SUBMISSION

INQUIRY INTO THE PREVENTION OF YOUTH SUICIDE

September 2017

Prepared by Shaun Brockman, Policy and Advocacy Manager with support from David Batchelor and Tracy Cui

Contact person: Katie Acheson, CEO, katie@youthaction.org.au

Youth Action NSW

Suite 401, Level 4, 52-58 William St, Woolloomooloo NSW 2011

Phone: (02) 8354 3700

Website: youthaction.org.au

About Youth Action

Youth Action is the peak organisation representing young people and youth services in NSW. Our work helps build the capacity of young people, youth workers and youth services, and we advocate for positive change on issues affecting these groups.

It is the role of Youth Action to:

1. Respond to social and political agendas relating to young people and the youth service sector.
2. Provide proactive leadership and advocacy to shape the agenda on issues affecting young people and youth services.
3. Collaborate on issues that affect young people and youth workers.
4. Promote a positive profile in the media and the community of young people and youth services.
5. Build capacity for young people to speak out and take action on issues that affect them.
6. Enhance the capacity of the youth services sector to provide high quality services.
7. Ensure Youth Action's organisational development, efficiency, effectiveness and good governance.

Table of Contents

Recommendations

Recommendation 1: Increase funding for programs and services that address child, adolescent and youth mental health.

Recommendation 2: Ensure young people are properly consulted and included in the process of creating, monitoring and evaluating youth mental health services, programs and policy.

Recommendation 3: Increase funding for mental health professionals in regional and remote mental health communities. Explore policy and funding options including incentivisation for professionals and increasing availability and awareness of bulk-billing.

Recommendation 4: Improve access and availability of e-mental health services for young people in NSW by partnering with existing youth mental health service providers.

Recommendation 5: Explore partnerships between the NSW Government, local councils, community groups, education providers and transport providers to subsidise or eliminate travel costs for young people when they are travelling to or from a health or social service in regional, rural and remote areas.

Recommendation 6: Introduce compulsory mental health first aid training for general practitioners, suicide prevention providers, frontline workers and those who have high contact with young people (police, paramedics, nurses, social workers, teachers etc.).

Recommendation 7: Introduce compulsory cultural and social awareness training for general practitioners, suicide prevention providers, frontline workers and those who have a high contact rate with young people (police, paramedics, nurses, social workers, teachers etc.) aimed at increasing awareness specific circumstances of groups affected by high rates of youth suicide.

Recommendation 8: Ensure that NSW Government funding and resources are directed to programs and services run by community organisations that are representative of the vulnerable group the program is aimed at. Where services already exist, or this is not possible, ensure that members from the vulnerable or at-risk group across all demographics are thoroughly consulted and their input and ideas are incorporated into relevant programs, services and policies.

Recommendation 9: Increase funding for suicide prevention activities that target vulnerable and at-risk populations through community-service providers with track records of delivering successful programs.

Recommendation 10: Increase the number of Student Support Officers in schools as part of *Supported Students, Successful Students* and provide information to school principals detailing the effectiveness of the program for student mental health and wellbeing.

Recommendation 11: Undertake a state-wide audit of in-school mental health literacy and suicide prevention support programs currently delivered in NSW schools and encourage religious and independent schools to participate. As part of the process, run consultations and information sessions with principals and teachers where current programs exist to determine their effectiveness and suitability and proactively promote the most effective programs to principals and teachers who make program decisions in schools through a database, website or easily accessible electronic resource.

Introduction

Background to Youth Action's submission

Youth Action welcomes the opportunity to submit to the NSW Parliament's Committee on Children and Young People's Inquiry into the Prevention of Youth Suicide. Youth Action commends the NSW Government's commitment to improving mental health outcomes for young people and decreasing rates of suicide.

The inquiry provides an opportunity to highlight information relevant to the prevention of youth suicide in NSW, and the challenges currently faced by young people, communities and services.

Youth Action is the peak body for young people (12 – 25) and youth services in NSW. We represent 1.25 million young people and the services that support them. Our constituents include both the disproportionately high number of young people who commit suicide each year, and many of the services and workers who try to prevent them doing so.

Youth Action undertakes significant primary research work, consulting and engaging with young people and youth support services. As part of this submission, we conducted several in-depth interviews with frontline workers providing mental health services or referring young people to mental health services in regional or remote areas and who work with populations of young people at high risk of suicide and self-harm. We also collected and analysed data from other relevant stakeholders, researchers and organisations, including those in early intervention and prevention, youth health and mental health. This submission draws on this body of work, as well as the relevant evidence base.

