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The Australian Psychological Society Ltd

Feedback from the Australian Psychological Society

Discussion Paper for the Inquiry into Early Intervention Aimed at Preventing Youth Suicide

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Introduction

The Australian Psychological Society (APS) welcomes the opportunity to provide feedback to the House of Representatives Standing Committee on Health and Ageing's Discussion Paper for the Inquiry into Early Intervention Aimed at Preventing Youth Suicide (the Discussion Paper).

The APS supports the broad themes identified in the Discussion Paper. The Committee is to be congratulated for handling a complex set of interwoven issues, from socioeconomic through to mental health, relating to suicide of young people – and through a spirit of cooperation and bipartisanship despite the intervening 2010 Federal Election.

As the Committee readily acknowledges, the complex issues surrounding suicide of young people require a whole of community approach and long term investment underpinned by demonstrable interventions based on evidence. There is no "single panacea or simple solution", but a lack of action will only exacerbate the issue of suicide of young people.

This submission will focus on the policy proposals outlined by the Discussion Paper with some recommended strategies and actions. It will then elaborate on these with available literature and current practice.

Policy proposals

The APS is supportive of all the policy proposals put forward by the Committee as in the view of the APS they are sound and logical. However, in implementing these proposals, the APS would like the Committee to use the following principles as guides for funding and evaluation:

1. Interventions must be evidence based.

2. Services for targeting young people at risk are tailored to their needs – no one-size-fits-all models.

3. Services are provided across the continuum of care, from prevention and early intervention through to pro-active follow up and post discharge care subsequent to acute episodes.

4. Services must be provided by professionals trained to provide psychological intervention to young people who are vulnerable and at-risk of suicide. The APS believes that psychologists (including general, clinical, counselling and school) are one of the most qualified professional groups by virtue of their specific training to provide early intervention services to young people who are experiencing poor psychological health or who are coping with difficult personal or family issues.

5. Education and training for parents and carers and for young people themselves needs to be sustained via multiple sources, and the content appropriate to the target audience.

6. There must be ongoing support for service providers to improve staff recruitment and retention in order to provide effective service delivery.

7. Initiatives to prevent youth suicide need to tackle the causes of the kind of despair that propels a young person to take his or her own life and their ability to manage difficult life events during that stage in their lives.

The APS will now provide some suggestions and strategies on the policy proposals outlined in the Discussion Paper.

More frontline services including psychological and psychiatric services

The availability and accessibility of frontline services are critical success factors in the prevention of suicide among young people. Areas with high socioeconomic disadvantage will particularly benefit from expansion of psychological and psychiatric services.

General practitioners (GPs) play a critical role in providing access to frontline psychological and psychiatric services as they are often the first point of contact (or required to case manage) by parents or young people with concerns. It should be acknowledged that whilst GPs are often the first point of contact, they are not always well equipped with skills and knowledge to provide the support that is required. It is also true that for some youths that GP is not the first point of contact and that other agencies also need to be provided with the same skill development activities in assessment and psychological interventions as proposed for GPs.

Strategies to be considered to improve front line services include:

- Integrated mental health, primary health care services and health promotion activities under the new Medicare Locals;
- Drop-in youth services at local health care centres and clinics to provide information, accessible support and services;
- Provision of additional mental health training for GPs (see section on Mental Health First Aid training);
- Sessional mental health and psychological services based at local facilities for young people; and
- Incentives for privately practising psychologists to bulk bill patients with concession cards.

Support for communities affected by suicide

Local communities can be profoundly affected by suicide, both in the magnitude of the immediate shock and in its continuing after effects. Access to timely specialist services is vital in dealing with these issues and can take many forms:

- Supporting frontline staff who have to deal with the immediate aftermath of a suicide;
- Timely follow up with referrals to specialist service providers for individuals affected by suicide (e.g., family members, close friends, school staff and students);

- Implementation of strategies for information sharing between service providers (e.g., between hospitals and community health services and NGOs); and
- Information and support for key community staff (e.g., teachers, practice nurses) on risk factors, warning signs and "tipping points" (see section on Mental Health First Aid training).

