

Prevention of youth suicide in New South Wales

NSW parliamentary
inquiry submission

A close-up, dramatic photograph of a young woman with dark hair. She is sitting with her head resting in her hands, looking down with a somber expression. Her body language conveys a sense of despair or deep distress. The lighting is low-key, highlighting her face and hands against a dark background.

**MISSION
AUSTRALIA**

Mission Australia's submission: Inquiry into Prevention of Youth Suicide in New South Wales

About Mission Australia

Mission Australia is a national non-denominational Christian organisation that delivers evidence-based, client-centred community and employment services. In the 2015-16 financial year we supported over 131,000 Australians through 452 programs and services across Australia. We work with families and children, young people and people experiencing homelessness and also provide specialist services for mental health, disability and alcohol and drug issues.

Mission Australia provides a range of holistic, wrap around services in New South Wales (NSW) including a number of mental health services such as Personal Helpers and Mentors (PHaMs), Partners in Recovery (PIR), Family Mental Health Support Services (FMHSS), and a range of other supports targeting young people.

We welcome the opportunity to provide input to the inquiry on the prevention of youth suicide in NSW. This submission focuses on the terms of reference in relation to provision of services in local communities and provision of services for vulnerable and at risk groups.

Key recommendations

- Evidence-based universal mental health prevention and intervention programs should be provided for young people, particularly targeting young people with a history of or at risk of suicide. This will require additional government funding for schools or services to resource these programs.
- Youth specific community based, recovery oriented supports are needed to complement clinical and acute care services.
- Parents, friends, family and the schools need to be equipped to provide support to young people when they seek help in relation to mental health, including suicide, suicide ideation and self-harm.
- Increased investment in the non-government sector to provide primary and secondary psycho-education and targeted mental health support for young people.

- A gendered approach to the mental health of young people is required that takes into account help seeking preferences, as well as other social pressures such as gender-based discrimination, emotional literacy and ideals of appearance.
- Aboriginal and Torres Strait Islander young people need access to culturally sensitive and age appropriate mental health services that are close to their homes. Intergenerational disadvantage must also be addressed as a priority with these efforts led by Aboriginal elders and communities.
- Programs specific to disengaged young people from CALD backgrounds and LGBTI young people should be implemented to re-engage them with families, friends, schools and their local communities, whilst providing other holistic, wrap around supports to address their mental health, housing, drug and alcohol and other similar challenges.
- A range of timely, culturally and age appropriate early intervention programs should be in place to educate young people about ‘mental health first aid’ and currently available avenues of support to prevent youth suicide.
- Pragmatic measures such as peer support networks or peer mentoring should be adopted to support young people who have attempted suicide or have suicidal ideation, where appropriate.
- Both technological solutions and face-to-face service delivery should be supported and invested in to meet the mental health needs of young people.
- Young people should be engaged in co-designing youth-friendly mental health services and as advocates on important mental health issues. Young people experiencing mental illness or have attempted suicide should be recognised as experts in their own lives.

Background

Youth suicide is a pressing concern for young people and their families. Nationally, suicide was the leading cause of death among people aged 15 to 44 years in 2015.¹ In NSW, nearly 250 young people (179 males and 64 females) aged 15 to 24 died by suicide during 2015.² In addition to mental health conditions, a range of emotional and environmental causes such as feelings of rejection and loss, academic pressure or experiences of bullying, abuse and neglect, alcohol and drugs misuse can be factors behind youth suicide.³

¹ Australian Bureau of Statistics, *Suicide in Australia, 3303.0 - Causes of Death, Australia, 2015*, accessible at: <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2015~Main%20Features~Intentional%20self-harm:%20key%20characteristics~8>

² Health Stats NSW, *Suicide*, accessible at: http://www.healthstats.nsw.gov.au/Indicator/men_suidth/men_suidth_age

³ R. M. Homes and S. Homes, Suicide: Theory, Practice and Investigation, *Youth and Suicide*, 2005, Ch. 4, p. 39 – 50.

Stigma and negative attitudes towards mental health issues and suicide may prevent young people from seeking support or accessing services. In addition to these, perceptions among young people that there is a lack of culturally sensitive services, concerns in relation to confidentiality and privacy, and language barriers may also preclude young people from accessing services.⁴

Mission Australia's *Youth Mental Health Report 2012 - 2016*, based on Mission Australia's annual youth survey found that around one third of young people with a probable serious mental illness were highly concerned about *suicide* (32.3%), compared to less than one in thirteen young people without a probable serious mental illness (7.6%).⁵ A greater proportion of Aboriginal and Torres Strait Islander respondents indicated being highly concerned about *suicide* compared to their non-Indigenous peers (41.9% compared with 31.4% 'extremely' or 'very' concerned).⁶

All these factors demonstrate the particular vulnerabilities of young people and the need to identify suicide prevention strategies that are tailored to their personal needs and circumstances.

The Commonwealth government is currently developing the Fifth National Mental Health Plan which has a strong focus on suicide prevention. The NSW policies and strategies to prevent youth suicide should complement the Commonwealth Government measures whilst providing coordinated, flexible, wrap-around services to young people experiencing mental health issues.

