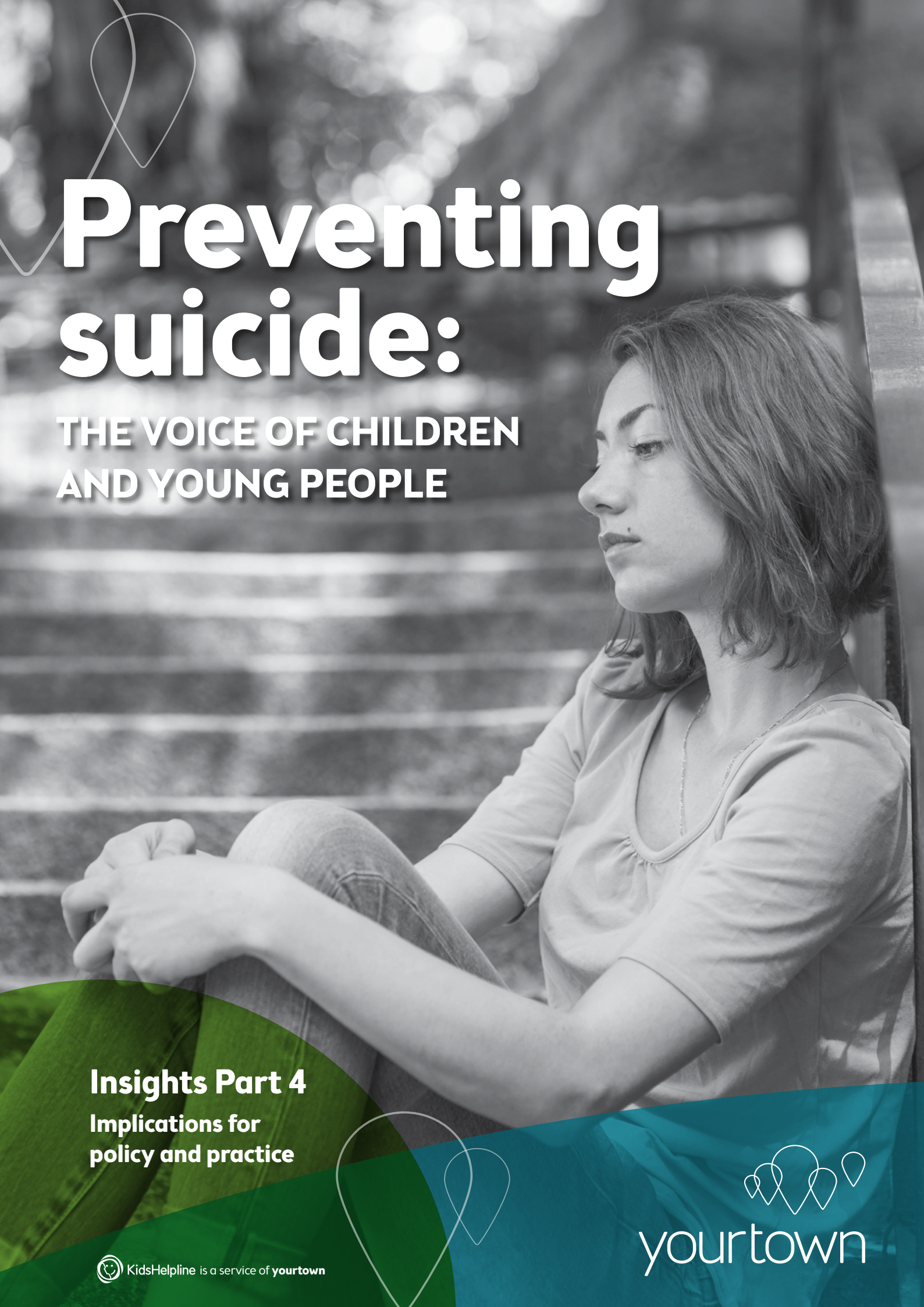

Preventing suicide:

THE VOICE OF CHILDREN AND YOUNG PEOPLE

Insights Part 4

Implications for policy and practice

yourtown

KidsHelpline is a service of **yourtown**

BACKGROUND

Between October 2015 and February 2016, yourtown invited children and young people who had lived experience of thinking about, planning or attempting suicide to share their experiences of seeking and getting support. The results of this consultation have been published in five papers, which are available on the yourtown website:

- Insights Part 1: Seeking and getting help
- Insights Part 2: Young people's experience – What helps and what doesn't
- Insights Part 3: Messages for parents and carers
- Insights Part 4: Implications for policy and practice
- Background, method and description of respondents

This is Insights Part 4: Implications for policy and pratice. These papers have been written for a general audience. We also hope to publish one or more academic papers in the future.

Thank you to all the young people who took the time to share their thoughts with us. Your insights were invaluable and are being shared with experts and decision-makers around Australia.

Some people may find the content of these papers distressing. If you start to feel distressed while reading, or you have been thinking about suicide, please talk to someone you trust or call a helpline.

