



yourtown
POWERING **kids**helpline

Scoping paper for the National Suicide Prevention Strategy

A submission to: The National Suicide
Prevention Office, Australian
Government

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yourtown is a trusted provider of services for young people, with a focus on mental health and wellbeing, long-term unemployment, prevention of youth suicide, child protection, as well as support for those experiencing domestic and family violence. **yourtown** has evolved to helping hundreds of thousands of young people each year by powering a range of service offerings that support them through difficult challenges.

Our services

- Kids Helpline, providing professional counselling and support to 5–25-year-olds across Australia since 1991,
- Kids Helpline @ School and Kids Helpline @ High School, which delivers early intervention and prevention programs through primary and secondary schools
- My Circle, a confidential, private, online peer support network for 13–25-year-olds to share information and build coping skills
- Mental health service/s for children aged 0-11 years old and their families, with moderate mental health needs
- Domestic and family violence refuge, accommodation, and therapeutic supports for women and their children, including post-refuge support
- Accommodation and therapeutic supports for young parents and their children at high risk
- Parentline, a telephone and online counselling and support service for parents and carers in the Northern Territory and Queensland
- Expressive Therapy interventions for young children and infants who have experienced trauma and abuse, or been exposed to violence
- Young Parents Program providing parenting support to help with child development, life skills and health and wellbeing activities in safe, supportive environments, and
- Employment, education, and social enterprise programs to help long term unemployed young people re-engage with education and/or employment.

Kids Helpline

Kids Helpline is Australia's only free and confidential 24/7 phone and online counselling service for young people aged 5 to 25. It offers children and young people a range of care options that are right for their needs and circumstances.

Our commitment to being there anytime, and for any reason, has meant that we have responded to more than 8.6 million contacts from children and young people nationally in the 31 years since our service was first established, whilst also providing tens of millions of self-help interactions via our website and social channels.

In 2021, children and young people across Australia attempted to contact Kids Helpline almost 460,000 times – approximately 1,260 contacts per day, one contact every 69 seconds. Our counsellors provided almost 100,00 counselling sessions. The top issues children and young people contacted us about were mental health and emotional wellbeing (one in two), suicide-related concerns (one in six) and family relationships (one in six).

There was a 109% increase in children and young people requiring an immediate emergency response including the assistance of ambulance, police or child protection compared to 2020; 37% were related to child abuse, 33% to suicide attempts and 10% to sexual assault.

Parentline

Parentline offers free confidential phone and webchat counselling and support for parents and carers of children in Queensland and the Northern Territory. Parentline offers a safety-net for families by providing support when it's most needed. This includes after hours, weekends, where families may feel isolated and where local services are unavailable. In 2021, parents and carers in Queensland and the Northern Territory attempted to contact Parentline over 12,000 times, with our Parentline website attracting almost 100,000 visitors.

yourtown welcomes the opportunity to provide feedback to the National Suicide Prevention Office on their draft scoping paper to guide the process for the creation of a National Suicide Prevention Strategy. Developing a national strategy will be a significant step in the right direction to ensuring a holistic Australian approach to suicide prevention, and the drivers contributing to suicide.

It is well known that suicide is the leading cause of death for people in Australia aged between 15-24.¹ With higher rates of suicide experienced by Aboriginal and Torres Strait Islander youth than non-indigenous youth, and disproportionately high rates of suicide experienced by young people who identify as LGBTQIA+, or who live in rural and remote areas.²

Every day at **yourtown** we work directly with young people contemplating suicide, or at high risk of suicide.

In 2021, the top six issues raised during nearly 100,000 counselling sessions through Kids Helpline were (in the following order): mental health and emotional wellbeing; suicide related concerns; family relationships; friend/peer relationships; and child abuse. We undertook 5,823 emergency responses nationally, where we sought the assistance of ambulance, police or child protection services to respond to an emergency for a young person. Of these, 33% involved issues related to suicide.³

We also find that many young people we support across all our service including our employment programs raise issues related to suicidal ideation or are at high risk of suicide. This can be due to a variety of factors facing them as unemployed young people, whether due to financial hardship, cost of living challenges, family or caring issues, educational concerns, mental health, or their unemployment status and sense of worth.

We strongly support the National Suicide Prevention Office's approach of embedding the contributions of those with lived experience. In 2021, over 3,500 young people (aged 15 to 25) from around Australia participated in **yourtown's** Your Voice project telling us about their issues and what mattered to them most. Two of the top issues that they told us about included the multiple barriers they face in accessing appropriate and timely mental health support, and the lack of youth-appropriate services with staff who have the expertise and skills to engage and provide support to young people.