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

While many young people will receive support from their family, school and other sources during times of need, other young people may be disengaged from the typical support channels such as the health services, schools or educational institutions and other community organisations that provide supports to people with mental health issues. Government and other relevant bodies must adopt meaningful strategies to engage these young people at risk and this can be achieved through better coordination and communication between the local communities including schools, families, sports and youth clubs, and religious institutions.

The services delivered in local communities must identify a range of avenues that young people are more likely to access and provide appropriate outreach to reach young people within their local communities. Mission Australia has delivered numerous successful programs in schools that support the health and wellbeing of young people and also address the underlying mental health concerns of young people.

⁴ Government of South Australia, *Working with Vulnerable Youth: Key Concepts and Principles*, 2010, p. 5 and Suicide Prevention Australia, *Position Statement: Overcoming the Stigma of Suicide*, 2010,

⁵ Mission Australia and Blackdog Institute, *Youth Mental Health Report 2012- 2016*, 2017, accessible at:

<http://www.missionaustralia.com.au/news-blog/blog/the-five-year-youth-mental-health-report-has-launched>

⁶ Ibid

The Pinnacle of Success run by Mission Australia Youth Connections

The Pinnacle of Success is a mobile youth adventure educational program challenging the young participants through a range of activities around adventure, team building, motivation and personal development. The events include, scaling ladders, walking tight ropes, rock climbing, abseiling, and other similar physical activities.

Health workers from other services such as the Coomealla Health Aboriginal Corporation attend the youth events organised by Pinnacle of Success and provide young people with information about the services and supports available to them.

Research has identified a clear nexus between creativity as a means of addressing mental illnesses.⁷ Creative arts therapies such as dance, music, poetry, drama and art also provide opportunities for young people to express their emotions symbolically that they may otherwise not be able to communicate with others.⁸

Creative Youth Initiative (CYI)

CYI, is a unique service that provides free TAFE accredited creative programs for young people aged 16-25 who are facing various challenges in their lives, such as homelessness, mental health concerns, substance abuse, family breakdown, unemployment or poor education.

Based in Surry Hills at the Mission Australia Centre (MAC), CYI helps young people to develop their creativity through the visual arts program, '*Artworks!*' and the music program, '*Sounds of the Street*'. These programs build self-esteem, encourage self-expression and provide positive learning experiences in a safe and supportive environment. In addition, they provide young people with the opportunity to access free training programs run in partnership with TAFE as well as personalised individual support through an in-house social worker who assists students to address a myriad of underlying social, spiritual, physical and mental health concerns.

An evaluation of CYI demonstrated how young people used art and music as positive coping strategies and provided inspirations to persevere when the other issues in their lives were causing emotional and psychological distress.⁹

⁷ Mission Australia, *Creative Youth Initiative - That Thing That Changed Everything: Using Creativity as a Tool for Positive Change in Young People's Lives*, 2010, p.6.

⁸ J. Murphy, *Coping with Teen Suicide*, New York, 1999, p.84.

⁹ Mission Australia, *Creative Youth Initiative - That Thing That Changed Everything: Using Creativity as a Tool for Positive Change in Young People's Lives*, 2010, p. 44.

Case study

Christian, a young person who attempted suicide in 2016 was one of the participants in Mission Australia's CYI 'Sounds of the Street' program. Christian along with other young people released their music album entitled 'Mess' in February 2017. Christian stated that the opportunity to work with a group of young people who are going through similar experiences made it more comfortable for him to express his emotions through music.¹⁰

Due to social stigma in relation to suicide and mental health issues, young people may not seek help in the early stages. It is important to raise community awareness about mental health issues and suicide including detecting warning signs of suicide ideation or self-harm. Different people respond to services differently, therefore, the suicide prevention services must be adaptable to cater for the personal circumstances and needs of the individual.¹¹

Homelessness and mental health

Results from Swinburne University's *The Cost of Youth Homelessness in Australia* study found that, when compared to the general population, young people experiencing homelessness had higher levels of psychological distress, much higher incidence of reported non-suicidal self-injury and attempted suicide ... poorer health outcomes and higher prevalence of mental health conditions.¹² In addition to services targeted at young people experiencing homelessness, specialist mental health supports are needed for young people who are exiting out of home care, leaving juvenile justice facilities or prisons, or long-term health or mental health care facilities to ensure a smooth transition to the community and adulthood.

The Youth Mental Health and Homelessness report produced by Mission Australia found that having a probable serious mental illness increased the likelihood that a young person had spent time away from home.¹³ It was also reported that young people who reported they were 'very concerned' or 'extremely concerned' about family conflict, depression, coping with stress and suicide were far more likely to have spent time away from home.¹⁴

¹⁰ABC, ABC TV Midday Report speaks to Sounds of the Street, accessible at:

<https://www.youtube.com/watch?v=6dBuT3qj5Wo>

¹¹NHMRC Centre for Research Excellence in Suicide Prevention, Black dog Institute and Mental Health Commission NSW, *Proposed Suicide Prevention Framework for NSW*, 2015, p. 10.

¹²P. Flatau, et al. *The cost of youth homelessness in Australia study: Snapshot report 1*, 2014, accessible at: <https://www.missionaustralia.com.au/publications/research/young-people>

¹³Mission Australia, *Youth Mental Health and Homelessness Report*, 2016, p.5 accessible at:

<https://www.missionaustralia.com.au/publications/research/young-people>

¹⁴Ibid p.15.