- **Kids Helpline – for ages 5-25 to talk about anything at all**
  24/7 phone counselling on 1800 55 1800 or WebChat between 8am and midnight at **kidshelpline.com.au**
- **Lifeline – all ages, for support in a personal crisis**
  24/7 phone counselling on 13 11 14 or web chat between 7pm and 4am at **lifeline.org.au**
- **Suicide Call Back Service – for 15 years and over, support when you or someone you know is feeling suicidal**
  24/7 phone counselling on 1300 659 467 or see **suicidecallbackservice.org.au**

Where to find more information:

- **Young people:** kidshelpline.com.au, ReachOut.com and Youthbeyondblue.com have some great resources and information for young people who are going through tough times or feeling suicidal, and for young people concerned about a friend.
- **Adults:** You can read 'Suicide – The Facts' at kidshelpline.com.au. beyondblue.org.au provide lots of information about anxiety, depression and suicide at any age. If you are a concerned parent, they have a family guide to youth suicide prevention. ReachOut.com also has a parent site with information to help parents support their teenagers.

Conversationsmatter.com.au has tips for safe suicide discussions and other resources for both the general public and professionals.

If you or someone you know is in immediate danger, call 000 for an ambulance.

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INTRODUCTION

A wide-ranging analysis of current policy and practice is beyond the scope of this paper and our aim in writing it is not to provide comprehensive advice to policy makers or service providers. In most cases, results of our consultation with young people are consistent with existing research and practice. Our aim in this paper is to highlight the issues that young people told us are important to them, and to draw particular attention to those that we believe warrant increased consideration in the current policy and practice arena.

This paper focuses on the following topics:

- Consultation with young people
- The centrality of relationships
- Connecting young people to professional counselling and psychological services
- Duty of care, emergency services and hospitalisation
- Whole of community education
- Gatekeeper training
- Holistic responses, including support for families
- School based programs
- Technology and the internet.

CONSULTATION WITH YOUNG PEOPLE

The consultation on which this paper is based was undertaken by placing an online survey on the Kids Helpline website. The only promotion of the survey was an advertisement on Facebook, which targeted 15 to 25 year olds. No incentive was offered for survey completion. The survey generated more than 750 click-throughs and was at least partially completed by 472 young people. The number of responses and significant time spent by many young people clearly indicate that young people want and value opportunities to share their thoughts and experiences.

Current suicide prevention and mental health policy in Australia recognises the importance of incorporating insights from those with lived experience of suicide.[1] Nevertheless, consulting with young people can be challenging. Hence, the views of children and adolescents are often missing from discussion.

Greater efforts need to be made to consult and collaborate with young people, particularly those who are marginalised and at-risk. Consultation is often undertaken with small groups of people with lived experience, for example, through representation in advisory mechanisms or focus groups. It is important to investigate a range of consultation methods to ensure that marginalised young people, who may lack the capacity to engage in advisory groups, also have a voice.

Our experience with an online survey suggests that this method has potential to be used more often, due to its ability to reach a broad cross-section of young people, including those from at-risk groups such as Aboriginal and Torres Strait Islander young people, young people from culturally and linguistically diverse backgrounds, and young people from rural and remote areas. Respondents to our survey ranged in age from children under 13 years to young adults, and comprised 22% young people who identified as LGBTIQ, 5% who identified as neither male nor female, 7% who identified as Aboriginal and/or Torres Strait Islander, and 6% from outer regional and remote areas.

Given the high-risk nature of these groups, our sample probably under-represents them as a proportion of suicidal young people. We also note the disadvantages of online survey methods in regards to the depth and quality of data collected, and potential ethical issues for researchers. Nevertheless, the results indicate that high-risk groups can be reached in this way, and an approach that specifically targets these groups is likely to have greater reach than that achieved by our efforts.

[1] 'The Roadmap for National Mental Health Reform 2012-2022' (Council of Australian Governments, 2012).

Children and young people want to have a voice: 472 took the time to share their thoughts and experiences with us.

THE CENTRALITY OF RELATIONSHIPS: IMPLICATIONS FOR SERVICE PROVIDERS

The importance of providing a youth-friendly service and building a strong therapeutic relationship to engage and work effectively with young people is well-known. Nevertheless, research and policy often focus on the importance of developing evidence-based strategies and treatments. Young people's responses to the question, 'What advice would you give to service providers?', highlighted relationships as being key to recovery from their perspective. In particular, young people suggested that service providers need to be non-judgemental, more understanding and show that they care. Correspondingly, some asked that service providers be less clinical and spend more time listening.

"Don't just tell them how their brain works or that puberty is messing them up. Sympathise with them, be empathic, cry with them, make them feel important and make them feel like their problems are worth being like that."

"LISTEN! Try to actually understand what's going on. Stop jumping to medications and diagnosing everything."

When young people wrote about helpful experiences with a counsellor or psychologist, their stories were most often about feeling valued and cared for by the counsellor or psychologist. They wrote about the benefits of a trusting relationship with a reliable counsellor much more often than they wrote about the benefits of 'treatment'. This is consistent with previous research, which reported that the most important characteristics of mental health professionals identified by suicidal young people were positive personality traits (e.g., friendly, patient), being understanding, active listening and being non-judgemental, while 'competence' was ranked as the least important trait.[2]

Young people's comments highlight the importance of youth specialist services, which can provide counsellors who are expressly trained and experienced to interact and connect with young people.

[2] Sophie Isabelle Hyman et al., '"Youth-Friendly" Characteristics of Professionals in Mental Health Settings', Vulnerable Children and Youth Studies 2, no. 3 (23 November 2007): 261–72, doi:10.1080/17450120701660594.

Young people told us they feel alone, view themselves as worthless, and believe they are a burden on others who would be better off without them. Their survey responses suggested they are looking for 'evidence' they are wrong in the behaviour of others, including mental health professionals.

