



## Pre-Budget 2018/19 Recommendation

### Youth Suicide Prevention

#### About Youth Action

Youth Action is the NSW peak body for the state's 1.25 million young people aged 12 – 25, and the services that support them. 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.

#### Youth Suicide in NSW: The Current Context

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. More young people died by suicide than by any other means.<sup>12</sup>

Young people have unique needs specific to their life stage. 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. Intervening early in a person's life and providing them with support and capacity-building when mental health concerns begin to emerge significantly

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<sup>1</sup> 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](http://www.healthstats.nsw.gov.au/Indicator/men_suidth/men_suidth_age)

<sup>2</sup> 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>

decreases the impact and intensity of those issues later in life.<sup>3</sup> At the moment, there is not a quick enough, or effective enough response to young people's mental health concerns as they emerge. There is 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.

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.<sup>4</sup> 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.<sup>56</sup>

## Youth Action's Budget 2018/19 Recommendations

### **Regional and remote access to e-mental health services**

Approximately one in three young Australians live outside major cities in regional, rural or remote areas.<sup>7</sup> 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.<sup>89</sup>

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 services that could support them, access to lethal means and often have a strong culture of self-reliance that discourages help-seeking

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<sup>3</sup> 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.

<sup>4</sup> Mission Australia, 2015, 'Young People's Mental Health Over the Years: Youth Survey 2012 – 2014', p.21.

<sup>5</sup> 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>

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

<sup>7</sup> 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>

<sup>8</sup> 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>

<sup>9</sup> 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>

behaviour.<sup>10</sup> 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.<sup>11</sup>

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.

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.

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.

**Youth Action recommends establishing a \$50 million e-mental health fund to be awarded over four years to established e-mental health providers based on their ability to deliver services to regional and remote communities in NSW.**

### **Local Transport Solutions in regional areas**

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<sup>10</sup> Ibid.

<sup>11</sup> Mission Australia, 2015, 'Youth Survey Report 2015', accessed at

[file:///Users/shaunbrockman/Downloads/Mission%20Australia%20Youth%20Survey%202015-NAT%20\(full%20version\).pdf](file:///Users/shaunbrockman/Downloads/Mission%20Australia%20Youth%20Survey%202015-NAT%20(full%20version).pdf)

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.<sup>12</sup> 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.<sup>13</sup>

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 students to travel for free when travelling to approved school-centred, off-site learning activities, for example TAFE or work experience.<sup>14</sup><sup>15</sup>

By listening to relevant voices, the programs identified transport options as a 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 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.

## **Youth Action recommends investing \$3.5 million across four years to pilot regional and rural transport initiatives across NSW in partnership with local councils and health districts.**

### **Introduce Trials for Mandatory Mental First Aid Training for Frontline Staff**

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

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<sup>12</sup> 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>

<sup>13</sup> Ibid.

<sup>14</sup> 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/>

<sup>15</sup> Shoalhaven City Council, 2013, 'Shoalhaven Student Pathways Pass', accessed at <http://doc.shoalhaven.nsw.gov.au/Displaydoc.aspx?Record=D13/88692>

behaviours towards individuals with mental health problems.<sup>16</sup> 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.<sup>17</sup>

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.

**Youth Action recommends investing \$15 million to trial and assess mandatory mental first aid training for all frontline workers in three trial sites in NSW across three years. Frontline workers to be trained should include those who have high contact with young people including doctors, paramedics, teachers, nurses and community service professionals.**

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<sup>16</sup> 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.

<sup>17</sup> 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.