Ryde project

The Ryde project, based on the successful Geelong Project¹⁵, aims to reduce youth homelessness and educational disengagement by building capacity and resilience, ensuring safe and supportive environments, maintaining positive engagement with education, and connecting young people and families to their community. This is achieved through the universal screening of young people and the provision of support to schools, young people, and their families through a collaborative network of the partners that make up The Ryde Project.

The Ryde project provides vital early intervention supports to young people through early identification and immediate provision of wrap around supports to address a range of issues.

A safe and secure home with positive family and/or community relationships needs to be at the centre of all support services for young people. Services targeting suicide prevention among young people must focus on providing wrap around services that encompass all the support elements including addressing housing and homelessness, domestic and family violence, mental health issues and prevention of abuse.

Reconnect

The Commonwealth funded Reconnect program uses community-based early intervention services to assist young people aged 12-18 years who are homeless or at risk of homelessness, and their families. The aim is to improve family relationships so the young person may be able to return to the family home. If this is not possible, the young person will be supported to obtain alternative housing. In addition the young person will be supported to remain engaged at school and to address their other needs, such as mental health, addiction issues and life skills. This program also supports young people who have demonstrated suicidal ideation or have previously attempted to end their lives.

Mission Australia's evaluation of the Reconnect program found that young people who participated in this program demonstrated positive outcomes in relation to control over life, housing permanency, and relationships within families and with the community.¹⁶

¹⁵ The Geelong Project has modelled a 'community of schools and youth services' approach to early intervention by using population screening, a flexible practice framework and youth-focused, family-centred case management as well as a collective impact approach. The model builds-in longitudinal follow-up and support to reduce homelessness, and achieve sustainable education and lifetime outcomes. See further: D. Mackenzie, M. Thieking, *The Geelong Project: A community of schools and youth services model for early intervention*, 2013, Swinburne Institute for Social Research, Swinburne University, accessible at: <http://www.thegeelongproject.com.au/wp-content/uploads/2013/09/The-Geelong-Project-FAHCSIA1.pdf>

¹⁶ Mission Australia, Reconnect Evaluation 2016, 2016 Accessible at:
<https://www.missionaustralia.com.au/documents/687-reconnect-evaluation-report/file>

Case study

Mary* was 18 years old when she came to the Canterbury Bankstown Youth Services residential facility. She had experienced domestic and family violence, sexual assault and drug and alcohol abuse. She was also diagnosed with an intellectual disability. Mary had been hospitalised on numerous occasions due to suicide attempts.

She was provided coordinated supports including the support of an adolescent and family counsellor and case management. Mary was also linked with NEAMI and received drug and alcohol support from the Ted Noffs PALM program.

Mary demonstrated signs of suicidal ideation while at the service a number of times and staff members followed policies and relevant protocols and took Mary to the hospital for her safety. These incidents were less frequent as the client became more comfortable with receiving supports.

The client was supported to obtain priority housing through the Department of Housing and moved out of the residential facility into her own long term property.

*Name has been changed to protect the individual's identity.

The role of technology

As per Mission Australia's *Youth Mental Health Report 2012 - 2016*, young people with a probable serious mental illness were relatively more likely to go to the internet, online counselling websites, telephone hotlines, community agencies and magazines.¹⁷ This demonstrates that the use of online technologies is increasingly playing a major role in the delivery of mental health services and supports to young people, including information, prevention, assessment, diagnosis, counselling and treatment programs targeting various conditions and levels of severity.¹⁸

There are numerous evaluated, award-winning online support provision models such as tele-psychiatry, virtual clinics that provide stepped mental health services to adolescents, and targeted suicide prevention mobile apps, that can be further expanded to provide effective mental health supports to young people.¹⁹

However, technology is not a reliable or viable option for some young people, particularly those who are in remote or rural areas. Furthermore, many people with complex and persistent mental health issues who would benefit from these online resources may lack the awareness, skills and technology necessary

¹⁷ Mission Australia and Blackdog Institute, *Youth mental health report Youth Survey 2012-16*, 2017, p. 23 accessible at: <https://www.missionaustralia.com.au/publications/research/young-people>

¹⁸ Ibid p.30.

¹⁹ See further: Mental Health Service Awards of Australia and New Zealand, *Outstanding Contribution to Mental Health Service Awards*, accessible at: <http://www.themhs.org/pages/award-winners.html>

to access and utilise them.²⁰ Therefore, in addition to the online platforms, services targeted at young people should be available in a range of methods to interact with professionals including face to face and via telephone.

Rural and regional communities

Research has indicated that suicide rates among young people increase with the remoteness of the location.²¹ In addition, limitations with access to health and mental health services in rural and regional communities can increase risk of suicide among young people with unrecognised or untreated mental health issues.²²

Social isolation including limited social interaction with people of similar ages and lack of emotional supports, heighten the risk of suicidal ideation and self-harm in adolescents, particularly those in rural and remote areas.²³ Access to specialist mental health services in rural and regional communities is challenging. It was revealed that less than 8% of young people who need support from Child and Adolescent Mental Health Services are receiving the necessary support.²⁴ Additionally, access to allied health services in rural and regional communities is less than half of that of metropolitan services.²⁵ It is important to note that some of these challenges are similar in metropolitan areas due to the rising demand for youth mental health services.