Young people also highlighted that it takes time to build a trusting relationship. They wanted service providers to realise that they often find it difficult to open up, and hide their true feelings. They expected that a good counsellor should realise this and persevere, but not pressure them to share personal thoughts and feelings before they are ready.

"Please be patient. We're not being stubborn. We're just scared. Try to understand."

"Be patient with young people that call and seek help. Don't judge a book by its cover because I was one that was able to mask myself very well... My counsellor didn't know about the severity of my feelings. My recovery was aided with her staying in my life and walking with me regardless."

"My worker was a god send. Even when I didn't say anything because I was so scared she stayed and didn't give up on me."

They told us that relatively simple actions such as a follow-up phone call after a counselling session can make a significant difference, because actions that appear to go beyond 'duty' demonstrate to a young person that they matter and that the service provider genuinely cares about them. Conversely, even a small action can have significant negative consequences when a young person interprets it as evidence they are not valued as a person.

"Please be open minded, patient and understanding. We are not just cases but people."

"One face to face counsellor I had always used to call to check up on me the next day. That made me feel important and valuable."

Of course, this focus on relationships does not mean that evidence-based treatments are not important. It does, however, highlight differences in the way young people think about treatment, and what they consider important, in comparison to policy makers and service providers. Young people are sometimes considered difficult to engage in treatment, and understanding what matters to them may provide useful insights into how best to engage them.

"I like it when the counsellors are interested in me as a person and my life and not just my symptoms cause it makes me trust them and I feel comfortable to share more about the darker thoughts."

"Don't be distant. Offer advice and comfort. Please don't just nod your head, I want input. I want it to be a two way conversation. I don't want you to feel sorry for me. I just need support and some love."

CONNECTING YOUNG PEOPLE TO PROFESSIONAL COUNSELLING AND PSYCHOLOGICAL SERVICES

Young people clearly identified counsellors and psychologists as the most helpful form of support for suicidal thoughts and behaviours. Of 115 respondents who had seen a counsellor or psychologist, 44% reported the experience to be 'very helpful', 39% reported it to be 'fairly helpful' and only 17% reported it to be 'not at all helpful'.

However, many young people do not access these services. Results of the consultation suggested three main issues that need to be addressed:

1. Barriers to seeking help
2. Taking young people's concerns seriously
3. Access to services.

Barriers to seeking help

Most participants in the consultation had not sought support, and those around them either did not notice or did not respond to the seriousness of the situation. Overall about 40% of respondents had received help. Of those who had received help, 20% did not receive it until after a suicide attempt. The main barriers to seeking help were stigma, feelings of worthlessness, and concern not to hurt or burden others. "Insights Part 1: Seeking and getting help" provides a detailed description of these issues.

Young people do want help, including professional counselling and psychological services. Nevertheless, they may intentionally hide their feelings due to a fear of 'being judged' or called an 'attention-seeker'. Although feelings of fear and shame may prevent active help-seeking, young people told us they often hint at their feelings and are hoping someone will notice.

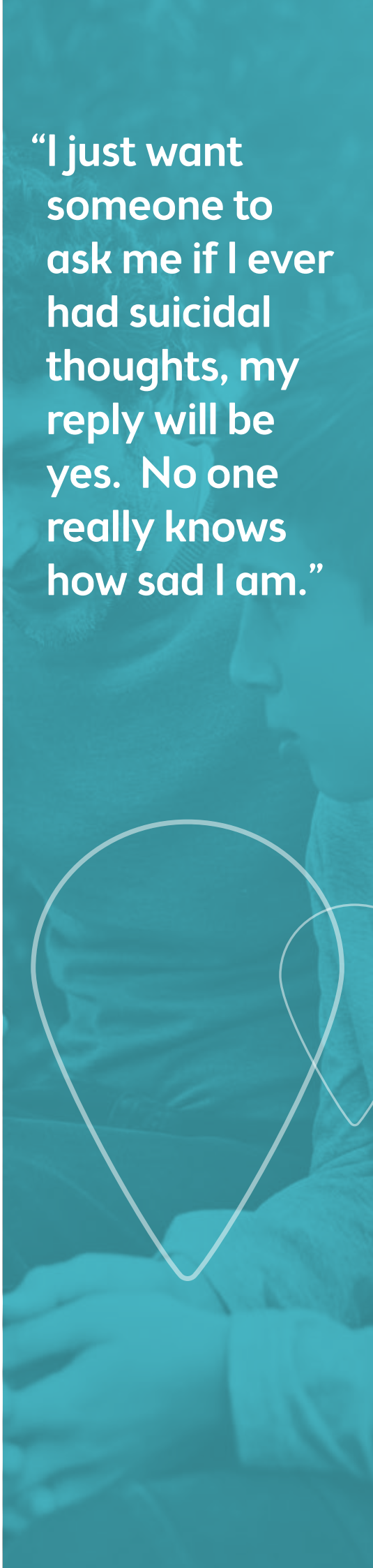
"If people saw through my smile and realized it was fake a lot of the time ... if professionals picked up the vibe more often then maybe I'd be in a better place ... often I may be trying to hint towards how I'm feeling without actually saying it as I may be too embarrassed or worried about being judged."

