



**yourtown** position statement

# Preventing Suicide by Children and Young People



# Foreword by Tracy Adams, **yourtown** CEO

**yourtown** works for tens of thousands of children and young people each year. In addition to direct service delivery, we play a crucial role in speaking up for our nation's children and young people about issues that affect their life outcomes and matters about which they care. Tragically, youth suicide is one of the top reasons children and young people contact our Kids Helpline to seek advice, with 16% of all Kids Helpline counselling contacts being suicide-related in 2017, up from 11% in 2015.

In fact, suicide is the leading cause of death of children and young people in Australia, accounting for more deaths than motor vehicle accidents. Between 2012 and 2016, 89 children aged 0-14 years, 699 adolescents aged 15-19 years and 1,150 young people aged 20-24 years died by suicide.<sup>1</sup> Worryingly, suicide rates for children and young people have increased over the past 10 years.

Every young life lost to suicide is one too many; a tragedy not only for the young person concerned but also for their families, friends and communities of people, causing long-lasting grief and guilt. The good news is that despite the need for further research, suicide is preventable.

## What we know about youth suicide

There are notable gaps in knowledge about, and a lack of focus on, youth suicide and its prevention. However, we do know that suicidality affects groups of young people in significantly different ways.

Young males are at greater risk of death by suicide. Males account for 71% of suicides by young people, whilst young females are around twice more likely to attempt suicide than males.<sup>2,3</sup> The suicide rate for Aboriginal and Torres Strait Islander children is five times that of their non-Aboriginal and Torres Strait Islander peers. Same-sex attracted young people, young people living in rural and remote areas, young people who are in or have been in statutory care, and young people involved with the justice system are also all at higher risk of suicide.

<sup>1</sup> Australian Bureau of Statistics, 2017, Causes of Death, Australia, 2016, cat. no. 3303.0

<sup>2</sup> Ibid

<sup>3</sup> Zubrick, S., Hafekost, J., Johnson, S., Lawrence, D., Saw, S., Sawyer, M., Ainley, J & Buckingham, W. 2016 Suicidal behaviours: Prevalence estimates from the second Australian Child and Adolescent Survey of Mental Health and Wellbeing, Australian & New Zealand Journal of Psychiatry, Vol. 50(9) 899-910.

Research also shows that many people who die by suicide experience some kind of psychiatric disorder, particularly depression, as well as anxiety disorders, substance abuse, psychotic disorders and borderline personality disorder. Yet shockingly, a significant number of young people experiencing mental illness do not have access to prevention services or receive any treatment.

## What we know helps

**yourtown** strongly believes that the voice of young people needs to be heard in the development of policies and interventions designed to prevent youth suicide. In late 2015, we surveyed 472 children and young people who shared their thoughts and experiences of seeking and receiving support for suicide with us. They told us about the stigma attached to seeking help, that when they do reach out for help they are often not taken seriously, and that they just want to be listened to and to not feel judged. This position statement directly reflects and responds to these views.

## Our work in this area

**yourtown** has prioritised youth suicide prevention as a key advocacy priority. Our work has included research with young people affected by suicidal ideation, as well as collaborations with partner organisations. We are currently working with Sydney University trialling social media as a platform for support and there is considerable scope to enhance and expand this tool for suicide prevention.

In this paper, we set out **yourtown's** position on youth suicide, including measures we have identified through our research that are required to prevent youth suicide and to effectively support and treat young people. We hope this paper helps to bring greater focus to this issue, and intend to use it as a means to further our work with our partners to develop more solutions.

# yourtown's position statement

Based on our own research and experience, the voice of young people and the broader research literature, **yourtown** believes that:

## **1. Australia needs a specific, youth suicide prevention strategy**

Rates of suicide and self-harm among children and young people in Australia are unacceptably high. New responses based on the best available evidence are needed to reduce these rates. A specific, youth focused national strategy is needed to set clear objectives and priorities based on evidence of what works with children and young people, to coordinate activities across various levels and arms of government (e.g., state and federal: education, health, etc.) and the not-for-profit sector, to fund rigorous research and evaluation, and to improve data collection to more accurately and comprehensively monitor rates of suicidal thoughts and behaviour.

## **2. Strategies to reduce stigma and to create a help-seeking culture are required**

Suicidal children and young people are often reluctant to seek help because of embarrassment, shame and fear of being judged, ignored or labelled an attention-seeker. Strategies that target the whole community are needed to overcome this stigma and create a culture that encourages help-seeking. To this end, education and campaigns encouraging children and young people experiencing suicidal ideation to talk openly, and for those around them – including professionals, family, friends and the wider community – to listen first, are key. Responsible media reporting on suicide underpins community education, and when appropriate, can help to reduce suicidal behaviour.