Trust is an essential element in service provision as young people need to feel that the engagement with services will not compromise their privacy or identity, especially in the context of mental health supports.²⁶ Building these relationships require thoughtful investments of time and resources. However, this can be challenging in rural and regional areas due to high staff turnover ratios,²⁷ lack of accredited

²⁰ S. Kauer, *Do Online Mental Health Services Improve Help-Seeking for Young People? A Systematic Review*, J Med Internet Res. 2014 Mar; 16(3): e66.

²¹ J. Crockett, There's nothing the *@#! wrong with me' Youth mental health and substance use in rural and remote Australia and the potential role of school-based interventions., in *Youth Studies Australia*, 2012, 31(1), 53-59.

²² National Rural Health Alliance, *Suicide in rural Australia*, Factsheet 14, 2009, accessible at: http://ruralhealth.org.au/sites/default/files/fact-sheets/fact-sheet-14-suicide%20in%20rural%20australia_0.pdf

²³ See further: K. Endo, et al, Preference for Solitude, Social Isolation, Suicidal Ideation, and Self-Harm in Adolescents, In *Journal of Adolescent Health*, Volume 61, Issue 2, August 2017, Pages 187-191, and Heath Stats NSW, *Suicide*, 2001 – 2015, accessible at:

http://www.healthstats.nsw.gov.au/Indicator/men_suidth/men_suidth_comparison

²⁴ J. Crockett, There's nothing the *@#! wrong with me' Youth mental health and substance use in rural and remote Australia and the potential role of school-based interventions., in *Youth Studies Australia*, 2012, 31(1), 53-59, p. 54.

²⁵ Standing Council on Health, *National Strategic Framework for Rural and Remote Health*, 2016, p. 11.

²⁶ W. Gaebel, et al, EPA guidance on building trust in mental health services in European Psychiatry 29, 2014, 83–100.

²⁷ Rural Health West, *Critical success factors for recruiting and retaining health professionals to primary health care in rural and remote locations: contemporary review of the literature*, 2014, p. 9.

professionals such as therapists, nurses and psychologists, and uncertainty of funding²⁸ to continue support programs. Numerous approaches have been trialled to address some of these issues including up-skilling the current workforce, incentives for staff to remain in regional areas, fly-in fly-out services and online service provision mechanisms. In addition to the above, peer support models are also an option that could be further explored.²⁹ Investment in the non-government sector to provide primary and secondary psycho-education and targeted mental health support for young people may also resolve workforce shortage issues in rural and regional areas.

Services such as Housing and Accommodation Support Initiative (HASI) and HASI Plus that provide wrap around supports for people experiencing mental health issues also face increased challenges in rural and remote areas due to the limited availability of appropriate services that people can be linked with.

Case study

Tina* is an 18 year old female who struggled with mental health issues since starting high school. Experiences of physical, verbal and emotional abuse, bullying and neglect had contributed to major bouts of depression and several suicide attempts which resulted in many lengthy stays in hospital mental health units.

Mission Australia's Canterbury Bankstown Youth Service provided her with residential holistic, wrap-around supports to build trust and positive relationships with other residents in the facility and the staff. She was provided with a range of supports to cope with times when she felt helpless and other mental health supports to suit her needs.

She became emotionally strong enough to make her own decision to move back with family and is waiting to start a nursing course.

*Name has been changed to protect the individual's identity.

Provision of services for vulnerable and at-risk groups

The challenges faced by young people with suicide ideation or who have previously attempted to end their life are similar across all young people, however the cultural background, life experiences, age group, physical disabilities, sexuality and a range of other reasons may impact on how young people access and respond to services.³⁰

²⁸ Mental Health Australia, *Continuity of Funding Survey – At a Glance*, 2014, accessible at: https://mhaustralia.org/sites/default/files/docs/continuity_of_funding_survey - at_a_glance.pdf

²⁹ C. Kelly, A. Jorm and A. Wright, *Improving mental health literacy as a strategy to facilitate early intervention for mental disorders*, Volume 187 Number 7, 2007, p. 26-30.

³⁰ The NSW Technical and Further Education Commission, *Identify and respond to children and young people at risk: Participant's Manual*, 2010, p.11.

The current statistics reveal high rates of youth suicide among certain cohorts of young people such as young men, Aboriginal and Torres Strait Islander young people, young people with a refugee background and young people with drug and alcohol misuse related issues.³¹ Thus, the new prevention strategies must focus on each of the cohorts at risk and develop pragmatic policies by focusing on the intersectionality of risk factors to provide targeted supports and services.

Family Mental Health Support Services (FMHSS)³²

FMHSS aims to improve mental health outcomes for children and young people, and their families, by providing early intervention support to assist vulnerable families with children and young people who are at risk of, or affected by, mental illness.

These services support parents to reduce stress and support young people to reach their potential. The supports include intensive, long-term, early intervention support for children, young people and their families which may include: assessment and identification of needs; practical assistance and home-based support; linking with other relevant services; and targeted therapeutic groups.

Highest priority is given to vulnerable children and young people, and their families, including those from Aboriginal and Torres Strait Islander or culturally and linguistically diverse (CALD) backgrounds, children and families in contact with the child protection system, and young people transitioning from out-of-home care.