Targeting those who are at greatest risk of suicide

Young people identified as at greatest risk of suicide must be referred to specialist service providers at the earliest possible opportunity. A number of specific groups in the community have been shown to be at higher risk of mental health problems and suicide. Youth living in rural locations, same sex attracted young people and youth of Indigenous backgrounds have been found to be at particular risk of suicide (Cantor, Neulinger, Roth, & Spinks, 1998). Interventions and strategies are required that are tailored to reduce risk and which take account of the complex set of factors, including cultural, that are often in play for these specific groups of young people. Accessibility of services and societal factors such as stigma also need to be taken into consideration. There is no "one-size-fits-all" approach in addressing the needs of young people identified as at risk of suicide. For example, research demonstrates that there are gender differences in help seeking behaviours and methods of self-harm.

There is considerable literature linking self harming behavior, mental illness (diagnosed and underlying) and suicide (Bertolote, Fleischmann, De Leo, & Wasserman, 2004; Stanley, Gameroff , Michalsen, & Mann, 2001; Taylor, Page, Morrell, Harrison, & Carter, 2005). It follows, therefore, that access to appropriate and specialised assessment and treatment is required. To facilitate prompt action, the following strategies should be considered:

- Development of formal referral protocols between service providers (e.g., referral to specialist mental health services or community based psychologists -under ATAPS or Better Access - upon discharge from hospital following attempted suicide, with follow-up from the mental health service within 24 hours);
- Increased funding for specialist mental health providers and services in primary care, acute care and specialist services, including program funding (ATAPS, see below) and extended MBS items (Better Access);
- Development of a formal memorandum of understanding (MOU) between local community services and specialised mental health providers and services to streamline early intervention programs;
- Formal MOU for outreach specialist mental health services to rural and other communities without such services (e.g., 24 hour crisis support line, with 48-hours-in-person response time);
- Specialist education and coaching for families and carers for emergency interventions and referral; and
- Training for medical and other health service staff on emergency interventions and referral

- Increased funding of ATAPS providers under the suicide response program to enable the program to be accessible across all parts of Australia.

Promoting mental health and well being among young people

Health promotion and literacy programs should be provided to young people in their usual and familiar environmental contexts (e.g., schools, local shopping centres, gyms, sporting clubs) rather than in specific health centres or mental health clinics. Many of these strategies have already been successfully implemented, including:

- the use of social media and other non-traditional forms of communication which engage young people;
- the use of language and expression appropriate to young people;
- the integration of mental health literacy and awareness education in school curriculum. This could potentially be implemented by school counsellors/psychologists.

Additional 'headspace' and Early Psychosis Prevention and Intervention Centres

The APS is supportive of expansion of specialist mental health programs such as 'headspace' and Early Psychosis Prevention and Intervention Centres for young people. As stated above, these programs must be:

- Fully funded to enable programs to develop relationships with local communities and service providers;
- Staffed by specialist mental health professionals (such as psychologists and other allied health), with access to professional development and support; and
- Providing evidence-based interventions and timely evaluations of services provided.

In addition, the APS would like to emphasise that service integration and coordination are critical success factors in any expansion of services. Access to services should be at the local level so that it is easily accessible to young people and their families. Hence, established local community services would be ideal service providers.

Collaboration, data collection and evaluation

Suicide prevention is most effective where there is enhanced collaboration between all stakeholders including institutions and services, service providers, young people and their families. Examples of collaborative frameworks include:

- formalised protocols regarding information sharing;
- proactive follow-up by community and welfare services following discharge from acute services (e.g.,hospitals, outpatient departments); and

- establishment of "clearinghouses" of information for consumers and providers. and a single point of entry to access services, A central repository of information about existing initiatives, particularly those based in the State/Territories, will serve as a good starting point.

Where new initiatives are implemented, processes must be in place to ensure that there are data collected and analysed to establish the program or intervention's efficacy. This means that the research community must be engaged to translate evidence into practice, improve service provision and enhance program efficiency and accountability for the community. In 2010 the APS was involved in the development and implementation of workshops across Australia provided to services responding to suicide in young people as part of the *Living is for Everyone* initiative. The aim of these workshops was to build the evaluation capacity of suicide prevention projects within community services to ensure that programs are properly evaluated and that only programs demonstrating effectiveness continue. Services must be funded adequately to ensure that interventions are well planned, resourced, implemented and evaluated. Interventions without evidence of effectiveness based on the collection and analysis of data and outcomes should not be funded.