## **3. Youth suicide prevention interventions need to be tailored to different groups**

Effective youth suicide prevention requires tailored approaches directly informed by the needs and preferences of children and young people – no single intervention is sufficient. This includes meeting the specific needs and preferences of different genders, of lesbian, gay, bisexual, transgender and intersex people, of the different developmental stages and ages of young people, and tailoring support to the specific contexts in which they live (e.g. urban and remote locations, disadvantaged areas).

In addition, new responses to specifically address high rates of suicide among Aboriginal and Torres Strait Islander children and young people must be developed. It is critical that these interventions are designed in collaboration with Aboriginal and Torres Strait Islander young people and are led by their communities.

## **4. Early intervention is key to prevention and to supporting lifelong mental health and wellbeing**

Early intervention services that provide holistic support and treat emerging mental health problems are a key strategy to preventing suicide and should be available to children and young people of all ages. Kids Helpline data from 2017 revealed that 27% of all contacts

about suicide were from people aged 14 or under. Yet in most states and territories, many children under 12 experiencing suicidal thoughts currently lack access to appropriate mental health services. Too young to access services such as headspace, children under 12 years old urgently need to be able to access appropriate support services tailored to their needs. Early intervention outreach services that can deliver services to young people in environments in which they are comfortable are also required.

## **5. There should be no wrong door to accessing services**

As young people often do not seek help or access services as they fear being judged or not taken seriously, they require a system that is able to recognise and respond to their multiple and holistic needs at any point of entry. Gatekeeper training – training adults who are in contact with children and young people to identify and respond to the needs of those experiencing suicidal ideation – is an integral part of ensuring that there is no wrong door to accessing support and care services.

This includes understanding that young people also worry that sharing their suicidal thoughts with others will result in a disproportionate, 'text-book' or clinical response to their needs. Service and staff responses must focus on the individual needs of the young person in question, rather than simply following an organisational risk-based approach, which inadvertently risks alienating the young person by making them feel unheard.

## **6. Services need to be integrated to enable a seamless care journey**

Providing integrated services to enable a seamless care journey – from early intervention to long-term continuing care following a suicide attempt – is vital. Doing so helps ensure that vulnerable young people do not fall through service gaps, particularly when transitioning from children's to adults' services, and that those at higher risk of suicide after leaving inpatient care following an attempt, receive the ongoing support that they need. This needs to include holistic non-clinical support that addresses the specific contextual factors contributing to an individual's distress.

## **7. Professional counselling and psychological therapy are effective interventions**

A range of sustained and intensive psychological therapies, including CBT, DBT and IPT, can effectively treat mental health risk factors such as depression and should be available and tailored to children and young people.

Confidential telephone and web-based counselling available 24/7 is also a critical part of the service system and offers unique benefits to children and young people. It can help to overcome barriers to help-seeking – particularly to those who may not otherwise seek help, act as a soft entry opportunity and pathway to more intensive services, is accessible to high risk groups including those in remote and rural Australia, and can provide both ongoing counselling and crisis support from a trusted source.



## **8. Strategies to address suicide by children and young people must include families**

Families are a critical source of support for many children and young people. However, many families do not understand suicidality and do not know how to respond effectively.

Educating and working with families is crucial for a range of reasons. Difficulties in the family environment can contribute to suicidality, whilst parents should be a child or young person's most trustworthy and reliable point of support, and provide ongoing help for the duration of their treatment.

## **9. Research to better understand youth suicide, and what works to prevent and treat it, is needed**

To date, we do not have a clear list of 'what works' in youth suicide prevention. Many interventions appear promising, but results of different studies are often mixed. This is partly due to a lack of rigorous research and evaluation. In addition, the effectiveness of any intervention may depend on contextual factors, the characteristics of the specific intervention implemented, and implementation fidelity. Understanding what constitutes best practice for any given type of intervention is needed.

Social media and the internet provide additional opportunities to connect with people 24/7, whenever thoughts of suicide arise, and given young people's enthusiasm for new technology, social media may be especially effective with this group. Since young people themselves have reported a desire for more peer-to-peer communication and networking using social media, research into how this help can be integrated into technology they already use needs to be funded.