Programs such as headspace and eheadspace that provide early intervention mental health services to 12-25 year olds, along with assistance in promoting young peoples' wellbeing have been effective in addressing youth mental health issues among young people.³³ An evaluation of headspace conducted in 2015 found that the support model was successful in attracting some young people from marginalised and at-risk groups, as well as young people traditionally disadvantaged in their access to mental health care.³⁴ Continuous funding is vital for these early intervention programs, including further promotion of available supports among at risk groups.

³¹ See further: Heath Stats NSW, *Suicide 2001-2015*, accessible at:

http://www.healthstats.nsw.gov.au/Indicator/men_suidth/men_suidth_comparison

³² Department of Social Services, Family Mental Health Support Services (FMHSS), accessible at:

<https://www.dss.gov.au/our-responsibilities/mental-health/programmesservices/family-mental-health-support-service-fmhss>

³³ Headspace, Who we are, accessible at: <https://www.headspace.org.au/about-us/who-we-are/>

³⁴ F. Hilferty, et al, *Is headspace making a difference to young people's lives? Final Report of the independent evaluation of the headspace program*, PRC Report 08/2015, Sydney, p.3, accessible at:

<https://www.headspace.org.au/assets/Uploads/Evaluation-of-headspace-program.pdf>

It is also estimated that for every death by suicide, as many as 30 people attempt to end their lives.³⁵ In addition to supporting young people with suicide ideations, targeted after care and crisis care must be available to young people who have previously attempted to end their life. The support services must have mechanisms to engage the young person's family members, peers and the community to ensure that these young people receive the necessary supports.

Case study

When Kate* an 18 year old female came to the residential facility, she was diagnosed with anxiety and depression and was on medication. She was not working or studying at the time.

Kate informed the staff that she was depressed and had intended to end her life, and she was admitted to the hospital. She stated that the hospitalisation process was unhelpful. She said "they [the hospital] wasted my time, frustrated me, discharged me and I still want to die".

Kate was linked to an adolescent and family counsellor, she was also given education and employment support. She was enrolled in a makeup course, and was supported to find independent accommodation. Kate moved out with stable mental health, fulltime employment and into a shared private rental property.

*Name has been changed to protect the individual's identity.

Lifespan Integrated Suicide Prevention Program³⁶

Lifespan Integrated Suicide Prevention program developed by the Black Dog Institute, the Centre of Research Excellence in Suicide Prevention and the Mental Health Commission of NSW adopted an innovative and inclusive approach to suicide prevention.

This model involves nine strategies for suicide prevention, including aftercare and crisis care, psychosocial and pharmacotherapy treatments, frontline staff training, school programs, community campaigns and media guidelines. This is being rolled out across 4 sites in NSW, namely, Newcastle, Illawarra, Central Coast and Murrumbidgee.

Evidence based programs such as these must be applied across NSW with necessary financial and human resources.

³⁵ Lifeline, *Statistics on Suicide in Australia*, accessible at: <https://www.lifeline.org.au/about-lifeline/lifeline-information/statistics-on-suicide-in-australia>

³⁶ Lifespan, Integrated Suicide Prevention, accessible at: <http://www.lifespan.org.au/>

Currently mental health supports under programs such as PIR and PHAMS are available to young people (over 18 years and over 16 years respectively). This age limitation can leave young people with limited access to appropriate mental health supports, therefore, it is important to ensure that young people under the ages of 18 years have access to the same level of mental health supports, potentially under a similar model to PIR and PHAMS.

Concerns have been raised in relation to some consumers of community mental health programs who may be ineligible to become National Disability Insurance Scheme (NDIS) participants if they are experiencing episodic and/or moderate mental illnesses. Therefore, it is essential that appropriate services are available for young people to continue receiving community based mental health services even if they are not eligible for the NDIS.

Comorbid alcohol and other drug and mental health issues

It is generally accepted that people with mental health issues are particularly vulnerable to substance abuse and those with substance abuse issues are also particularly vulnerable to mental health issues. There is increasing evidence that integrated treatment models which have the capacity to address both mental illness and substance abuse are both feasible and effective.³⁷ Therefore services that provide wrap around supports for young people with comorbid substance misuse and mental health issues must be increased.

³⁷ M. Deady, M. Teeson, K. Mills, et al, *One person, diverse needs: living with mental health and alcohol and drug difficulties: A review of best practice*. Sydney: NHMRC Centre of Research Excellence in Mental Health and Substance Use, 2013.

Triple Care Farm

Triple Care Farm (TCF) is a residential Alcohol and Other Drugs (AOD) rehabilitation and treatment program for young people aged between 16 and 24 years. Located on 110 acres in the NSW Southern Highlands, TCF is a national service receiving referrals Australia-wide which has been operating for more than 20 years. The program specialises in treating young people with co-morbid mental illness and drug and alcohol problems. The treatment model is a holistic psychosocial rehabilitation program based on harm minimisation and health promotion.

The operational model at TCF is evidence-based and involves a continuous process of service review to adapt to the changing needs of young people. TCF has won several awards for excellence in quality development; clinical and non-clinical services supporting recovery, mental health services for adolescents and services supporting young people.

