



Submission No. 17

(Youth Suicide)

Date: 09/02/2011

Dear Secretary,

I have just been notified about the Round Table Forum on Early Intervention Programs to Prevent Youth Suicide that is occurring in Canberra on February 11, 2011. I have also read the Discussion Paper for the Inquiry into Early Intervention Aimed at Preventing Youth Suicide (Dec 2010, Standing Committee on Health and Ageing, Parliament of Australia, House of Representatives).

I draw your attention to research that has been omitted from the Discussion Paper that I believe to be of critical importance for a comprehensive youth suicide prevention strategy in Australia, and indeed, internationally.

Help-negation refers to the process of help avoidance or withdrawal that has been consistently found in samples of young people with clinical and subclinical levels of suicidal thoughts and behaviours, and depression. Consistent with several large American studies, a decade of Australian studies have now established that young people with higher symptom levels are also those with higher intentions to not seek help from any one and lower intentions to seek help from health care professionals, family and friends.

Consequently, the research suggests that along with incomplete mental health literacy and specific beliefs about treatment and the need for autonomy, help-negation is a major barrier to suicidal young people seeking help for their condition [see the attached article recently published in Early Intervention in Psychiatry for a review].

Although the determinants of help-negation are not yet known and require further research, findings of help-negation raise important implications for our future prevention initiatives and policies that rely on proactively seeking and accessing help. How successful can we expect future initiatives to be if a consequence of experiencing suicidal thoughts, even in the very early stages of development, is a tendency to withdraw from specific helping opportunities or avoid help altogether?

In future youth suicide prevention strategies, consideration might be well placed on both identifying the determinants of help-negation and better understanding the role of social and cognitive variables such as mental health literacy and beliefs about treatment and autonomy, in strengthening and maintaining the help-negation process for suicidal thoughts and behaviours, as well as depression. Improving what we know about help-negation might provide further clarification about why large proportions of young suicidal Australians do not access mental health services early.

I am available to appear at the Round Table in Canberra on February 11, should the results and implications of the help-negation research need further discussion.

Warm regards,

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