Youth Action is well-positioned to respond to four of the eight terms of reference presented by this inquiry specifically and our submission will focus accordingly on:

- Gaps in the coordination and integration of suicide prevention activities and programs across all levels of government
- Provision of services in local communities, particularly in regional and rural areas
- Provision of services for vulnerable and at-risk groups
- Approaches taken by primary and secondary schools.

Principles underlying our submission

Youth Action has a significant membership base of youth services and other youth-related groups and organisations across NSW. We also regularly consult with young people about the issues that most affect them and their peers, and involve them in having a voice in solutions.

Based on our significant experience in listening to and representing both of these groups, we believe that any approach to youth suicide prevention is best underpinned by three key principles:

Identifying and intervening early

Any approaches to youth suicide prevention should be based around equitable early identification and intervention. Intervening early is always cheaper, more effective and more just than intervening once the full weight of suicide rests on a young person. A system grounded in early intervention should prioritise:

- A functional continuum of services from broad population strengthening through to early intervention in specific mental health issues
- Both vulnerable groups and individual young people who are experiencing declining mental health.

Equity and access

As our submission will show, a young person getting the right support at the right time is literally a matter of life and death. As such, having a system which prioritises equity and access regardless of geography or background is critical in approaching suicide prevention, and mental health more broadly.

Young-people friendly

Evidence shows that services which focus on young people get better health outcomes and are accessed more[1]. As such, young people are integral to the design, monitoring and evaluation of services which support them. Services that prioritise including and involving young people are more relevant, responsive, innovative and effective.

[1] R Viner, 2012. *Annual Report of the Chief Medical Officer, 2012, Our Children Deserve Better: Prevention Pays*. London, United Kingdom, accessed at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/252658/33571_2901304_CMO_Chapter_8.pdf

We have used these principles to guide our discussion of youth suicide prevention in NSW.

Young people and suicide

Suicide by its nature is preventable, and the unacceptably high rates of suicide – which have accelerated in many communities over the last decade – warrant urgent attention. In 2015, 391 young people aged 15 – 24 died by suicide with 178 being in NSW. These rates were higher than by any other means.[2][3]
Young people have unique needs. They are navigating a time in their lives characterised by rapid change as their levels of independence and responsibility increase quickly. During this time, they are particularly exposed to mental health risks – potentially resulting in self-harm and suicide – as they often have not developed the coping mechanisms and capacity to deal with the new challenges they are facing. We know that so many of the mental health and wellbeing challenges faced by adults can be traced to adolescence or young adulthood and we also know that intervening early in a person's life and providing them with support and capacity-building when mental health concerns begin to emerge significantly decreases the impact and intensity of those issues later in life[4]. At the moment, we are not responding quickly enough, or effectively enough, to young people's issues as they emerge. We have a significant opportunity to improve the mental health and wellbeing of young people – and in turn people during their adulthood – by giving serious attention to building capacity in and supports for young people.

Response to inquiry terms of reference

[2] Australian Bureau of Statistics (ABS), 2015, *3303.0 Causes of Death, Australia,* viewed 7 September 2017, accessed at http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2015~Main%20Features~Intentional%20self-harm:%20key%20characteristics~8

[3] Health Stats NSW, 2017, *Suicide by Age NSW 2015,* viewed 7 September 2017, accessed at *http://www.healthstats.nsw.gov.au/Indicator/men_suidth/men_suidth_age*

[4] S Fox, A Southwell, N Stafford, R Goodhue, D Jackson and C Smith, 2015, 'Better Systems, Better Chances: A Review of Research and Practice for Prevention and Early Intervention', Australian Research Alliance for Children and Youth (ARACY), Canberra, p. 21.

Gaps in the coordination and integration of suicide prevention activities and programs across all levels of government

More than a quarter (26%) of Australia's young people aged 18 – 24 experience a mental illness and three quarters of all lifetime mental health disorders emerge by the age of 24.[5] In addition, young people are impacted by many social issues more intensely and more often than adult populations. They are more likely to be adversely affected by homelessness, family conflict and financial stress and when any of these factors combine with the emergence of a mental health issue in a young person, their risk of suicide significantly increases.[6][7]

This emergence of mental illness combined with the complex social issues young people face mean that it is incredibly important to establish specific youth suicide prevention programs that address their particular circumstances and challenges. Currently however, only 9.9% of mental health expenditure by States and Territories in the year 2010 – 2011 was directed at child and adolescent mental health programs, and only 0.2% at youth mental health services specifically.[8] More than 70% of young women and 80% of young men who need help and support simply do not get it.[9] Without significant funding and attention from the NSW Government these numbers will not improve and young people will not receive the support they need when they need it most.