Consequently, connecting young people to services requires more than simply encouraging help-seeking. For some young people fear is paralysing; they want to ask for help, but simply can't get the words out. Two young people said that they would never have told anyone, but when directly asked, they couldn't lie. Many young people clearly indicated that they want those around them to be proactive, that is, to directly ask how they are, offer to help and follow-through with that help. A number of respondents specifically asked that adults, particularly parents, help them to gain access to professional services.

Taking young people's concerns seriously

For a significant number of young people, their first experience of seeking support served to demonstrate that their fear was not unfounded. As outlined in "Insights Part 2: What helps and what doesn't", some young people described having their feelings trivialised or minimised, while others described building up the courage to speak to someone, only to have their concerns

"I just want someone to ask me if I ever had suicidal thoughts, my reply will be yes. No one really knows how sad I am."



dismissed completely. That is, seeking help did not always result in receiving help. Concerningly, these experiences occurred with professionals such as school staff, GPs, and even counsellors, as well as with family and friends.

In addition to having a significant negative effect on a young person's immediate wellbeing, negative responses to help-seeking sometimes lead to the young person isolating themselves further and had the potential to delay future help-seeking by years. Consequently, ensuring that every young person receives a helpful response every time they ask for help, regardless of who they approach, is crucial.

As one young person said,

"And even if you believe that the young person is 'making it up' or 'just doing it for the attention', you have to take them seriously. Because you could be wrong ... The amount of workers and services that I have slipped through the cracks over the years, simply because they thought I was faking it. If just one of them had learnt a little about young people feeling suicidal and used some of that to connect with me, I would have been able to connect with one of them sooner and told them what was going on ... You might be their 'I'll try one last time then I'm done', you need to always take them seriously."

Access to services

Young people's responses highlighted a number of well-known barriers to accessing services, including waiting times, location, cost and difficulty finding the right service.

When some young people sought help from a service that was not equipped to work with them, they were simply turned away. As highlighted previously, for a young person who already feels worthless, this type of response can have significant negative consequences. Services that are unable to work with suicidal young people may need education or training to actively help young people find a more appropriate service.

"I went to see a psychologist on campus, after jumping through so many hoops to see her, [she]said the service was not for serious problems, but I should research and look online. I felt so distraught that after an enormous amount of effort I was too messed up for the system, walking home I very nearly deliberately walked into traffic."

"[service] made me feel very very worse. They literally just abandoned me as soon as I was 'weight restored' from my eating disorder. They did not address my suicidal thoughts, or even let me bring it up with them, and also didn't address any of my other issues. It makes me feel pathetic and abandoned."

Lack of parental support was an issue for some young people. In addition to the need for parents to provide transport, a Medicare card and the financial resources to meet gap payments, some parents were described as actively discouraging access to professional support.

"I think it'd be cool for some programs where people with depression could go to for free, because I have no money and my parents don't do nothing so it'd be cool to go out and do something to help yourself instead of staying in your room on Netflix all day."

"[What else would have helped?] Family actually being there for me and supporting me rather than discouraging me from accessing support."

One young person reminded us that some of the most high risk young people may not be in school, and that it's important that easily accessible pathways to support are provided for those young people.

"I came from a very disadvantaged background (missed a lot of school) so I feel that services, the government, etc should remember that some of the young people needing their services the most, go forgotten. For example the children of parents too drunk to remember to take them to school or the home-schooled whose parents may control every bit of information they had access to."

These experiences suggest a need for more services that can be accessed without parental support, that is, free services that do not require a Medicare card, in easily accessible locations. Telephone and web-based counselling services are an obvious way to address this need. We are aware that our sample may be biased; nevertheless, it is worth noting that of 102 young people who had used a telephone counselling service, 52% found it 'very helpful', 33% found it 'fairly helpful' and only 15% found it 'not at all helpful'.

"I called [service] when I was in my room and couldn't stop crying. I had my antidepressants and pills and a knife and I was getting ready

to kill myself but then I decided to call [service] because they've always helped me. I felt very alone but talking to someone helps. Even though my regular counsellor wasn't on it helps to talk because they never judge or freak out at me if I say I'm feeling suicidal. They helped me to put away the pills and work on my safety plan. Sometimes the feelings get so dark and scary and I get terrified but knowing I can talk to a professional is really comforting and they make me feel safe and they make me believe in myself that I can get through the urges."

Moreover, tele web services were attractive to young people because they are available 24/7 and allow young people to remain anonymous. The assurance of confidentiality was an important characteristic for many young people.

It is important that helplines are not seen as a crisis service only; young people described using telephone and web counselling as early intervention, during crisis, and through recovery. A number of young people described an ongoing association with a telephone counsellor as an important relationship in their life, which helped them feel valued and important. Responses to the question, "What helped?" included:

"Finding a counsellor that I connected with and actually having a place to go where I feel safe. Having access to online support literally saved my life."

"The fact that she [counsellor] has always been there for me whenever I called was very powerful. It demonstrated to me that I am important and that the person I was talking to cares about me."

"The trust and rapport I have built with my counsellors has helped me to talk openly and honestly about what is going on and trust what they have to say. My counsellors have really helped me not to give up when I have really felt like the only thing that would be best is to end my life."

"Calling [service] a lot was the best thing I ever did to overcome suicide … the counsellor made me think about practical ways of feeling safe which is not something I thought of on my own … Explaining my story really helped clarify my feelings for myself and took a terrific weight off my shoulders. Finally through the counsellor's support and the relationship I began to experience different parts of life and learn and practice new skills … Since the counselling I hardly even think of suicide due to applying and reapplying the skills I learned and trying new experiences as much as I can."