TCF has had a significant positive social and economic impact on its stakeholders including young people, their families and carers. A recent social return on investment (SROI) showed \$3 of value created for every \$1 invested.³⁸ In June 2017, a new detox facility was opened at TCF which offers a 28-day substance withdrawal and detox program for 10 young people aged 16 to 24 at a time.

Young men

Young men are nearly three times more likely to die by suicide, compared to young women.³⁹ Many young men are brought up with the perception that displaying or speaking about their emotions is a sign of weakness and inconsistent with socially accepted norms of masculinity. Accepted norms may also include high levels of alcohol consumption, violence and aggression as an acceptable way to solve problems, and violence in dating behaviours.⁴⁰ The level of mental health literacy is considerably lower among young people and behaviours such as aggressiveness, dominance, competitiveness are sometimes encouraged or expected.⁴¹

Considering all these factors, the preventative measures targeting young men must be developed with a stepped approach that meet the needs of young men. All support programs targeted at young people must be co-designed with young people in order to ensure the support services are appropriate for their needs.

Early intervention programs such as Manbox, detailed below could be replicated across NSW targeting young men at risk.

³⁸ Social Ventures Australia, Baseline Social Return on Investment analysis: Full report, 2015, accessible at: http://www.missionaustralia.com.au/publications/research/young-people/doc_download/382-triple-care-farm-baseline-social-return-on-investment-analysis

³⁹ Health Stats NSW, *Suicide*, accessible at: http://www.healthstats.nsw.gov.au/Indicator/men_suidth/men_suidth_age

⁴⁰ P. Erwin, *A Critical Approach to Youth Culture*, 2010, p. 124.

⁴¹ T. Rae and L. Pederson, *Developing Emotional Literacy with Teenage Boys*, California, 2008, p.4.

Manbox

The “Manbox” is a Mission Australia mental health and wellbeing intervention run through the Mac River Centre in Dubbo. This initiative uses a strengths based cognitive behavioural program that focusses on building emotional literacy and strengths, understanding domestic and family violence, exploring how we express masculinity and femininity, living our strengths and values, and help seeking behaviours.

Young Men’s Project⁴²

The Young Men’s Project is operated by Youth Focus in Western Australia. It aims to reduce male youth suicide by asking young men to come up with ideas, programs or events to make it easier for their peer group to seek help and shift the way young men think about mental health issues. It can also raise awareness and provide access to safe spaces for young men discuss their mental health issues.

Aboriginal and Torres Strait Islander young people

The recent Productivity Commission report *Overcoming Indigenous Disadvantage: Key Indicators 2016* showed worsening mental health outcomes for Aboriginal and Torres Strait Islander Australians and much worse suicide and self-harm rates compared to non-Indigenous Australians.⁴³ In the years 2001-2010, rates of suicide among Aboriginal and Torres Strait Islander young people aged 15-19 years were found to be four times higher than their non-Aboriginal and Torres Strait Islander peers.⁴⁴

Concerningly, Mission Australia’s *Aboriginal and Torres Strait Islander Youth Report* found that just over 10% of Aboriginal and Torres Strait Islander young people indicated that their happiness level with life was zero (on a scale of 0 – 10) which is significantly higher than for non-indigenous young people.⁴⁵

There is also a significant overlap with rural and regional issues. In Western NSW, just over 45% of the area’s Aboriginal population was under 20 years of age, and it was also reported that Aboriginal people die at a rate 7 times higher than the state average due to mental health and behavioural disorders.⁴⁶

⁴² Young Men’s Project, *Young Men Helping Other Young Men*, accessible at: <http://youngmensproject.com.au/>

⁴³ Productivity Commission, *Overcoming Indigenous Disadvantage: Key Indicators 2016 Report*

p.8.37-8.47.

⁴⁴ Australian Institute of Health and Wellbeing, *Strategies to minimise the incidence of suicide and suicidal behaviour*, 2013, accessible at:

<http://www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Publications/2013/ctgc-rs18.pdf>

⁴⁵ Mission Australia, *National Aboriginal and Torres Strait Islander Youth report*, 2016, p.22, accessible at:

<https://www.missionaustralia.com.au/publications/research/young-people>

⁴⁶ Western NSW Primary Health Network, *Mental Health and Drug & Alcohol Needs Assessment*, 2016, accessible at:

Limited or lack of access to age and culturally appropriate mental health supports in regional and rural areas can increase the risk of suicidal ideation among Aboriginal and Torres Strait Islander young people.⁴⁷

Understanding the Aboriginal worldview on health, mental health and wellbeing is an important foundation for building a culturally appropriate service system for Aboriginal and Torres Strait Islander Australians. Research has found that programs that show positive results for Aboriginal wellbeing are those which encourage self-determination, community governance, reconnection, community life, restoration and community resilience.⁴⁸

It is particularly important that Aboriginal and Torres Strait Islander people living with mental illnesses have access to appropriate prevention and early intervention approaches, equity of access, quality care, coordination and integration, and that progress towards equity is measured. This should all occur within a culturally and historically sensitive framework.

Developing the Aboriginal health workforce and peer workforce as well as involving communities in service design and delivery are important first steps in more culturally sensitive practices.

Lesbian, Gay, Bi-sexual, Transgender and Inter-sex (LGBTI) young people

Young people who identify as LGBTI were found to be six times more likely to attempt to end their life compared to their peers.⁴⁹ Discrimination, prejudice, isolation and family rejection because of their sexuality and gender identity may increase the risk of suicide and suicidal ideation.

