



YOUTH SUICIDE PREVENTION POLICY POSITION STATEMENT DECEMBER 2021

POSITION

1. Australian governments should prioritise investment in youth-specific early intervention strategies, with particular priority on programs and services that are co-designed with young people. This should include suicide prevention training for those who work directly with young people and in 'gatekeeper roles'.
2. Australian governments should prioritise ensuring that support services are equipped to respond to the needs of young people in suicidal crisis, by having services informed by co-design with young people and research evidence on how best to address suicide risks in young people.
3. Australian governments should implement universal, in-school preventative education mental health and suicide prevention programs for young Australians, and the development of help-seeking skills and knowledge should be built into the national curriculum.

CONTEXT AND COMMENTARY

Suicide is the leading cause of death among young Australians 15-24 years with over one third of deaths in this cohort due to suicide.¹ Particular groups of young Australian's are at elevated risk. Young males aged 15-24 years have a suicide death rate of 21.2 per 100,000, compared with 6.7 for young females. For Aboriginal and Torres Strait Islander young people aged 15-24, the rate of death by suicide per 100,000 was 58.9, compared with 18.5 for non-indigenous young people.² Other groups of young people at higher risk include those in rural and remote areas, those in contact with the justice system, those leaving statutory care, those who have been exposed to suicide or suicide-related behaviour, and LGBTIQ+ young people.³

The COVID-19 pandemic has been incredibly disruptive for young people. It has impacted their schooling, saw the loss of key milestones and created great uncertainty for the future. During this time, Kids Helpline have reported significant increases in calls from young people experiencing suicidality.⁴ Self-harm and suicidal ideation-related hospital admissions have also increased for young people in some jurisdictions.⁵

¹ Australian Bureau of Statistics (2021) *Causes of Death, Australia, 2020*, available online at <<https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2020>>.

² Ibid

³ Robinson, J, Bailey, E, Browne, V, Cox, G, & Hooper, C. *Raising the bar for youth suicide prevention*. Melbourne: Orygen, The National Centre of Excellence in Youth Mental Health, 2016.

⁴ Batchelor, S., Stoyanov, S., Pirkis, J., & Kölves, K. (2021). Use of Kids Helpline by Children and Young People in Australia during the COVID-19 Pandemic. *Journal of Adolescent Health, 68*(6), 1067-1074.

⁵ Australian Institute of Health and Welfare (2021) *Suicide & self-harm monitoring: Intentional self-harm hospitalisations*, available online at <<https://www.aihw.gov.au/suicide-self-harm-monitoring/data/intentional-self-harm-hospitalisations>>.

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The need for youth-specific, co-designed early intervention strategies

Youth suicide prevention requires a multifaceted approach with targeted and co-designed early interventions and programs to support the health and wellbeing of young Australians. This approach helps address the risk factors and barriers to help seeking young people experience.

Early intervention and prevention supports for young people are needed to capture at-risk young people before they reach crisis point. Although rate of deaths by suicide is comparatively low in younger children compared to older children and young people,⁶ distress can start at an early age. For example, in 2017, Kids Helpline received 13,233 contacts from children aged 5-12 years (13% of total contacts).⁷ Governments across Australia should invest in evidence-based early intervention strategies to support young Australians.

These strategies should be tailored to address the risk factors unique to young Australians, and should match their help seeking behaviours. They also must take into account the diversity of young people and their different characteristics and needs. For example, differences in ages and developmental stages; a study into youth suicide using data collected from the Queensland Suicide Register over the period 2002 – 2011 identified differences in characteristics among adolescents and young adults.⁸ Suicides among adolescents report 'higher prevalence of family conflicts, school-related problems and suicides in social groups' in comparison to young adults who experienced higher prevalence of mental illness and relationship problems.⁹ In addition, the specific characteristics and needs of different genders, of lesbian, gay, bisexual, transgender and intersex people, should be addressed, as well as tailoring support to the specific contexts in which they live (such as urban and remote locations, and disadvantaged areas).

As well as utilising the best available research evidence to design strategies, it is critical that young people themselves are involved in the process of developing strategies. Children and young people have the right to say what they think should happen when adults are making decisions that affect them and to have their opinions taken into account.¹⁰ And in addition, children and young people are experts in their own lives. Strategies designed without their input will fail to benefit from the insights they can provide and will be less effective as a result.