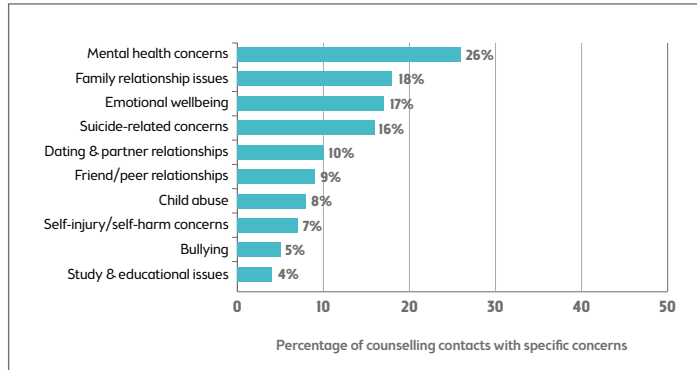
## **10. Community support organisations and health services must commit to working together**

There are a multitude of community organisations and health services – both specialist and mainstream – that have a role to play in preventing and treating youth suicide. In addition, there are many academic research centres undertaking research into suicide prevention.

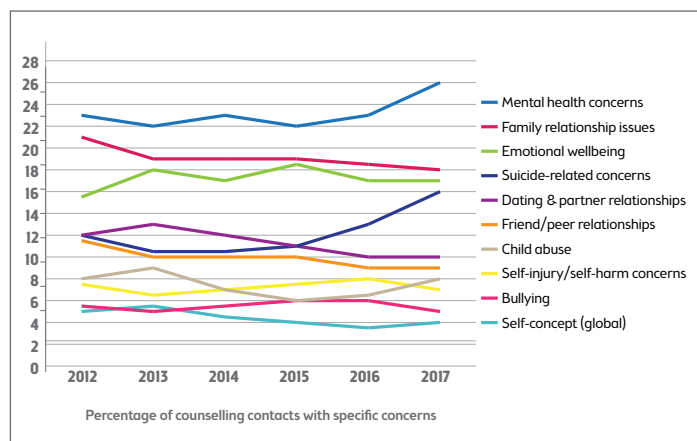
This broad sector needs to build on existing relationships and expertise to find more ways to work together to develop solutions to effectively prevent and treat youth suicide. This will include sharing knowledge, partnering on research and service pilots, and learning from research findings and ensuring that they are translated into practice.

# yourtown's work in youth suicide prevention

Youth suicide is one of the top reasons children and young people contact our Kids Helpline to seek advice and support, with 16% of all Kids Helpline counselling contacts being suicide-related in 2017.



In addition, it has been a concern that has increased in recent years, up from 11% in 2015.



Given the importance of the issue, youth suicide prevention is a key advocacy priority for **yourtown**. To this end, we have developed the following documents:

- **Discussion paper: Preventing suicide by young people.**

This paper aimed to commence a conversation with policy makers, practitioners, researchers and those with lived experiences to enhance our understanding of youth suicide and inform the development of effective responses to reduce it.

- **Preventing suicide - the voice of children and young people.**

In this report we shared the views and experiences of young people with lived experience of thinking about, planning and attempting suicide. We reported the findings from an online survey of 472 children, adolescents and young adults who told us about how they got help when they were feeling suicidal, who helped them, which experiences were helpful or were not, and what advice they would like to give to other young people, families, friends, and those who provide services for young people like them.



## About us

**yourtown** is a charity with services young people can access to find jobs, learn skills, become great parents and live safe, happy lives. For over 56 years, we've been tackling the issues impacting young people in Australia – like youth unemployment and mental health, and taking on issues like domestic and family violence.

We aim to be part of the solution by delivering programs that tackle grass root issues affecting our community. These include:

- **Counselling and Support** via Kids Helpline's 24/7 service for Australia's children and young people, Parentline for parents and carers, face-to-face support and Kids Helpline @ School.
- **Family and Community services** that help young families learn positive parenting and strengthen connections with the community.
- **Education and Engagement services** that support young people to remain in school and offer other positive pathways.
- **Job Training and Employment services** that give young people extra life choices and get them jobs.
- Services specifically for **Aboriginal and Torres Strait Islander Peoples** that create job options and education opportunities.
- **Accommodation services** that support families facing homelessness and/or domestic and family violence.



## OUR VISION

young lives transformed,  
communities strengthened.

## OUR MISSION

To enable young people,  
especially those who are  
marginalised  
and without voice, to improve  
their quality of life.

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let's create brighter futures