DUTY OF CARE, EMERGENCY SERVICES AND HOSPITALISATION

A number of young people's responses demonstrated knowledge that services have a duty of care, which limits confidentiality when a young person is considered at serious risk of harming themselves, someone else, or when there is a concern about child protection. Consistent with other research, comments indicated that duty of care obligations and associated limits to confidentiality present a challenge to help-seeking that warrants consideration.

A fear that emergency services would be called or parents would be contacted created a barrier to disclosing suicidality after having sought help for some young people.

"I've always been very careful to not disclose for fear that I would be intervened and that she would enact her duty of care."

"There have been times where I purposely haven't reached out and told ANYONE that I am feeling highly suicidal because I feared that I would end up back in the hospital involuntarily. Luckily I was able to get through those times by myself and nothing really bad happened to me."

In some cases, concerns about duty of care had long term negative consequences for help-seeking and young people suggested that the concept of duty of care needs to be explained more clearly.

"I didn't get help for my self-harm and suicidal thoughts for 6 years cause I was too scared about who the counsellors would tell. Explaining confidentiality and duty of care more clearly can help to ease the anxiety around telling someone for the first time."

"Being upfront and honest I feel is the best way to do things instead of 'surprise the cops are at your door' (this has happened to me) ... Health professionals not being upfront and honest has left me with even bigger trust issues, I do not trust health professionals lightly now. I am frightened they'll call the cops on me."

A number of young people who had experienced a duty of care response believed that the decision was not the best response to the situation. Consistent with other research[3], respondents to the survey often found their experience with emergency services and hospitals unhelpful and reported that the duty of care response had done more harm than good.

"Don't immediately call the cops if someone says they want to die. Listen to them first and see why they feel that way. There's a good chance you could talk them out if it. I've been taken to hospital numerous times for suicidal thoughts and none of them were helpful. It would have been much more helpful for someone to just show me I'm not alone and listen to how I feel."

"Just being taken to the hospital by police, ambulance, psychiatrists etc. under the law and actually being at the hospital. It doesn't help me at all, in fact it makes me worse. I get distressed and try to hurt myself in the hospital whether it is banging my head repeatedly against the wall or punching the wall over and over again until I bruise. I just want to get out of there because you are treated like a prisoner in a jail. It may keep me safe in the sense that I can't kill myself, but mentally it destroys me."

Young people's comments suggest an urgent need to investigate alternative emergency care responses, in particular, responses that do not involve police and avoid hospitalisation as much as possible. Current guidelines in regards to appropriate terminology when talking about suicide state that the phrase 'commit suicide' should not be used, because the word 'commit' implies a crime or a sin. Yet, a service response to a person at imminent risk of suicide is likely to involve the person being forcibly transported to hospital by police, leaving them feeling as if they had committed a crime.

"[I] showed up at my private psychologists clinic, sat with her, then next thing I knew the cops were in the room. The very place I felt safe in was no longer. Put in an ambulance by the very psychologist/help person I trusted, cops travelled with me like I was a criminal ... Got to the hospital had a mental health worker who was scary and strict. Asking for my next of kin, I felt unsafe, I refused to give. I tried to leave the hospital ... Ended up star fished to the bed in restraints. I'd never tell anyone if I was truly at risk as I never want to be in hospital or have the police called on me. The day it happened I died, I will never be the same person ... I attempted suicide soon after."

[3] 'Lessons for Life. The Experiences of People Who Attempt Suicide: A Qualitative Research Report.' (SANE Australia and University of new England, 2015).

WHOLE OF COMMUNITY EDUCATION

Programs are urgently needed to increase understanding of mental health problems and suicidality amongst children and young people. In particular, young people told us that they want others to learn to:

- Pay attention if a young person seems to be going through a tough time, ask if they're okay, offer to help, and follow through with the offer.
- Understand that depression is an illness, feeling suicidal is not a choice, and recovery takes a long time.
- Take children and young people seriously when they share their feelings and voice their concerns
  - they are not attention-seeking
  - it can happen to anyone – suicide does not discriminate.
- Know that it's okay not to have all the answers:
  - just listen, be patient, show them you care, and
  - help them get professional support.

"I think maybe if people were more educated on mental illness, it may help to explain why I feel certain ways. It's also good to teach people that all some people need is someone they can talk to."

"My family is very supportive in their own way. But if they had been able to learn more about how to communicate with family members that are experiencing feelings of self harm or suicide, I feel it would have enabled them to connect with me more. Some of the things they did over the years that they thought helped had actually done the opposite. "

A whole of community approach is needed because young people seek support from parents, siblings, friends, teachers, youth workers, medical professionals, counsellors, psychologists, and others. Young people's survey responses highlighted that judgemental attitudes can be found amongst all these groups. Hence, anti-stigma campaigns and community education programs that target all members of the community are needed.

"I wish I could walk up the driveway of my psychologist office and not look around at who might see me entering, I wish I didn't have to be afraid that the wrong person might find out and judge me for being unwell."

"I suffered a long time before seeking help, I think deeper education needs to be taught in mental illness including where to access help and warning signs so friends can help friends AS WELL AS STIGMA ISSUES!!! I thought (and I thought right) that people would make fun of me if I told them what I was thinking so I hid!!! I think so much needs to be changed!!!"