Relationships between service providers and the local community, which can take considerable time to establish, are vital to the success of any intervention programs. This is particularly relevant to new programs, or in rural and remote communities where services are limited and issues of confidentiality and stigmatisation more prominent. The stigma associated with accessing mental health or suicide prevention programs means that providers need time to gain trust and build rapport with the local community and its young people, as well as local service providers. Therefore program funding must be sustained, over a reasonable period of time in order to provide support for the development of trust and continuity in care.

Finally, support must be provided to service providers to increase the capacity and capability of the local workforce. While specialist outreach services have many positive benefits, local communities are still at the forefront in the identification and facilitation of interventions. Such models require stable and dedicated local workforces, which increase intervention programs' effectiveness and sustainability. Therefore investment in staff development and support at a local level is a critical success factor, as is access to and availability of specialist service providers by local communities.

Although the inquiry is focusing on prevention of suicide among young people, it is important to acknowledge that children are presenting with suicidal ideation from younger ages; and there is evidence that promotion, prevention and early intervention programs which aim to reduce risk factors and reinforce protective factors associated with mental health may be beneficial as a suicide prevention response. Good mental health in childhood provides the foundation for managing the transition to adolescence and adulthood. Strong mental health resilience and mental health literacy (see section on Mental Health Literacy later) can reduce mental health problems for children in the present and assist in their overall ongoing development.

For example, the KidsMatter initiative (www.kidsmatter.edu.au) emphasises a sense of shared responsibility for children's wellbeing amongst the people who have a significant influence on their lives. This includes parents, carers, families, early childhood service staff,

teachers, professional and community services and the broader community. Schools and early childhood settings provide opportunities to promote good mental health through enhancing protective factors associated with mental health, reducing risk factors associated with mental health problems and early intervention responses in relation to mental health problems. In this way they can promote particularly psychological wellbeing in children and young people.

"Gatekeeper" terminology

The Discussion Paper also used the word "gatekeeper" as an umbrella term covering a range of people including teachers, police, health professionals, parents and peers. This use can lead to the undesired consequence of assuming "gatekeepers" are one homogeneous group and that a common approach may be required for their training. The reality is the opposite. A diverse range of people has contact with young people on a regular basis and each group will require a tailored approach in their training. The term "gatekeeper" also has negative connotations. It implies that a person is in a position of power and that he/she can permit and deny the user access to services appropriate to their needs. We do not believe that this is the spirit in which this concept has been adopted in this instance.

The APS believes that it is more appropriate for the various groups that have regular contact with young people be identified separately. These include

- Frontline staff: teachers, sports coaches, leaders at youth camps etc;
- Health professionals: GPs, nurses and allied health in health (community and hospitals, especially in accident and emergency);
- Community staff: practice nurses, medical receptionists, gym operators, security staff at shopping centres etc;
- Parents, carers and guardians; and
- Peers.

Each of these groups of people play two critical roles: to act as "detectors" and monitor for early warning signs of young people at risk; and to act as "facilitators" – alerting and making appropriate referrals to specialist service providers as required.

Training

Ongoing training for people who have regular contact with young people is important and can have positive long term benefits. Both targeted (e.g., support for a young person experiencing a temporary, but significant stressor) and generic training (e.g., mental health literacy and awareness) are needed. Such training should focus on factors that contribute to increasing risk and early warning signs of young people presenting with concerning symptoms. An important aspect of the training should also be to assist people to identify

appropriate sources of referral for young people experiencing mental health difficulties to qualified service providers.

Many professionals working with young people (frontline staff and health professionals) will have completed courses in Mental Health first aid as a necessary requirement of their job. Implementation of basic training in Mental Health First Aid (through Orygen Youth Health) is a standard requirement for these professionals It is also available by choice to others (community staff, parents, careers and peers) who seek out the training. Such training would increase knowledge and skills for many individuals working with young people. Current Mental Health First Aid training, - which covers identifying signs of mental health problems, identifying boundaries when supporting young people and effective communication strategies - could be adopted for implementation for various groups of people. Mental Health First Aid training should be a requirement for anyone who has a professional responsibility for young people (frontline staff and health professionals).

