yourtown
POWERING **kids helpline**

The Victorian Suicide Prevention and Response Strategy

A submission to:
The Mental Health and Wellbeing Division in the Victorian Department of Health

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. Established in 1961, **yourtown**'s mission is to enable young people, especially those who are marginalised and without voice, to improve their quality of life.

Our Victorian services

For 29 years, **yourtown** has been supporting children, young people, and families in Victoria. Our track record in delivering outcomes for young people in Victoria includes:

- Kids Helpline, **yourtown**'s national 24/7 helpline providing free professional counselling and support for children and young people aged 5-25
- Kids Helpline has responded to over 1.5 million requests for help from Victoria since 1993
- Face-to-face, and longer-term virtual support to children and young people immediately following the 2009 Victorian Black Saturday bushfires as funded by the Victorian Government
- Direct support to children and young people impacted by COVID-19 lockdowns,
- Confidential, private, online peer support for 13–25-year-olds to share information and build coping skills through our free, moderated My Circle social media platform and
- Free programs since 2013 to Victorian primary schools to improve student mental health literacy, resilience, and help-seeking skills through our Kids Helpline @ School BUPA-funded initiative.

Kids Helpline

Kids Helpline is staffed by a paid professional workforce with counsellors holding a tertiary qualification. It offers counselling support via telephone, webchat and email and counsellor-supervised peer support via My Circle. In addition, the Kids Helpline website and associated social media platforms provide a range of audience specific self-help resources.
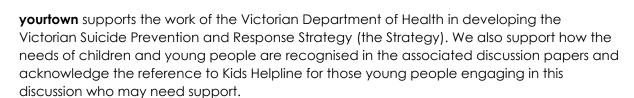
Kids Helpline provided significant support to children and young people living in Victoria throughout the COVID-19 pandemic. This included **yourtown** engaging additional counsellors. Our increased workforce supported the increase in demand for our services, boosting our capacity to answer and respond to more contacts from children calling us for help during the pandemic, particularly for mental health issues, child abuse, self-harm, and suicidality.

Our other services

yourtown provides a range of face-to-face and virtual services to children, young people, and families around Australia. This includes:

- Mental health service/s for children aged 0-11 years old and their families, with moderate mental health needs
- Domestic and family violence supports including accommodation (refuge and transitional housing), including post-refuge support
- 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 have been exposed to violence
- Young Parent Program providing parenting support to help with child development, life skills and health and wellbeing activities in safe, supportive environments, and
- Employment, educational programs, and social enterprise programs to help long term unemployed young people re-engage with education and/or employment.

yourtown supports the work of the Victorian Department of Health in developing the Victorian Suicide Prevention and Response Strategy (the Strategy). We also support how the needs of children and young people are recognised in the associated discussion papers and acknowledge the reference to Kids Helpline for those young people engaging in this discussion who may need support.

We strongly support the recognition of the contributions of those with lived experience, particularly those of young people. In 2021, **yourtown** heard from over 3,500 young people from around Australia in our Your Voice project about issues that mattered the most to young people. Key issues raised in this report included the many barriers that young people face in accessing appropriate and timely mental health support, and how services are not always designed to meet their needs, and they are serviced by practitioners who often neither understand nor know, how to help or work with young people. These findings are affirmed by Suicide Prevention Australia's 2022 report 'In Their Words: How to support young people in suicidal distress' and what young people said matters to them when in suicidal distress, particularly in addressing the too often negative experiences of young people attending services after attempting suicide, or self-harm, or when at a point of suicidal distress.[1]

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

vision
The Royal Commission suggested 'towards zero suicides' as a vision for the Strategy. Is this appropriate?

Yes.

priority populations
In the discussion paper we have listed a series of groups that may need a greater focus in the strategy. Is this list appropriate? If not, which other higher risk groups do we need to prioritise for targeted and comprehensive action now?

Yes. **yourtown** supports the focused attention of the Strategy on children and young people. This is particularly important when noting the evidence that suicide clusters ('a group of suicides that occur closer together in time and space than would be normally expected') are more likely to occur among the youth population than among the adult population in Australia.[2]

Suicide is the leading cause of death in young people in Australia.[3] Suicidal ideation can be exacerbated while the cognitive functioning of the brain is still developing during childhood

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[1] Suicide Prevention Australia, August 2022. *In their words: How to support young people in suicidal distress'*

[2] Robinson, J., San Too, L., Pirkis, J. & Spittal, M. (2016). Spatial suicide clusters in Australia between 2010 and 2012: A comparison of cluster and non-cluster among young people and adults. BMC Psychiatry, 16(417), 1-9.

[3] Australian Bureau of Statistics (2021), Table 1.4 Underlying cause of death, Leading causes by age at death, numbers and rates, Australia, 2020. 3303.0 Causes of Death, Australia, 2020. Available: https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2020.

and adolescence. Furthermore, approximately 50% of lifetime mental health conditions commence before the age of 14, with, 75% of conditions having their onset before the age of 25.[4] While childhood and adolescence are critical times for the emergence of mental health conditions, cognitive functioning can also be highly malleable during these developmental stages which means specific and tailored mental health and suicide prevention support can be highly effective with children and young people.