---

[5] Mission Australia, 2015, 'Young People's Mental Health Over the Years: Youth Survey 2012 – 2014', p.21.

[6] The Commonwealth Secretariat, 2016, 'Global Youth Development Index and Report', p.6, accessed at http://cmydiprod.uksouth.cloudapp.azure.com/sites/default/files/2016-10/2016%20Global%20Youth%20Development%20Index%20and%20Report.pdf

[7] Suicide Prevention Australia (SPA), 2010, 'POSITION STATEMENT Youth Suicide Prevention', viewed 4 September 2017, pp. 8-12, accessed at *https://www.suicidepreventionaust.org/sites/default/files/resources/2016/SPA-Youth-Suicide-Prevention-Position-Statement%5B1%5D.pdf*

[8] Department of Health and Ageing, 2013, 'National Mental Health Report 2013: tracking progress of mental health reform in Australia 1993 – 2011', Commonwealth of Australia, Canberra p.37

[9] A Hosie, G Vog, J Hoddinott, J Carden, & Y Comeau, 2015, 'Crossroads: Rethinking the Australian Mental Health System', ReachOut, viewed on 6 September 2017, p. 4, accessed at *http://about.au.reachout.com/wp-content/uploads/2015/01/ReachOut.com-Crossroads-Report-2014.pdf*

Recommendation 1: Increase funding for programs and services that address child, adolescent and youth mental health.

It is critical to involve young people as programs and services are created, monitored and evaluated, however young people are rarely consulted to provide their input as part of the process. Young people are experts in their own experience and provide invaluable insight into the programs, barriers and supports they face to their mental health and wellbeing. There are clear benefits to the NSW Government and service providers by engaging young people – their programs will become more relevant, they will become more accountable to the young people they service, and they will be perceived as being more credible by outside observers because they have partnered with young people in the process.[10][11]

There is no lack of interest by young people in health policy, or the decisions that impact their future. When Youth Action surveyed almost 3,400 young people about the issues that were important to them in 2016, health ranked as the second most important issue.[12] More specifically, when asked about their areas of concern, a brief analysis of qualitative responses showed that mental health was a top issue of concern.[13]

Recommendation 2: Ensure young people are properly consulted and included in the process of creating, monitoring and evaluating youth mental health services, programs and policy.

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

[10] B Head, 'Why not ask them? Mapping and promoting youth participation', *Children and Youth Services Review*, vol. 33, pp. 541-47.

[11] C McGachie & K Smith, 2003, 'Youth participation case studies', *Ministry of Youth Affairs*, 2003

[12] J McKenzie & T Sealey, 2016, 'Agenda for Action: What young Australians want from the 2016 election', Youth Action, accessed via http://www.youthaction.org.au/agenda_for_action

[13] Ibid.

Approximately one in three young Australians live outside major cities in regional, rural or remote areas.[14] Although young people experience mental illness at around the same rates across Australia, rates of suicide and self-harm increase for young people who live outside of major cities, and increase further with their remoteness.[15][16] The rate of suicide for young people outside of major cities is approximately 40% higher than in major cities, and young males aged 15 – 29 are almost twice as likely to die by suicide than those in major cities.[17]

There are many issues – each specific to living in regional or remote communities – that contribute to this worrying disparity. Young people are more likely to experience isolation, higher rates of poverty, inadequate access to service that could support them, access to lethal means and often have a strong culture of self-reliance that discourages help-seeking behaviour.[18] Their region may have fewer employment opportunities, decreased choice and availability of housing and school options and in some communities higher rates of drug and alcohol use.[19][20]

Without many of the supports and services their major city counterparts have access to, young people's mental health and wellbeing concerns are not identified or addressed, and lead to the high rates of suicide and self-harm that are being experienced.