An example of an early intervention strategy that warrants investment is implementing a comprehensive program of youth-specific gatekeeper training for people who regularly interact with young people: for example, teachers, social workers, youth workers, Government employees and frontline workers in mental health. Gatekeeper training, also referred to as community-based or connector training, is training that seeks to upskill individuals in the community, so they have the knowledge and skills to recognise suicidal behaviours or signs of distress, provide immediate support, and connect the person in crisis to support services.¹¹

An Australian review of training in education-based and youth settings internationally found community members who have completed gatekeeper training feel better equipped to respond to a

⁶ Australian Bureau of Statistics (2021) *Causes of Death, Australia, 2020*, available online at <<https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2020>>.

⁷ yourtown (2018). yourtown Kids Helpline Insights 2017: National Statistical Overview, available at <<https://www.yourtown.com.au/sites/default/files/document/2017%20KHL%20Insights%20Report%20-%20Statistical%20Overview.pdf>>

⁸ Kolves, K. & De Leo, D. (2015). Child, adolescent and young adult suicides: A comparison based on the Queensland Suicide Registry, *Journal of Child & Adolescent Behavior*, 3(3).

⁹ Ibid.

¹⁰ UN Commission on Human Rights, *Convention on the Rights of the Child*, 7 March 1990

¹¹ Gould, M.S., Greenberg, T., Welting, D.M. & Shaffer, D. (2003). Youth suicide risk and preventative interventions: A review of the past 10 years, *Journal of the American Academy of Child & Adolescent Psychiatry*, 42:4.

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young person experiencing suicidality.¹² Research into the efficacy of gatekeeper training in US university settings found suicide-specific skills improved among training participants.¹³ Similar results are evidenced in a study examining the efficacy of a suicide prevention gatekeeper training to school staff in Australia.¹⁴ A systematic review of school-based suicide prevention interventions further identified gatekeeper training and screening programs as most likely to yield positive results.¹⁵

The need for youth-specific, co-designed services for young people in crisis

In addition to early intervention strategies, there must be appropriate and accessible supports for young people who are in suicidal crisis. Young people often experience a number of barriers to seeking help from an adult. According to research undertaken by the NSW Mental Health Commission into the barriers school students experience in help-seeking for mental health issues, young people report that embarrassment, uncertainty, concern at breaking the trust of their friend, and feeling as though the situation would become worse if an adult was involved are factors that prevent them from help seeking.¹⁶ It is notable that many of these barriers relate to concerns young people have about the reaction of adults to their help-seeking, and there is clear evidence that young people who have attempted suicide sometimes receive a negative response from frontline health professionals that substantially impacts their help-seeking in future.¹⁷

It is critical when young people in suicidal crisis seek help that their first point of contact with professional support provides a compassionate and effective response. To ensure this Australia needs support services that are equipped to respond to the needs of young people. And to do this will require that services are informed by co-design with young people and research evidence on how best to address suicide risks in young people.

Equip young Australians to identify and respond to signs of distress

Australian research into the barriers and support young people face seeking mental health support identified 71% of the 3,241 student participants had known someone with a mental health problem and more than half (64%) had known a peer with a mental health problem.¹⁸

Research identifies most young people experiencing suicidality do not seek help from mental health services and are more likely to seek help from peers.¹⁹ Where young people with a probable serious mental illness are comfortable reaching out for help, the significant majority will seek support from

¹² Lipson, S.K. (2014). A comprehensive review of mental health gatekeeper-trainings for adolescents and young adults, *International Journal of Adolescent Medicine and Health*, 26(3); De Silva, S., Simpson, R. & Parker, A. (2020). Does gatekeeper training prevent suicide in young people?, *Research Bulletin, Orygen: The National Centre of Excellence in Youth Mental Health*.

¹³ Cross, W., Matthieu, M.M., Lezine, D. & Know, K.L. (2010). Does a brief suicide prevention gatekeeper training program enhance observed skills?, *National Library of Medicine*, 31(3).