In 2021, Kids Helpline received approximately 335 contacts per day, one contact every four minutes from children and young people in Victoria. Over 46,000 contacts were answered – Kids Helpline provided 25,349 counselling sessions an increase of 9% on 2020) and 14,189 sessions about information and referrals. One in six counselling contacts (i.e., 4,241 sessions) were about suicide-related concerns. Half of these sessions were with Victorian children and young people talking about suicidal thoughts and fears.

Furthermore, in 2021, Kids Helpline undertook 721 emergency responses where we contacted and worked with emergency services to keep children and young people in Victoria safe from suicide. Suicide attempts comprised 41% of all Kids Helpline emergency responses. The number of emergency responses increased from 301 in 2020 to 721 in 2021, a 140% increase.

While the discussion paper identifies distinct priority groups (e.g. children and young people; Aboriginal people; culturally diverse; LGBTIQ+; those with mental illness; those living with substance use and addictions; or with lived experience of suicide; those living in rural or remote locations; young women; and those with disability and neurodiversity), most of the young people that contact Kids Helpline would fit several of these categories at once, and their issues, and support required, are becoming increasingly complex.

In 2021, where Kids Helpline provided support to Victorian children and young people with suicide-related concerns:

- 27% were from regional and rural areas and 73% were from major cities
- 13% were male, 74% were female, and 13% were trans and gender diverse
- 14% were from a culturally diverse background and
- 2% were Aboriginal and/or Torres Strait Islander.

Of the emergency responses for suicide attempts, 75% were for females, 7% were for males, and 18% were for trans, and gender diverse young people in Victoria. It should be noted that only 22% of our contacts in Victoria were male. This underrepresentation aligns with evidence that males are less likely to seek help for their issues[5]. It is critical that young males are prioritised under the Strategy, particularly given their low help-seeking rates, and the high rates of suicide from the late teenager to early adult years.

While **yourtown** recognises the range of groups noted in the Strategy for greater attention, we do know that 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 tailored to different groups of children and young people. This includes meeting the specific needs and preferences of the young person, whether they are Aboriginal, gender diverse, and living in a rural or remote location, while also taking into consideration their developmental stage and age, ensuring they have tailored support available for their specific context (e.g. urban and remote locations, lower

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[4] Australian Institute of Health and Welfare (2021). Australia's youth: Mental illness.

[5] **yourtown** (2021) *Research in Action: Boys' Help Seeking Behaviour*. Boys help seeking behaviour report

socioeconomic areas). Furthermore, evidence shows the following specific groups of young people are at higher risk of suicide[6]:

- 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
- LGBTIQ+ 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.

priority areas

What priority areas should be included in the Strategy to create the greatest impact and help us achieve our vision?

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. They are less likely to go to a GP, and far more likely to reach out first to their peers, or a family member for support,[7] particularly among young males.[8]

Digital services are also key in any youth suicide prevention strategy. 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 also support young people's preference to engage in-the-moment at any time. Digital services are also critical in providing non-stigmatised responses to help-seeking, given that a person reaching out for help may wish to stay anonymous, and can either speak on a phone with a support person with relative anonymity, or reach out via webchat or text.

Social media can 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, their voices need to be listened to, with face-to-face and digital resources and supports co-designed with young people so that they will want to use the services, and they are flexible models that can adapt to meet the individual's specific needs. Furthermore, these supports need to be designed for the eco-system that young people live in. This takes into account that young people may need to access various supports and can benefit from help to navigate the complex service landscape.

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[6] 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.
[7] www.orygen.org.au
[8] **yourtown** (2021) *Research in Action: Boys' Help Seeking Behaviour.* Boys help seeking behaviour report

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 always available to provide services when other services close for the day, or weekend.
In 2021, 58% (almost 56,000) of all phone and webchat contacts received from Victoria were made between the hours of 5pm and 9am, with almost 26,000 of these contacts received on a Saturday and/or Sunday. More needs to be done to address barriers to access, including promotion and funding of 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.

A 2016 Kids Helpline survey of young people reporting suicidal thoughts found a greater proportion of young people who had sought help reported a subsequent reduction in suicidal thoughts compared to those who had not. Key features of a positive help-seeking experience were that the helper should 'listen, not judge and demonstrate that they care'[9].
Key issues raised in **yourtown**'s 2021 Your Voice report drawn from the voices of over 3,500 young people around Australia (including 352 young people from Victoria), included the high cost of seeking mental health care and support, as well as difficulties navigating multiple systems. In the words of participants from Victoria:

> *'I have found it incredibly difficult to access mental health services such as counsellors or psychologists. Psychologists I couldn't/can't afford, and I had to work when counsellors were available or go through really long waiting periods. When I did make it to a counsellor who was assigned through medicare, I didn't feel like I received the help that I needed and I had to travel an hour to get to them each time. I had more anxiety going to see them than I did normally.'*

> *'Having to choose between basically buying essentials (food, living) or pay for therapy. It's hard to get help as a minor who has limited money. Places which do offer help tend to have long waiting lists and few sessions.'*

> *'I found it kind of hard to understand the diagnostic and treatment options available to me as a younger person, so I felt in the dark for quite a while. I've also never really been taught how to talk about my mental illness.'*

Focus on early intervention and seamless care

Access to high quality youth mental health care in early onset of mental health concerns is the cornerstone in any youth suicide prevention strategy. The Strategy also needs to recognise and prioritise the interplay and impact of trauma, abuse, mental health, and drug and alcohol use/misuse ensuring access to early intervention to drug and alcohol treatment services within suicide prevention programs and services. Early intervention requires consideration of the multiple and varied drivers behind suicidal ideation and behaviour, including prioritisation of integrated and coordinated support with other systems (e.g. child protection, juvenile justice, family and domestic violence, or trauma).