"Many times it has been emergency department doctors/ambulance officers making comments about how suicidal people are wasting the time of medical personnel and are simply attention seeking/manipulative. I have been called a waste of time and a waste of a hospital bed. I have been called a burden on the health system."

"When I picked up a food package I was lectured about budgeting. I hadn't eaten for a long time. I was in a really bad place. I felt ashamed."

As highlighted previously, it is crucial to ensure that every young person receives an appropriate response every time they seek help, regardless of who they choose as a source of support. The experiences shared by young people clearly demonstrated significant negative effects on wellbeing and future help-seeking when an attempt to seek help received an inadequate or inappropriate response.

"I saw a psychologist who laughed at me because I was 13 and experiencing crippling anxiety and depression. 'you're gonna be a fun one.' I never went back and I'm still completely scarred."

"I went to a GP who would not give me a mental health care plan because I would not show her my self-harming. She was rude and patronizing and put me off seeking professional help for a couple of years. She implied that I was making everything up. I felt stupid and small and ashamed."

The significance of stigma as a barrier to help-seeking is well known, but young people highlighted an issue that may not be recognised; some adults simply don't believe children and young people when they say they are feeling depressed or suicidal. This issue was described in more detail in "Insights Part 2: What helps and what doesn't." Our data do not explain this, but responses suggested beliefs that suicidality needs a clear cause, and a tendency to assume that a young person with no obvious problems could not be truly suicidal. Education needs to highlight the fact that suicide can happen to anyone, that suicidal thoughts can start young, that it takes courage to seek help, and that every young person should be taken seriously.

"[What was unhelpful?] Telling me to stop being sad, or that I can't feel sad because my life is 'okay'."

"I talked to my mum and the school counsellor and the counsellor just told me it was puberty and made me read a book about puberty which made me feel like my problems weren't real. My mum told me it was just a phase."

"When I first told my mum I was depressed she said I was too young and that I was being stupid."

"One time a doctor told me that my life is fine and that he had gone through harder stuff and I should just be happier."

"[What else would have helped?] Being taken seriously when I said I wanted to die, I didn't want to be here. I was told to get over it and that everyone has bad days."

"I was young and felt like nobody would think that I felt like that because of my age and because nothing "bad" had happened in my life to make me feel that way."

GATEKEEPER TRAINING

Gatekeeper training is considered one of the most promising suicide prevention strategies, and programs typically focus on training professionals who work with young people to identify and respond to young people at risk. Results of the consultation confirmed the importance of gatekeeper training for school staff and GPs. Of those respondents who had sought help, 52% had sought it from a GP, but almost a third reported the experience to have been 'not at all helpful'. Similarly, 48% had sought help from school staff, including both school counsellors and teachers, but one in four found the experience 'not at all helpful'.

"While I was at school I was receiving 'support' from the Year 10 Coordinator. After a few months, because I was still depressed, he blamed me for 'not doing anything to help myself recover'."

"Counsellor from school, tried to get it in my head that my friends helped me self harm cause its 'trendy'."

"GP – was very insensitive and not confidential which put me off seeing a psychologist later on and gave me a bad view on professional help."

"The first GP I ever told about the family violence I have/was experiencing at the time didn't bring up mental health so I felt like I couldn't bring it up either."

Young people's stories also confirmed that school staff and GPs can be extremely useful sources of support if trained to respond appropriately. "Insights Part 2: What helps and what doesn't?" provided more detail in this regard.

Parents are often missing from discussions of gatekeeper training, but our results indicated that educating parents is crucial. Parents are a primary source of emotional support for children and young people; as outlined in "Insights Part 3: Messages for parents and carers", respondents to the survey wrote about experiences with parents more than anyone else. Moreover, for children and adolescents, parents hold the keys to accessing professional services.

Concerningly, young people's survey responses showed that many parents struggle to support their children appropriately and effectively. Some may feel they are to blame, others that the disclosure of suicidality is a deliberate attack on their parenting skills, or that suicide is something that 'only happens to other people'. Hence, ensuring that parents have the knowledge and skills to effectively support their children needs to be a key part of youth suicide prevention policy.

SCHOOL-BASED PROGRAMS

Programs promoting mental health and resilience

Evidence suggests that suicide education and awareness programs in schools are potentially effective, but our consultation results suggest that programs currently delivered in Australian schools may not be effective in engaging and supporting students experiencing suicidal thoughts. The Australian Government has committed to an end-to-end school-based mental health program, which will build on the existing KidsMatter and MindMatters programs, as part of its suicide prevention strategy. KidsMatter and MindMatters have traditionally focused on promoting mental health and resilience, and have not included specific education about suicide.

Only one respondent to our survey mentioned any kind of school-based program for students. It may be that survey respondents had not participated in a school-based program, but alternative explanations are that they did not find the focus on mental health and resilience relevant to their needs, or that the programs failed to inspire a response, either positive or negative.

Emerging evidence suggests that school-based programs that specifically target suicidality can be delivered safely in schools. Nevertheless, we note that the lone comment we received about a school-based program suggested potential negative consequences for some students that need to be considered.

"When we were at school this year, we had to do a unit on mental health and all that, I got all choked up and everyone looked at me and I had to leave the room and I cried and I was really embarrassed."

The characteristics of our sample and their comments highlight the need for school-based support to start early and continue into tertiary education. One in five (21%) of the survey respondents was aged 13 years or younger, and two young people specifically suggested that education about self-harm should start in primary school.