Within the LGBTI community, young transgender people had a higher tendency to attempt suicide compared to other LGBI young people.⁵⁰ A report released in September 2017 found that almost 50% of transgender young people in Australia have attempted suicide at some point in their life and over 80% had suicidal thoughts.⁵¹ The report sets out a series of recommendations including enacting transgender inclusive legislation and policies, transgender community-led funding and peer-based, proficient, holistic service provision and the like.⁵²

http://www.wnswphn.org.au/uploads/documents/corporate%20documents/Needs%20Assessment_Mental%20Health%20Drug%20and%20Alcohol%2020160324_Final_UPDATED%20FOR%20WEB.pdf

⁴⁷ P. Dudgeon, R. Walker, et al, *Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander People*: Issues paper no. 12, produced for the Closing the Gap Clearinghouse, 2014, accessible at http://www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Our_publications/2014/ctgc_ip12.pdf

⁴⁸ P. Dudgeon, R. Walker, et al, *Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander People*: Issues paper no. 12, produced for the Closing the Gap Clearinghouse, 2014, accessible at http://www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Our_publications/2014/ctgc_ip12.pdf

⁴⁹ National LGBTI Health Alliance, LGBTI people, Mental Health and Suicide, 2011, p.3 accessible at: http://lgbtihealth.org.au/sites/default/files/Briefing_Paper_FINAL_19_Aug_2-11.pdf

⁵⁰ Ibid

⁵¹ P. Strauss, A. Cook, et al, *Trans Pathways: the mental health experiences and care pathways of trans young people*, Telethon Kids Institute, p.10.

⁵² Ibid

In addition to the above, the National LGBTI Mental Health and Suicide Prevention Strategy identify the following broad measures:⁵³

- Recognition and specific inclusion of LGBTI populations in the development of any child, youth or family strategies, frameworks, programmes and services.
- Timely access to appropriate multi-disciplinary clinical and non-clinical mental health services that have expertise that is appropriate for LGBTI children and young people, and their families.
- Support and resourcing for the establishment, development and growth of LGBTI peer led programmes, services organisations and support groups for LGBTI children and young people.
- Develop and resource mental health and suicide prevention initiatives that specifically target LGBTI children and young people and where available be implemented and delivered by LGBTI peer led organisations that have a core mission of providing programmes and services to LGBTI children and young people.

Mission Australia encourages the adoption of similar policies to prevent the high rates of suicide and suicidal ideation among LGBTI young people.

Migrant and refugee young people

Refugees and asylum seekers are particularly vulnerable to self-harm and suicidal behaviour.⁵⁴ For asylum seekers who spent time in immigration detention, the experience of detention also increased the likelihood of mental health problems such as anxiety, depression, and Post Traumatic Stress Disorder (PTSD), as well as self-harm behaviours and suicidal ideation.⁵⁵

Risk factors of suicidal behaviour among immigrants are influenced by a range of reasons including living circumstances in the host country, experiences in the country of origin and low socio-economic status.⁵⁶ Considering the increase in the number of refugees from Iraq and Syria, a number of positive measures have been adopted by NSW government to support newly arrived young refugees including mental health supports.

⁵³ Commonwealth Department of Health, *National LGBTI Mental Health and Suicide Prevention Strategy*, 2016, p. 25 accessible at: http://lgbtihalth.org.au/wp-content/uploads/2016/12/LGBTI_Report_MentalHealthandSuicidePrevention_Final_Low-Res-WEB.pdf

⁵⁴ AFRAM (Australian Medical Students' Association (AMSA) campaign on Refugee and Asylum Seeker Mental Health), *The Effect of Australia's Policy on Refugee Mental Health*, accessible at: <http://afram.amsa.org.au/the-effect-of-australias-policy-on-refugee-mental-health/>

⁵⁵ K. Ratkowska and D. De Leo, Suicide in Immigrants: An Overview in Open Journal of Medical Psychology, 2013, 2, 124-133.

⁵⁶ ibid

Happy Healthy Minds Program

Mission Australia's Happy Healthy Minds Program (also known as Liverpool Family Mental Health Support Program) provides a range of flexible, responsive, non-clinical mental health support services to meet the needs of young people aged 8–18 years, affected by, or at risk of mental illness. The service offers holistic case management, information and referrals to other services, practical and home based support, education and community development as well as programs and group work activities.

As part of the humanitarian entrant component of the project, young people from refugee backgrounds have been provided with opportunities to participate in a range of activities including a fishing trip to the coast with the support of Liverpool PCYC, Green Valley Police and peer-support workers who shared similar refugee backgrounds.

Successful programs such as these should be continued to ensure young people from refugee backgrounds at risk of mental illness are provided early intervention supports to engage in their new local community.

Young refugees have been reported to be more likely to seek help from friends than from professional sources.⁵⁷ It is important to increase help-seeking behaviour among young people from refugee backgrounds from appropriate sources as well as educate communities about available supports.

A mental health research agenda which also looks at suicide has been developed for young refugees by a consortium of agencies including Centre for International Mental Health, the Victorian Foundation for Survivors of Torture, the Royal Children's Hospital Melbourne and the Centre for Multicultural Youth.⁵⁸ This can be used as a basis for developing a broad multicultural mental health research agenda.