[14] Australian Bureau of Statistics, 2013, *1217.0.55.001 - Glossary of Statistical Geography Terminology*, accessed 26 August, accessed at http://www.abs.gov.au/ausstats/abs@.nsf/mf/1217.0.55.001

[15] Australian Bureau of Statistics, 2007, *4326.0 - National Survey of Mental Health and Wellbeing: Summary of Results*, accessed on 26 August, accessed at http://www.abs.gov.au/AUSSTATS/abs@.nsf/ DetailsPage/4326.02007?OpenDocument

[16] National Rural Health Alliance, 2017, 'Mental Health in Rural and Remote Australia'. Accessed at http://ruralhealth.org.au/sites/default/files/publications/nrha-mental-health-factsheet-2017.pdf

[17] Ibid.

[18] Ibid.

[19] Australian Clearinghouse For Youth Studies, 2015, 'Engaging Young People in Regional, Rural and Remote Australia'. Acessed at https://docs.education.gov.au/system/files/doc/other/young_people_in_regional_rural_and_remote_australia.pdf

[20] Mission Australia, 2015, 'Youth Survey Report 2015', accessed at file:///Users/shaunbrockman/Downloads/Mission%20Australia%20Youth%20Survey%202015-NAT%20(full%20version).pdf

I've lost 6 friends to suicide and experienced mental health issues myself. It is something that needs increased funding.[21]

– Young Person

Despite recent efforts to expand services in regional and remote areas, the distribution of specialists across rural areas is inconsistent. As such, young people with mental health issues living in regional and remote areas face increased barriers to accessing mental health services than people living in major cities. There are far fewer mental health nurses and psychologists in regional and remote areas[22] and there is less money spent per capita on mental health services through Medicare – 67% and 17% for regional and remote areas respectively when compared with major city expenditure in 2013 – 2014.[23] Youth service workers, frontline staff and other health professionals consistently report waits of up to three months to see mental health specialists and psychiatric beds can take more than a year to access.[2425]

Waiting times and service availability is recognised by service providers and by people living regionally as the biggest barrier to accessing support. Nearly half (45%) of people from regional or rural areas who suffer mental health issues report wait times as the main barrier to them accessing specialist services and, as such, people living rural and remote areas visit mental health specialists only one third as often as their urban counterparts.[2627] Even when seeing GPs for mental health issues, there is lower service activity linked

[21] Ibid.

[22] Australian Institute of Health and Welfare, 'Mental Health Services in Australia: Mental Health Workforce'. Accessed at https://mhsa.aihw.gov.au/resources/workforce/

[23] Ibid.

[24] Australian Broadcasting Corporation (ABC), Radio National, Radio National Afternoons, March 2 2015, 'Landmark Study Reveals Rural and Remote Communities Are Missing Out On Essential Mental Health Services', accessed at http://www.abc.net.au/radionational/programs/rnafternoons/rural-mental-health/6274578

[25] Australian Government, Department of Prime Minister and Cabinet, 2014, 'Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report', accessed at https://www.pmc.gov.au/sites/default/files/publications/indigenous/Health-Performance-Framework-2014/tier-3-health-system-performance/310-access-mental-health-services.html

[26] Australian Broadcasting Corporation (ABC), Radio National, The World Today, 'Mental Health: People from Poor and Remote Areas Miss Out', accessed at http://www.abc.net.au/worldtoday/content/2015/s4189408.htm

[27] Australian Bureau of Statistics (ABS), 2014, *4159.0 General Social Survey: Summary Results, Australia, 2014.* Accessed at http://www.abs.gov.au/ausstats/abs@.nsf/mf/4159.0

to level of remoteness: per 1000 people, 79 in major cities, and 25 in remote and 8 in very remote areas respectively.[28]

This affects young people at each stage of a mental health concern. They are less likely to have a network of support to help them access an early intervention service, making the likelihood high that the concern will increase in intensity. Then in times of crisis or emergency, waiting lists and extreme distance represent significant barriers to reaching needed assistance. These issues are exacerbated for young people, who are reliant on others for transport, often have less flexibility due to study or work arrangements such as traineeships and apprenticeships, and who have lower health literacy because they have less experience navigating and accessing the health system.

Because they are aware of the significant barriers regional young people face including distance, waiting times and service availability, youth mental health providers such as Headspace, ReachOut and Kids Helpline have successfully introduced e-mental health solutions and services over the last decade that can be accessed any time, as long as the young person can connect to the internet. Although these programs cannot substitute for in-person counselling or access to a psychologist or psychiatrist, they are extremely effective at providing information, support and assessment and can assist prevention and management of symptoms. They have the benefit of a high degree of anonymity, meaning they are often useful early identification and referral tools, and can overcome the stigma and reluctance to seek help often faced in regional and remote areas.