"I think more education on these sorts of things needs to be done and we should be starting early in primary school. It's unlikely but people do cut in primary school. I would know because I did in Year 6 and nobody understood which made it so hard."

Two comments identified a need for a school-based program to include tertiary education settings. In particular, these young people clearly felt the lack of pastoral care in the tertiary setting in comparison to high school. Given the known risk of young people falling through the cracks as they transition from child to adult mental health services, programs to support tertiary students to access appropriate assistance would be beneficial.

"Actual services at university, really anything, but even an auto generated email when you miss class would have made a huge difference to me."

"I didn't have many friends because 'no one likes a guy that self harms'."

Programs to reduce stigma, increase understanding and encourage supportive relationships

Some young people wrote about experiencing stigma amongst peers at school, for example, peers making inappropriate jokes about mental illness or victimising the young person. Hence, anti-stigma programs are important.

"Sometimes at school people make jokes about depression and stuff."

"Some people started to tell me I was better off dead and all those types of phrases."

"Had my friend screenshot messages of me talking about my self-harm and sending them to my enemy and getting them spread around my school and losing all my friends because they thought I was an attention seeker."

However, young people's experiences with peers and friends suggested that providing specific education/training regarding how to respond when a friend or peer discloses suicidality or a mental health problem is at least as important.

A number of young people referred to losing their friends because of their mental health problems. This sometimes appeared to be linked to stigma, but other responses suggested that friends felt uncomfortable, didn't know how to respond, and may not have recognised the young person's need.

"Overall, I've found that most people just avert their eyes when I mention my anxiety, depression and issues. Metaphorically, I mean. They just look the other way, change the topic as fast as they can and try to pretend they didn't hear what they heard."

"My friends said yeah I think I'm depressed too, then went on to say some random things that happen to anyone, depressed or not. That did not help at all because she just passed it off like yeah, it's just nothing, along with my anxiety."

"They will start asking questions like 'Why did you do it?' 'Did it hurt?' 'What did it feel like?'. Those questions made me feel unsafe and depressed."

"I spoke to a friend about it and it didn't help at all! They just said, 'oh ... maybe like call a helpline or something ... yeah ...' And never discussed the subject with me again."

TECHNOLOGY, THE INTERNET AND SOCIAL MEDIA

The internet provides an unprecedented opportunity to disseminate educational messages to young people and the community more broadly. Responses to the 2015 Child and Adolescent Survey of Mental Health and Wellbeing showed that around 40% of young people with a major depressive disorder had accessed information about mental health online, 13% had accessed information about services in the community, and almost 30% had used an online assessment tool to determine whether they needed professional support.[4] Of those respondents to our consultation who had sought help, 50% (n=95) had sought it online. Of those, 36% found it 'very helpful' while only 19% found it 'not at all helpful'.

The internet also has potential as a medium to deliver suicide prevention interventions. Evaluation of the effectiveness of online and app-based interventions is limited at this stage, but they show promise because they are easily accessible, may reduce barriers to help-seeking, can be widely disseminated, and are potentially cost-effective in comparison to face-to-face services. The Australian Government's response to the Review of Mental Health Programmes and Services[5] includes a number of references to steering people towards digital and self-help resources if they are considered to have low level needs.

Young people's comments in our consultation showed that many are distressed that their concerns are trivialised or not taken seriously, even by mental health professionals. It is important to ensure that encouraging referral to less intensive digital services in the first instance does not exacerbate this problem by suggesting to young people that their problems don't warrant the support of a real person. Young people told us they intentionally hide their feelings due to stigma, and downplay the severity of their suicidality due to fear of being hospitalised. Consequently, there is a real risk of mistakenly assessing suicidal young people as low needs.

"Even though I have (and still do) reach out for help, I sometimes underplay my feelings. I still inherently feel that I am not as important as other people and tend to act less needy/desperate."

Whether online interventions need to be accompanied by personal support (that is, therapist-guided care programs) is an issue needing further investigation[6], but results of the consultation suggest that this may be the case for suicidal young people. As outlined previously, young people clearly identified relationships with others as key to recovery, and wrote about the value of a caring, trusting relationship with a mental health professional more than the value of 'treatment'.

In contrast to the policy and research focus on the potential of online technologies, and the multitude of apps targeting young people experiencing mental health difficulties, few respondents referred to technology or apps as a form of support. Only one wrote about the hazards of social media (e.g., cyberbullying, trolling), which are often mentioned in the mainstream media.

A small number reported information found on social media as a positive influence, and used social media as a way to overcome isolation. Comments supported the potential of online peer-support groups, or other uses of social media to connect young people to others with similar experience.

"Honestly the best thing for me was when one day I was reading all these positive quotes on Tumblr about how you only get one life to live, so why waste it being sad?"

"The internet. Tumblr, blogs. Whether they be true or not, many of the tips did help. And there was some comfort that these people may have been there and know more than someone who's just read about it in a textbook."

"Honestly, me joining a fandom has helped immensely. The reason many join one is to escape reality of everyday life. I have made friends because of it, and without them I know I wouldn't have made it this far."

"I think finding an online community of people similar to me really helped. I felt like there were people I could trust."

"Maybe start an online group where you could get kids any age just to join in talk about what's bothering them with other people that are feeling the same way they are."