These findings align with Suicide Prevention Australia's 2022 report 'In Their Words: How to support young people in suicidal distress', particularly regarding young people's negative experiences with services after attempting suicide, or self-harm, or when at a point of suicidal distress.⁴ Concerted action needs to be taken to ensure access to help and support for young people is available not only in a crisis, but long beforehand, by addressing the social and economic factors that lead a young person being at risk of suicide in the first place. Young people in regional and remote areas are highly disadvantaged when it comes to access to supports/available services, any action plan should consider how to better support this cohort.

The following sets out **yourtown's** responses to the Strategy's consultation questions.

¹ Australian Institute for Health and Welfare (2021). Deaths by suicide among young people.

² See Department of Health (2013) Aboriginal and Torres Strait Islander suicide: origins, trends and incidence.

³ **yourtown**. (2022), Kids Helpline Insights Report 2021, (<https://www.yourtown.com.au/insights/annual-overviews>).

⁴ Suicide Prevention Australia. (2022). 'In their words: How to support young people in suicidal distress' (https://www.suicidepreventionaustralia.org/wp-content/uploads/2022/08/SPA_Youth-Report_In-your-words_12-August-2022.pdf).

structure

Does the Strategy structure (i.e., principles, focus areas, enablers) cover the main areas addressed in the Final Advice in a way that supports the development of actions for the National Suicide Prevention Strategy? If not, what do you think should be changed or added?

Principles

yourtown supports the principles outlined in the proposed Strategy structure; however, these should be underpinned by a human rights-based approach to suicide prevention. Evidence shows that suicide is linked to societal level issues, such as economic inequities and need; isolation; lack of social inclusion; barriers to accessing healthcare and social support; and exposure to trauma, whether through interpersonal violence and abuse affecting families and communities. Given this evidence, the principle of 'Compassionate & collaborative' should be extended to 'Informed by human rights, compassionate & collaborative'.

Having a human rights-based foundation gives greater credence to and recognition of the complexity of issues that can impact suicide. A human rights approach will enable the focus of prevention and early intervention strategies to go beyond focusing on mental health and suicide ideation concerns and expand to understand the drivers of inequity, homelessness, child abuse, domestic and family violence, poverty, and discrimination as critical issues to be addressed systemically, and individually.

There is also no mention of evidence. While lived experience and tailored services and supports are essential, the principles should also include the need for 'evidence informed' approaches and identifying evidence and good practice of what works to prevent suicide. There is also a need for innovative practices to develop and inform key indicators in order to further support and build a robust evidence base.

Enablers

The Strategy should also recognise the critical role of virtual mental health services as an enabler of the focus area 'Supporting long-term mental health and wellbeing' and as part of a broad continuum of support. Young people under 25 are digital natives and want choice of service delivery both online and face to face, especially young people in rural and remote areas where virtual/online support may be the only accessible option.

The following gaps in the workforce need to be addressed within the Strategy so that the continuum of support is available for young people across the virtual and physical service delivery spectrum:

- specific skills and capabilities required for virtual service delivery
- education programs to build virtual health capability in frontline workforces and other social and health services workforces to equip them with the right skills and knowledge to use digital technology tools and platforms effectively
- development of virtual counselling skills within courses related to Psychology, Social Work and Social Sciences, Human Services, Mental Health, Drug and Alcohol and Counselling
- capability to quickly upskill and engage a digital workforce to respond to surges in demand associated with unexpected crises such as natural disasters and pandemics and
- mechanisms to enhance integration between the mainstream and digital workforce to increase competency and agility across the digital and mainstream frontline workforce sector to deliver blended service delivery models where digital services are used in conjunction with face-to-face services.

yourtown strongly supports embedding lived experience in decision-making and leadership as a foundational area of system reform required to drive the effective implementation of the Strategy. However, the Strategy should go further and include human-centred design, where key stakeholders including those with lived experience participate in all stages of the design process. This will ensure the Strategy meets the needs of key stakeholders and achieves greater buy-in/impact.

Further, given suicidality affects groups of children and young people in significantly different ways, children and young people from varied backgrounds and experiences should be part of any human-centred design that guides the development and implementation of the Strategy. This is particularly important given the statistics highlighted at the beginning of page three. Additionally, there should be targeted engagement with specific groups such as Aboriginal and Torres Strait Islander and LGBTQIA+ groups to ensure that their specific needs and issues are addressed within the Strategy.

national suicide prevention strategy development and consultation

Do the proposed advisory groups, working groups and consultation plan provide adequate opportunity for input from a variety of perspectives? If not, what do you think should be changed or added?

While **yourtown** recognises the range of groups (including from government, service provider, academic, and lived experience of suicide perspectives) to provide expertise and feedback through the two Working Groups to be established, suicidality affects groups of children and young people in significantly different ways. Therefore, **yourtown** recommends that youth suicide prevention intervention approaches under the Strategy be informed by, and tailored to, different groups of children and young people.