Due to resourcing, we are forced to be working at a level two steps more acute than where we can be most effective to support early intervention and maintenance. It's really hard to get trained and qualified workers out here – staff-wise we often operate at 50% capacity.

– Interviewee C

[28] G Meadows, J Enticott, B Inder, G Russell, R Gurr, 'Better Access to Mental Care and the Failure of the Medicare Principle of Universality', *Medical Journal of Australia* 202(4): March 2015, accessed at https://www.mja.com.au/system/files/issues/mea00330.pdf

Young people out here just can't get access often enough or early enough to mental health programs or supports. Even when it comes to bulk-billing, they have to know to ask to get it, so in so many cases they just stay away.

– Interviewee B

We tackle the problem of servicing young people over distance in two ways – outreach services where we take ourselves to young people and e-health and telehealth services where young people can connect with us remotely. Although we're increasing the use of these services, they are expensive and come out of core funding that in many cases hasn't budgeted for their usage and often restricts how much we can do.

– Interviewee C

Recommendation 3: Increase funding for mental health professionals in regional and remote mental health communities. Explore policy and funding options including incentivisation for professionals and increasing availability and awareness of bulk-billing.

Recommendation 4: Improve access and availability of e-mental health services for young people in NSW by partnering with existing youth mental health service providers.

Travelling to health and social services is a well-documented challenge for many people living with mental illness, as is the lack of public transport available in regional and remote areas.[29] Costs associated with travel, such as attending services and finding care present significant barriers to the timely diagnoses, ongoing management and treatment of mental health issues.[30]

Some city councils have come up with innovative solutions to allow young people to access programs and services. For example, Shoalhaven City Council partnered with schools, community groups and transport providers to produce a program called the Shoalhaven Student Pathways Pass. The program allows

[29] National Rural Health Alliance, 2017, 'Mental Health in Rural and Remote Australia', accessed at http://ruralhealth.org.au/sites/default/files/publications/nrha-mental-health-factsheet-2017.pdf

[30] Ibid.

students to travel for free when travelling to approved school-centred, off-site learning activities, for example TAFE or work experience.[3132]

By listening to relevant voices, the programs identified transport options as barrier to students and, by acting with various stakeholders, a viable solution was developed to counter the increasing number of young people dropping out of programs and services. With this barrier removed, students were able to engage with these programs. Educational services are not the only services that suffer from accessibility issues – rural health and social services face similar problems, and by creating similar partnerships could overcome the barriers relating to transport and encourage more young people to engage with these services, leading to better outcomes overall.

Our region is 5,000 square kilometres and almost 50 towns and villages, serviced by three main centres. If young people make it to these centres they can access a reasonable level of support once they know it exists. The problem is there is very little transport between the towns and the centres, and the transport that does exist is difficult for young people to access.

– Interviewee B

Recommendation 5: Explore partnerships between the NSW Government, local councils, community groups, education providers and transport providers to subsidise or eliminate travel costs for young people when they are travelling to or from a health or social service in regional, rural and remote areas.

Provision of services for vulnerable and at-risk groups

Young people as a whole are at greater risk of suicide than the general population, however, there are sub-groups of young people who experience higher than average levels of suicide and self-harm and warrant particular attention and specific actions to improve suicide prevention. Refugees or newly arrived

[31] Shoalhaven City Council, 2013, 'Shoalhaven Student Pathways Pass', accessed at http://doc.shoalhaven.nsw.gov.au/Displaydoc.aspx?Record=D13/88692

[32] Staff, 2013, 19 April, 'Students On The Road To Somewhere'. *South Coast Register.* Accessed at http://www.southcoastregister.com.au/story/1443526/students-on-the-road-to-somewhere/

migrants, people from culturally and linguistically diverse backgrounds (CALD), lesbian, gay, bi-sexual, transgender and intersex (LGBTI) young people, Aboriginal and Torres Strait Island young people, young people living in violent circumstances, under justice supervision, living with disabilities, living in rural or remote areas and young people who are homeless or at risk of homelessness are some of the young people who face the highest rates of suicide risk today.[33] This list is not exhaustive, but rather illustrates the many groups of young people who experience suicide at an higher rate.