¹⁴ Robinson, J., Green, G., Spittal, M.J. & Templer, K. (2016). Impact and acceptability of delivering Skills-based Training on Risk Management (STORM) in Australian secondary schools, *ResearchGate*.

¹⁵ Robinson, J., Cox, G., Malone, A., Williamson, M., Baldwin, G., Fletcher, K. & O'Brien, M. (2013). A systematic review of school-based interventions aimed at preventing, treating, and responding to suicide-related behaviour in young people, *Crisis*, 34(3).

¹⁶ NSW Commission for Children and Young People & Mental Health Commission of NSW. (2014). Support in tough times: encouraging young people to seek help for their friends, *NSW Commission for Children and Young People, Mental Health Commission of NSW*, Sydney.

¹⁷ Robinson J, McCutcheon L, Browne V, Witt K. Looking the other way: Young people and self-harm. *Orygen, The National Centre of Excellence in Youth Mental Health*, Melbourne, 2016; Rosebrock, H. Y., Batterham, P. J., Chen, N. A., McGillivray, L., Rheinberger, D., Torok, M. H., & Shand, F. L. (2021). Nonwillingness to return to the emergency department and nonattendance of follow-up care arrangements following an initial suicide-related presentation. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*; Byrne, S. J., Rice, S. M., Bendall, S., Lamblin, M., Boubis, E., McGregor, B., & Robinson, J. (2021). A Qualitative Account of Young People's Experiences Seeking Care from Emergency Departments for Self-Harm. *International journal of environmental research and public health*, 18(6), 2892.

¹⁸ NSW Commission for Children and Young People & Mental Health Commission of NSW. (2014). Support in tough times: encouraging young people to seek help for their friends, *NSW Commission for Children and Young People, Mental Health Commission of NSW*, Sydney.

¹⁹ Michelmore, L. & Hindle, P. (2012). Help-seeking for suicidal thoughts and self-harm in young people: A systematic review, *Suicide and Life-Threatening Behaviour*, 42(5).

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their friends.²⁰ This indicates a need for programs that address barriers to help-seeking, and that increase young people's likelihood of seeking help either for themselves or for a peer who has sought their help.

Although some research has identified low mental health literacy and inability to recognise symptoms of poor mental health as a key barrier to mental health help-seeking behaviour in young people,²¹ this is contested. Other research has found that the majority of young people are able to accurately perceive a problem presented in a scenario as serious, and that the knowledge that young people lack is of where and from who to seek help.²² Consultations with young people show a general desire to know more about mental health, but also a strong desire to know more about the services that are available to help and how to access them.²³ These findings indicate that programs delivering education to both better understand mental health and wellbeing, and develop enhanced help seeking abilities, would be beneficial. And there is evidence that such programs have impact on attitudes to help-seeking, psychological distress and suicide.²⁴

All young Australians need to be equipped with the knowledge and skills to identify signs and symptoms of poor mental health and be able to respond to their peers who are experiencing mental health problems. Due to their access to young people, education settings are best placed to deliver mental health literacy to ensure young people are equipped with the tools needed to manage and respond to mental health problems. Universal preventative education is necessary if we are to ensure no young person falls through the gaps due to socio-economic status or other factors.

²⁰ Mission Australia & Black Dog Institute. (2017). Youth mental health report: Youth survey 2012-2016, available online at <https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/2017-youth-mental-health-report_mission-australia-and-black-dog-institute.pdf?sfvrsn=6>.

²¹ Gulliver, A., Griffiths, K.M. & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review, *BMC Psychiatry*, 10(113).

²² NSW Commission for Children and Young People & Mental Health Commission of NSW. (2014). Support in tough times: encouraging young people to seek help for their friends, *NSW Commission for Children and Young People, Mental Health Commission of NSW*, Sydney.

²³ NSW Advocate for Children and Young People (2019) *Mental health and wellbeing needs of children and young people: ACYP consultation and polling findings*, available online at <<https://www.acyp.nsw.gov.au/mental-health-consultations-report-2019>>.

²⁴ Maple M, Wayland S, Pearce T, Hua P. (2018) *Services and programs for suicide prevention: an Evidence Check rapid review brokered by the Sax Institute for Beyond Blue*.

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