[4] David Lawrence et al., The Mental Health of Children and Adolescents Report on the Second Australian Child and Adolescent Survey of Mental Health and Wellbeing (Canberra: Department of Health, 2015).

[5] Australian Government Department of Health, 'Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services' (Commonwealth of Australia, 2015).

[6] Azy Barak and John M. Grohol, 'Current and Future Trends in Internet-Supported Mental Health Interventions', Journal of Technology in Human Services 29, no. 3 (July 2011): 155–96

HOLISTIC, INTEGRATED RESPONSES, INCLUDING SUPPORT FOR FAMILIES

The Australian response to suicide has traditionally been biased towards a mental health perspective, but recognition of the need for holistic responses across a range of areas including homelessness, drug and alcohol, domestic and family violence, family and relationships, employment, and more, is increasing[7]. While young people did not speak directly to this issue, a number of responses highlighted the need for an approach that considers suicidal behaviour in context. For example:

"After spending a week the first time in hospital with amphetamine withdrawals I had to go back to my GP and get a referral to a psychologist, unfortunately the second day I was out I used again because I was suicidal and using was keeping me sane and I was honest to this GP who then judged me rudely and asked me what I expected her to do and that I was stupid."

"[What else would have helped?] Somewhere to shower, store my bag of clothes when I went to school, wash my clothes."

"Listen to us. Try to get an understanding about what's happening in all different parts of our lives."

Consistent with research that demonstrates the benefits of integrated services, a number of young people described the value of having a team of people providing support in different ways.

"The ongoing support from my team at [service]. My psychologist helped me realise my thought processes and helped me challenge them and a counsellor continued that when he left. An exercise physiologist helped kick start my reliance on staying active to become more mentally well. As well as this, the support I've gotten from an external psychiatrist has been good and well."

"Having an experienced group of health professionals (GP, psychologist, psychiatrist) who could collaborate with each other to provide me with the help I needed."

"Having regular and constant support/access to proven genuine and caring professionals like my GP, psychologist and counsellor. I had a team of people."

As highlighted in "Insights Part 3: Messages for parents and carers", young people who participated in our consultation emphasised the crucial role of parents and carers as sources of support. Beyond this, family functioning is fundamentally important for children's social-emotional wellbeing and resilience. A number of young people described problems in the family environment as a significant source of stress that contributed to their suicidality. Consequently, suicidal children and adolescents need a holistic response that takes the home environment into account and includes family counselling and support where appropriate.

"If my parents/family were a lot more understandable or persuadable instead of always screaming and fighting. I would of found that a lot better."

"I always try to forget about [suicide] through singing, playing the piano, reading, listening to music, or just hanging out with friends. Yes it does help but when each day you wake up in the morning and your mum and dad are fighting and your brother and dad are fighting it doesn't help."

"I think if my family life were a little more stable and if my parents were in a position to support me, it would have helped. Alas this is not the case. My father is an alcoholic who spends the better part of everyday drunk ... My mother has enough to deal with without me adding more to the issues."

"I honestly think going to a hospital will help, because I live in a house with lots of stress. And people at a hospital are there to help you and they can be better than parents. Taking a break from my house and family."

Moreover, even when families appear to be functioning well, parents need support to cope effectively with their own emotions. Learning that your child is considering ending his/her own life is distressing for any parent. Young people described parental anger and distress, and we know from other research that parents of children who self-harm may experience anxiety, depression and social isolation[8], which affects their capacity to provide effective support to their child and adds to the child's distress.

"Probably just with the distress of mum really brought me down, I felt guilty for making her worry and concerned for my welfare – sometimes she got so distressed she would yell and it wasn't exactly what I needed at that moment."

[7] Suicide Prevention Australia, 'Discussion Paper. One World Connected: An Assessment of Australia's Progress in Suicide Prevention', 2014.

[8] Anne E. Ferrey et al., 'The Impact of Self-Harm by Young People on Parents and Families: A Qualitative Study', BMJ Open 6, no. 1 (1 January 2016): e009631, doi:10.1136/bmjopen-2015-009631.

YOUNG PEOPLE'S MESSAGES FOR SERVICE PROVIDERS

"Take each person that reaches out seriously. Be true. Be genuine. Be caring. Be honest. Be understanding. Be non-judging. Be there for them."

"Always be there even if they push you away."

"Be non-judgemental – really. And treat them like a valued person, not a patient. Treat them like you are really glad they are talking to you and let them know that."

"I think that sometimes counsellors have to know that we lie about our suicidal thoughts sometimes cause we are scared that the police will be called or our parents will be told."

"Often young people are just looking for someone to talk to and not necessarily looking for extensive treatment."

"Don't judge, be kind, let them know you care and help them to understand that things can be different and they won't always feel the same way. But mostly be kind, one nice person can make a difference."

"Don't be forceful or overly clinical, be gentle, understanding and simply listen to what they have to say."

"Don't focus so much on the negative side to it. Yes, it's important to confirm safety and immediate risk to self but it's also important for the young person to be heard and to be able to have their story told without feeling like they'll get put into a hospital if they talk about their thoughts."

"Don't interrogate, support. Young people are like flowers – we're shut tight as a bud and it takes careful nurturing, love, and sunshine to make us open ourselves to the world."

"Please be open minded, patient and understanding. We are not just cases but people. Don't send us away when we try to ask for help because that might be our last. If you can't help, find us who can."

"Listen to the young person, they know a lot more than you think."

"Stop judging. Listen. Don't assume. Care more."