Youth Action commends the NSW Government's establishment of the $8 million Suicide Prevention Fund (spent over four years) and its goal to provide targeted supports to at-risk and vulnerable groups, such as ACON in Surry Hills who provide suicide prevention initiatives for LGBTI communities with their portion of the funding.

Youth Action also acknowledges the work undertaken by the NSW Government through successive suicide prevention strategies, collaboration with federal suicide prevention and mental health strategies and programs and the establishment of youth health services in Local Health Districts. However, improved coordination, funding and targeted programming are required to target young people and vulnerable groups in NSW.

By focusing on two vulnerable and at-risk groups in detail – LGBTI young people and Aboriginal and Torres Strait Island young people – our submission makes recommendations to guide and support suicide prevention activities for vulnerable and at-risk groups, as well as highlighting issues of particular importance in these two specific vulnerable groups.

LGBTI young people

There is a greater lifetime prevalence of suicide attempts in the LGBTI community, especially among young people.[34] LGBTI young people aged 16 – 27 are five times more likely to have attempted suicide

[33] NSW Government, NSW Health, 2017. 'NSW Youth Health Framework 2017-24', accessed at http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_019.pdf

[34] NSW Mental Health Commission, 2015. 'Proposed Suicide Prevention Framework for NSW', accessed at https://nswmentalhealthcommission.com.au/sites/default/files/Subfolder/PROPOSED%20SUICIDE%20PREVENTION%20FRAMEWORK%20FOR%20NSW%202015-2020%204%20Aug%202015.pdf

than the general population, and transgender people are up to 11 times more likely.[35] LGBTI people and services are often not consulted in the development of research, policies or programs in relation to mental health or suicide prevention, resulting in existing knowledge not being utilised.[36]

One of the greatest barriers that LGBTI young people face is the expectation that they may experience the same types of discrimination or abuse that they face day-to-day when they reach out to a mental health program, professional or support service. Discrimination, rejection and breach of confidentiality are major concerns for LGBTI young people, who experience higher than average levels of verbal and physical abuse.[37] As a result, LGBTI young people are often less likely to interact with generic mental health services and programs due to fears that their involvement might have negative consequences.[38] When LGBTI young people present to health and mental health services they are seeking awareness of the specific issues that can relate to being a young LGBTI person[39] as well as the knowledge that they will be presented with an inclusive space.

Indigenous young people

Suicide rates are far higher across Australia for Indigenous youth than non-Indigenous youth. Indigenous young people aged 15 – 24 are more than five times as likely to die by suicide than their non-Indigenous peers.[40]

---

[35] National LGBTI Health Alliance, 2016. 'Snapshot of Mental Health and Suicide Prevention Statistics for LGBTI People', accessed at http://lgbtihealth.org.au/wp-content/uploads/2016/07/SNAPSHOT-Mental-Health-and-Suicide-Prevention-Outcomes-for-LGBTI-people-and-communities.pdf

[36] G Rosenstreich, 2013, *LGBTI People Mental Health and Suicide*, revised 2nd Edition, National LGBTI Health Alliance, Sydney, accessed at https://www.beyondblue.org.au/docs/default-source/default-document-library/bw0258-lgbti-mental-health-and-suicide-2013-2nd-edition.pdf?sfvrsn=2

[37] Ibid p.10.

[38] Ibid, p.11.

[39] Ibid, p.14.

[40] P Dudgeon, J Milroy, T Calma, Y Luxford, I Ring, R Walker, et al., 2016. 'Solutions that work: What the evidence and our people tell us. Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report', Government Report for the Department of Prime Minister and Cabinet, accessed at http://www.atsispep.sis.uwa.edu.au/__data/assets/pdf_file/0006/2947299/ATSISPEP-Report-Final-Web.pdf

The Australian Youth Development Index (YDI) highlights that Aboriginal and Torres Strait Islander people in Australia experience lower levels of development than their non-Indigenous counterparts, including lower levels of literacy and school attainment, higher levels of incarceration and victimisation and higher rates of unemployment (aggregated across all age categories).[41]

Over the past two decades there have been numerous responses to high rates of suicide, for Indigenous populations specifically and as part of the general population including the National Suicide Prevention Strategy (NSPS), the LiFE Framework (within the NSPS) and in 2013 the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (NATSISPS).