Exposure and Impact of Suicide

Measures adopted to address and prevent youth suicide should also focus on young people who are affected by suicide. In addition to the grief and trauma of learning that a loved one has died by suicide, the family members and friends may experience feelings of guilt, anger, confusion and distress.⁵⁹

The concept of 'suicide contagion' or 'suicide clusters' refers to the process whereby one suicide or suicidal act within a school, community or geographic area increases the likelihood that others will

⁵⁷ H. Minas, et al, *Mental health research and evaluation in multicultural Australia: Developing a culture of inclusion*, 2013, p. 15.

⁵⁸ E. Colucci, H. Minas, et al, *A mental health research agenda for people of refugee background in Australia: a consensus study*, accessible at: <http://refugeehealthnetwork.org.au/wp-content/uploads/Refugee-Research-Agenda-Report.pdf>

⁵⁹ Healthy Place, *Effects of Suicide on Family Members, Loved Ones*, accessible at: <https://www.healthyplace.com/suicide/effects-of-suicide-on-family-members-loved-ones/>

attempt or die by suicide.⁶⁰ Recently, suicide clusters were identified in Mandurah WA⁶¹ and Grafton in NSW⁶² where several young people died by suicide within a short span of time.

Considering the risk factors, it is imperative that practical and immediate preventative measures focus on early detection and provision of timely, early intervention. For instance, in 2015, in response to a high prevalence of youth suicide in Dareton, Mission Australia partnered with Coomealla High School and the Dareton community to provide a program to develop resilience in young people in the community.

Extreme financial pressure and unemployment

Studies have indicated that financial pressure had the largest impact on attempted suicides across all age groups.⁶³ Financial pressure can lead to family breakdown, increased violence within families and can have detrimental impacts on mental health.⁶⁴ Suicide prevention strategies must focus on addressing a range of factors including assisting people who are experiencing financial pressure.

Unemployment has a significant negative impact on physical health and mental health as it contributes to, or accentuates these negative health impacts that can result in increased rates of suicide and mental illnesses.⁶⁵ Unemployment and poor educational outcomes may impact on self-esteem and lead young people to feel that they are a burden to the society.⁶⁶ Employment may provide young people with a sense of purpose and value as well as an opportunity to interact with other people.⁶⁷

⁶⁰ Headspace: School support, *Suicide Contagion: Fact sheet*, accessible at:

<https://www.headspace.org.au/assets/School-Support/Suicide-contagion-web.pdf>

⁶¹ R. Fenner, *Mandurah community reeling after six teenage suicides*, Mandurah Coastal Times, 11 April 2016, accessible at: <http://www.communitynews.com.au/mandurah-coastal-times/news/mandurah-community-reeling-after-six-teenage-suicides/>

⁶² T Bowden, *Youth suicides: Grafton community calls for help over lack of mental health resources* in ABC News, 9 March 2017, accessible at: <http://www.abc.net.au/news/2017-02-06/grafton-locals-call-for-help-over-youth-suicides/8243618>

⁶³ Y. Wang, J. Sareen, T. Afifi, S. Bolton and E. Johnson, Recent stressful life events and suicide attempt in *Psychiatric Annals*, 42.3, 2013, 101-108.

⁶⁴ Relationships Australia, *August 2015: Impact of financial problems on relationships*, accessible at: <https://www.relationships.org.au/what-we-do/research/online-survey/august-2015-impact-of-financial-problems-on-relationships>

⁶⁵ Australasian Faculty of Occupational & Environmental Medicine, *Australian and New Zealand Consensus Statement on the Health Benefits of Work Position Statement: Realising the Health Benefits of Work*, 2014, p.12.

⁶⁶ Boystown, *Preventing Suicide by Young People: Discussion Paper*, 2015, p. 10, accessible at: <https://www.yourtown.com.au/sites/default/files/document/BT-Discussion-Paper-Prevention-of-Suicide-by-Young-People.pdf>

⁶⁷ See further: Social Ventures Australia, *Fundamental principles for youth employment*, 2016, p.18

Transition to Work

The Transition to Work program focuses on young people aged 15-21 who are facing barriers to enter the workforce to pursue employment or further education. Youth employment specialists assist young people in the development of practical skills, connection with education or training providers, engagement with work-experience opportunities and local community services, as well as identifying job opportunities to suit their aspirations and skill set and the needs of the local job market.

By intervening early to help young people to stay in school, engage in training or find work, this service sets young people up for a better future. The program offers practical interventions to assist young people in finding work including: apprenticeships, traineeships or education.

Conclusion

Youth suicide is an escalating issue in NSW that requires timely and effective responses. The service and support responses should focus on the access and equity of services in rural and remote areas and provide additional funding supports to ensure young people in rural areas have access to services as and when the need arises.

It is also imperative that services specifically cater for ‘at risk’ cohorts such as young men, Aboriginal and Torres Strait Islander young people, LGBTI young people, young people from refugee backgrounds as well as young people who were exposed to suicide. Services for comorbid substance misuse and mental health issues are also required.

All future services for young people should be co-designed with young people and include young people from diverse backgrounds to ensure that the services are sensitive and culturally appropriate to meet their specific needs.