should be specific and targeted training for teachers, peers, parents, sport coaches and any other person who has regular contact with young people. This can be as simple as making them aware of the various resources and services available to them.

## Policy proposals

1.43 Since the Committee's previous Roundtables, a range of policy proposals have been emerged in terms of dealing with the issue of suicide. The Committee would like to gain feedback from interested parties on the relative merits of these proposals. It is not the Committee's intention to assess the political viability of these proposals, rather their feasibility from the perspective of implementation.

1.44 The following list outlines the proposals that were made during 2010 in relation to youth mental health. The key concepts proposed are highlighted but it does not include issues such as funding and specific implementation measures.

- more frontline services including psychological and psychiatric services;
- support for communities affected by suicide;
- targeting those who are at greatest risk of suicide;
- promoting mental health and well being among young people;
- additional youth 'headspace' sites; and
- additional Early Psychosis Prevention and Intervention Centres.

### Comment sought

1.45 The Committee seeks input from interested stakeholders about the key themes in this paper and viability of the proposals listed above. In particular, the Committee seeks written views about how these proposals

would be of benefit in early intervention aimed at preventing youth suicide. The Committee will use these submissions as part of preparing its report into the issue.

1.46 Submissions should be directed to the Committee at the following address:

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