Training for other groups should be tailored. For example, mental health education and training for teachers and sporting coaches can be incorporated into their professional development programs, which are often a condition of their licence renewal or credentialing system. Similarly entry level teacher training could incorporate training in the area of mental health promotion, prevention and early intervention, which could incorporate suicide prevention.

Given that adolescence and early adulthood is a period of rapid development and change, young people in particular are dependent on the quality of their family, community and school environment for positive mental health and wellbeing in both the short and long term (Carter 2000). Additionally, there is also recognition of the importance of providing support to young people and their families to help prevent the development of mental health problems in later life (CDHAC 2000).

Education and training for parents and peers of young people can be more challenging. Embedding and disseminating information about mental health issues in school newsletters, running information sessions at schools, community centres and local leisure centres, including training in Mental Health First Aid, should be considered. The key emphasis of frontline staff training should be about taking the information to the target audience rather than relying on traditional information seeking behaviour.

Parents will benefit from support in relation to information as set out in the paper but also require assistance at the time of crisis as caregivers of young people at risk. Processes must be in place to provide timely and effective intervention by qualified health professionals in times of crisis. A key part of the education and training needs to be on assisting family and peers to determine a situation that required professional intervention.

Peers of young people will require information and education about effective communication and help seeking when young people are concerned about the behaviours of their peers, rather than suicide specific information.

It is important that all training is prepared, delivered and evaluated by professionals and experts in the field. Providers such as psychologists, and in particular school psychologists, are well placed to provide training and support for parents and teachers (in addition to directly supporting young people at risk of suicide). Such training should also take into

account language and cultural issues. Culturally and linguistically diverse groups are a high-risk population and frequently neglected in service provision.

Finally, as stated above, access to, and availability of, specialist support services are critical to both young people at risk and those at the coalface of service provision in the community. Given the seriousness of such a situation and the potential consequences, access should be to professionals trained to treat people with mental health problems that place them at risk of suicide. School psychologists are ideally placed to provide these interventions for young people in the school setting. School psychologists are qualified professionals who work collaboratively with school staff, families and external health and welfare services to provide early intervention services to students experiencing mental health problems. .

Mental health literacy

Mental health literacy as mentioned in the Inquiry paper is focused on the mental disorder end of the spectrum. However, mental health literacy is broader and incorporates promotion, prevention and early intervention. For example, in childhood, promoting effective social and emotional competencies such as self awareness and self management will assist children to develop skills in coping, as well as being able to seek help when necessary. Good mental health in general will lead to better coping and adaptation to life transitions and stressors from childhood through to adulthood. The promotion of good mental health in the early childhood years will reduce risk and promote resilience in ongoing development. The Kidsmatter initiative recognises the importance of early childhood settings and schools in providing an environment in which age appropriate social and emotional skills can develop. It provides a framework which supports early childhood settings and schools in identifying programs and approaches which explicitly teach children these skills. This allows staff to work effectively with children and families to identify early signs of concern and to provide support and referral pathways as early as possible.

Addressing the social determinants of mental health

While early intervention, treatment and rehabilitation are important in addressing youth suicide, the fundamental challenge is to identify and invest in better ways of supporting people's mental health and wellbeing and preventing mental health problems before they occur. Social determinants of mental health are keys to understanding and targeting suicide prevention efforts. Vichealth (2005) have identified three factors demonstrated to have a particular influence on mental health:

- Social inclusion – building supportive relationships, facilitating community involvement and civic engagement;
- Freedom from discrimination and violence – valuing diversity, physical security and self determination (control of one's life); and
- Access to economic resources – work, education, housing and money.

In addition, there is an inextricable link between mental health and poverty. The APS acknowledges the detrimental effects of poverty and social disadvantage on the mental

health and wellbeing of individuals, families and communities. Conversely, those experiencing mental health issues are also increasingly likely to experience disadvantage, be on low incomes and live in poverty. The vicious cycle of poverty and mental disorders will be perpetuated without well-targeted and structured investment in mental health and addressing the social determinants of health such as housing, meaningful employment and education.

Conclusion

The APS welcomes the opportunity to provide the Committee with additional comments on its inquiry into prevention of youth suicide. This submission has called for major reforms in on the issue of suicide of young people, especially among those identified as being at high risk. The APS draws the attention of the Committee to the policy proposals outlined and would be happy to provide further information to the Committee if requested.

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