This includes seeking input from a range of children and young people to ensure the strategy meets their specific needs and preferences. Furthermore, evidence shows the following specific groups of young people are at higher risk of suicide⁵:

- Young women
- Young men
- Young people who have experienced mental health issues (including comorbidity with substance misuse increasing in the risk)
- Young people with a history of self-harm
- Aboriginal and/or Torres Strait Islander children and young people
- LGBTQIA+ young people
- Young people recently in contact with the justice system
- Young people living in rural and remote areas
- Young people who are in or have recently left statutory care
- Young people who have been exposed to suicide-related behaviour.

Engaging in a process of meaningful consultation and co-design with these groups would further strengthen the final strategy by placing the dignity of children, young people, and vulnerable groups at the centre of the development process and enhancing trust through open engagement.

⁵ Robinson, J., Bailey, E., Browne, V., Cox, G., & Hooper, C. (2016). Raising the bar for youth suicide prevention. Melbourne: Orygen, The National Centre of Excellence in Youth Mental Health (www.orygen.org.au).

Do you have any other comments on what should be considered in the development of the National Suicide Prevention Strategy?

Approaches that meet the needs, experiences, and preferences of young people

Evidence suggests that the way young people seek help is vastly different to that of adults. Young people (and young males in particular)⁶ are less likely to go to a GP, and far more likely to reach out first to their peers, or a family member for support⁷.

Support in-the-moment and at any time

Digital services should be a key component of a suicide prevention strategy, especially for supporting young people. Not only are young people digital natives, but they are more likely to reach out to find help, supports and resources online. Digital services can support young people's preference to engage in the-moment and at any time. They can aid non-stigmatised responses to help-seeking, given that a person reaching out for help may wish to stay anonymous, and can remain anonymous while reaching out for support via phone, webchat, email, or text.

Social media can also be valuable in learning about young people's knowledge and attitudes regarding mental health and suicide prevention and their help-seeking preferences. Trends from public social media content can be analysed and used to inform messages that will best facilitate help-seeking behaviour, and service responses. Resources and supports need to be directed towards where young people seek help. To appropriately support young people, face-to-face and digital resources and supports need to be co-designed with young people. This will facilitate the development of services that young people will see as relevant and accessible. Furthermore, these supports should be designed for the eco-system that young people live in, ensuring young people can access various supports and be supported to navigate the complex service landscape.

Anonymity and confidentiality

Young people (particularly young males) often 'try before they buy' when seeking help, testing out whether a service is 'safe' to engage with. Over 31 years, our Kids Helpline staff have observed how children and young people who first reach out for help will often only do so if they have first done so privately or anonymously. Anonymity and confidentiality help them to test whether a service is reliable. It also helps them overcome fears of being judged when they reach out for help, particularly if stigma is attached (e.g., mental health or suicidal thoughts). Often it is only once the trust is built with our service that a child or young person will feel comfortable and confident enough to start talking to a counsellor.

Facilitating anonymous help-seeking behaviour in the virtual context is key to creating a safe space where a young person wants to share what is really happening to them. Further, children and young people experiencing suicidality need a variety of mechanisms to seek help. They should be able to choose from a range of care options that are appropriate for them, their needs, and circumstances. This ranges from self-help to personalised counselling support as and when needed.

⁶ **yourtown** (2021) Research in Action: Boys' Help Seeking Behaviour. Boys help seeking behaviour report (<https://www.yourtown.com.au/sites/default/files/document/Boys%20help%20seeking%20behaviour%20-%20Summary%20Snapshot.pdf>).

⁷ Robinson, J., Bailey, E., Browne, V., Cox, G., & Hooper, C. (2016). Raising the bar for youth suicide prevention. Melbourne: Orygen, The National Centre of Excellence in Youth Mental Health (www.orygen.org.au).

Access to non-stigmatising, timely, and affordable youth specific suicide support
Young people need access to services and supports at the time when they need it most. Being available 24/7 means that Kids Helpline is always open for business and available to provide services when other services close for the day, or weekend. In 2021, 55% (almost 153,000) of all phone and webchat contacts received across Australia were made between the hours of 5pm and 9am, with over 72,000 of these contacts received on a Saturday and/or Sunday.⁸ More needs to be done to address barriers to access, including promotion and funding of these critical digital services that bridge the service gaps of face-to-face care, as well as more affordable (bulk-billed) walk-in face-to-face services, particularly in rural and remote locations.

We would welcome the opportunity to explore these ideas with you in further detail. Should you require further information about any issues raised in the submission, please do not hesitate to contact Kathryn Mandla, Head of Advocacy and Research at **yourtown** via email at kmandla@yourtown.com.au.

⁸ **yourtown**. (2022), Internal data set.