Youth Action would like to specifically point the NSW Government towards the success factors and recommendations provided in the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) when considering how to research, implement and fund future policies and programs related to Indigenous suicide prevention.[42] The national study was based on:

- Twelve Indigenous community, risk group and subject-matter-specific suicide prevention Roundtable Consultations that took place across Australia over March 2015 – April 2016
- A literature review on what works in community-led Indigenous suicide prevention
- An analysis of 69 previous consultations on Indigenous suicide prevention that took place across Australia between the years 2009 and 2015, and that involved 1,823 participants.

Based on their evaluation of community-led Indigenous suicide prevention programs, the final report by ATSISPEP identified the following success factors specific to school-aged and young people:[43]

- School-based peer support and mental health literacy programs
- Culture being taught in schools
- Peer-to-peer mentoring and education and leadership on suicide prevention

---

[41] Youth Action & Policy Association (NSW), 2016, *Australian Youth Development Index : a jurisdictional overview of youth development : 2016 report*, Youth Action, Wooloomooloo, NSW, accessed at https://d3n8a8pro7vhmx.cloudfront.net/youthaction/pages/244/attachments/original/1473751041/Australian_YDI16_web_v6.pdf?1473751041

[42] P Dudgeon, J Milroy, T Calma, Y Luxford, I Ring, R Walker, et al., 2016. 'Solutions that work: What the evidence and our people tell us. Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report', Government Report for the Department of Prime Minister and Cabinet, accessed at http://www.atsispep.sis.uwa.edu.au/__data/assets/pdf_file/0006/2947299/ATSISPEP-Report-Final-Web.pdf

[43] Ibid, p.13.

- Programs to engage and divert, including sport
- Connecting to culture, country and Elders
- Providing hope for the future through education and preparing for employment.

Mental health first aid, vulnerable groups and frontline workers

Specialised youth mental health first aid courses teach adults who work with young people how to assist young people who are developing a mental health issue or are in a mental health crisis situation. Mental health literacy in Australia is a relatively new concept and although training and understanding continue to grow, widespread understanding in Australia of the causes, symptoms, treatments and responses to mental health issues and crisis situations remains low.

Mental health first aid courses started around two decades ago and have been evaluated as being very effective at increasing participants' knowledge regarding mental health, decreasing their negative attitudes and increasing supportive behaviours towards individuals with mental health problems.[44] When implemented effectively, they have been found to improve social and emotional wellbeing in particularly at-risk groups such as Aboriginal and Torres Strait Islander individuals and communities.[45]

Mental health first aid courses are already widely available and have been utilised on a voluntary basis, or through workplaces that engage in the training, by thousands of individuals in Australia.

Anybody in the helping field – doctors, paramedics, youth workers, disability workers etc. – should have to hold a mental health first aid certificate and awareness training for the vulnerable groups they're likely to be in contact with. The NSW Government should legislate this and each person should refresh their training

[44] G Hadlaczky, S Hokby, A Mkrtchian, V Carli, D Wasserman, 2014, 'Mental Health First Aid is an effective public health intervention for improving knowledge, attitudes, and behaviour: A meta-analysis', *International Review of Psychiatry,* 4, pp. 467-475, doi: 10.3109/09540261.2014.924910.

[45] A Day, A Francisco, 2013, 'Social and emotional wellbeing in Indigenous Australians: Identifying promising interventions', *Australian and New Zealand Journal of Public Health,* 37, pp. 350-355, doi:10.1111/1753-6405.12083.

every two years to stay up to date. We've been talking about doing this for years but it has never got off the ground.

– Interviewee B

Recommendation 6: Introduce compulsory mental health first aid training for General Practitioners, suicide prevention providers, frontline workers and those who have high contact with young people (police, paramedics, nurses, social workers, teachers etc.)

Recommendation 7: Introduce compulsory cultural and social awareness training for general practitioners, suicide prevention providers, frontline workers and those who have a high contact rate with young people (police, paramedics, nurses, social workers, teachers etc.) aimed at increasing awareness specific circumstances of groups affected by high rates of youth suicide.

Recommendation 8: Ensure that NSW Government funding and resources are directed to programs and services run by community organisations that are representative of the vulnerable group the program is aimed at. Where services already exist, or this is not possible, ensure that members from the vulnerable or at-risk group across all demographics are thoroughly consulted and their input and ideas are incorporated into relevant programs, services and policies.

Recommendation 9: Increase funding for suicide prevention activities that target vulnerable and at-risk populations through community-service providers with track records of delivering successful programs.

Approaches taken by primary and secondary schools

There is a significant body of research that shows links between a school's emphasis on wellbeing and positive mental health outcomes for its students.[46] This is recognised in the 2015 Department of Education's *The Wellbeing Framework for Schools*.

Given the large proportion of young people who are captured by schools, they are integral focal points for identification and intervention. Currently the Department of Education funds many wellbeing services

[46] California Department of Education, 2005. 'Getting Results: Update 5, Student Health, Supportive Schools and Academic Success', accessed at http://www.cde.ca.gov/ls/he/at/documents/getresultsupdate5.pdf

through the *Supported Students, Successful Students* program, including psychologists, school counsellors and Student Support Officers. In addition to this, supplementary school chaplains can be funded through the Australian Government's *National School Chaplaincy* program.

However, the experience of our members shows that much of this important wellbeing support can be largely uncoordinated. Each school has discretion over how it spends its wellbeing budget, which can greatly affect the quality of wellbeing and mental health support that students receive. We have heard instances of:

- School counsellor positions being unfilled for long periods of time
- Process issues with access to school counsellors, such as long wait lists, or high rates of non-attendance at counsellor sessions
- Stigma associated with being called out in the middle of class to see a counsellor
- A lack of specialised psychologist capacity once issues progress past what can be handled by a school counsellor
- Wellbeing funding being allocated towards targeted learning support in classrooms
- A resistance to working with outside agencies who can support student wellbeing.

While the extent of these and other issues remains unknown, the *Supported Students, Successful Students* program itself is difficult to evaluate. There is no publication of any of the following around the program:

- The total funding allocated
- The number of psychologists and counsellors employed
- The number and type of other positions employed
- Any output or outcome statements to verify the program's effectiveness (e.g. number of outbound referrals to community mental health support, the number of days there was not a counsellor on-site at a school, student's experiences of counsellors).

As part of the *Supported Students, Successful Students* program, a school has the discretion to employ Student Support Officers. Fifty of these positions were piloted across NSW, and they functioned as wellbeing-oriented youth workers who worked alongside school staff. In 2014, the NSW Department of Education and Training conducted a review into Student Support Officers and:

> found that there is overwhelming support for the SSO initiative from principals, school staff, SSOs, students and external organisations. SSOs make an important contribution to the wellbeing of students. SSOs complement the existing range of provision in the schools, helping the wellbeing

team to perform their roles more effectively, and linking the school with agencies and communities.[47]

Since the end of the pilot period, the Department of Education no longer provides centralised support, training and coordination of Student Support Officers. As a decentralised group, this leaves these positions subject to isolation, high stress and turn-over, all of which compromise their effectiveness, and the program's outcomes as a whole.

Without an effectively planned wellbeing and mental health team (with strong links to external support organisations) in each school, adequate support for suicide prevention will remain ad-hoc and under-effective.

Young people often disclose information within schools and if they get an inappropriate, negative or inadequate response at this stage, it can put them off help-seeking in the future.

– Interviewee A

Recommendation 10: Increase the number of Student Support Officers in schools as part of *Supported Students, Successful Students* and provide information to school principals detailing the effectiveness of the program for student mental health and wellbeing.

Significant work has been carried out at a Federal and NSW Government level to understand what types of programs and supports are effective in school settings, most notably The Psychological and Emotional Wellbeing Needs of Children and Young People: Models of Effective Practice in Educational Settings, conducted by Urbis and delivered to the Department of Education and Communities in 2011, and *Contributing Lives, Thriving Communities – Report of the National Review of Mental Health Programmes and Services*, delivered to the Australian Government by the National Mental Health Commission in 2015. A comprehensive review of in-school programs, supports and funding has not been conducted in New South Wales. The gaps that exist in the provision of information about the effectiveness of each program

[47] I Katz, A Griffiths, J Bullen, D Nethery, 2014. 'Review of the Student Support Officer Initiative: Final Report for NSW Department of Education and Communities'. *Social Policy Research Centre.* UNSW.

and the suitability of different mental health programs to each school's individual needs, including the school's population of vulnerable and at-risk youth, its location and size.

Recommendation 11: Undertake a state-wide audit of in-school mental health literacy and suicide prevention support programs currently delivered in NSW schools and encourage religious and independent schools to participate. As part of the process, run consultations and information sessions with principals and teachers where current programs exist to determine their effectiveness and suitability and proactively promote the most effective programs to principals and teachers who make program decisions in schools through a database, website or easily accessible electronic resource.