Further, supporters are critical to effective early intervention. Supporters (such as parents) can often be the first to notice that a child or young person is in crisis and needs support. The problem is that they often don't know what to do, or how, or where to reach out for support. Supporters of young people can be overlooked in the provision of early intervention and

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[9] **yourtown** (2016). Preventing Suicide Report 2016

latter stages of care. These supporters are often family or friends who play important roles in facilitating the young person to access appropriate support across multiple systems. The Strategy needs to not only address care for supporters but also specifically support the role they play in helping children and young people access appropriate care.

Services should 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 a child to an adult service, and that those at higher risk of suicide after leaving inpatient care following an attempt, receive the ongoing support that they need. System integration will also ensure young people only need to tell their story once and various services will provide appropriate and timely care. This should include holistic non-clinical support that addresses the specific contextual factors contributing to an individual's distress.

Kids Helpline has been supporting children and young people in Victoria for 29 years and can provide real-time data on regions in the state. The ability to share data between services will facilitate a responsive and integrated system that, with appropriate funding, can respond quickly and appropriately to extenuating circumstances such as natural disasters (bushfires, floods), economic downturns, community crises (such as a suicide or death within a school community), or pandemics.

principles
What principles should guide the development and implementation of the Strategy?

The underpinning principle should be adoption of a 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 'taking a person-centred approach' should be extended to 'designing for the person's eco-system'. Having a rights-based foundation gives greater credence to recognition of the complexity of issues that can impact suicide. Having a human rights approach will enable the focus of prevention and early intervention strategies to go beyond focusing upon mental health concerns and focus upon problems of inequity, homelessness, child abuse, domestic and family violence, poverty, and discrimination as critical issues to be addressed systemically, and individually.

yourtown supports most of the examples of principles that will be used to guide the Strategy's development, implementation, and evaluation, particularly the principles about: supporting equity and taking an intersectional approach, supporting Aboriginal self-determination, and being adaptable and evidence informed. However, the Strategy should go further than 'valuing lived experience' and 'taking a person-centred approach' by adopting human-centred design to give effect to the rights-based approach, in development, implementation and evaluation. This iterative practice that Involves key stakeholders in all stages of the design process will enable the Strategy to meet the needs of stakeholders and achieve greater buy-in and impact.

Given suicidality affects groups of children and young people in significantly different ways, children and young people from varied backgrounds and with different experiences should

be part of any human-centred design that guides the development and implementation of the Strategy, particularly as it relates to young people.

suicide prevention and response initiatives and actions
In addition to the Royal Commission's recommended initiatives, what other initiatives should be included in the Strategy?

Early intervention
Early intervention services that provide holistic support and treat emerging mental health problems are a key mechanism to prevent suicide and should be available to children and young people of all ages. Mental health services and suicide prevention support for children and young people should be designed to meet the needs, communication styles and preferences of children and young people 'where they are at'. This includes:

- Services that 'don't feel like services', whether through peer-to-peer approaches or similar mechanisms
- Ongoing connectivity and availability of services
- Online access to services, whether through multi-channel use, or ongoing connectivity and availability of services
- Palpable reassurance of trust between the provider and young people
- Services that enable young people to tentatively reach out and test the service and
- Addressing privacy concerns of young people, particularly in small communities.

Invest in, and provide long term funding for virtual counselling and support services
yourtown supports the priority initiative to be implemented by the Suicide Prevention and Response Office for major investment across Victoria's workforces to better support people experiencing suicidal thoughts and behaviours. Kids Helpline has been supporting children and young people in Victoria for almost 30 years and plays an integral role in Victoria's mental health system, through:

- Prevention services for children and young people regarding any issue that could lead to mental ill-health or major distress and trauma, and inviting children and young people to talk about anything,
- Providing a front door to the mental health system for children and young people with any mental health concern or need
- Providing a soft entry for children and young people with emerging or undiagnosed mental health needs and a safety net for those with diagnosed mental health needs
- Increasing specialist support for children and young people who have been sexually abused or exploited and
- Providing case management for children and young people with complex diagnosed mental health needs.

Young people use the internet to find information and support for their specific needs, and virtual counselling and support services provide a safe option for groups of young people who may not readily engage with face-to-face services, such as young males, Aboriginal and Torres Strait Islander young people, LGBTIQ+ young people, and young people with a disability.[6] Children and young people access Kids Helpline with a range of needs including one-off and ongoing, low, moderate and severe needs, including mental health, emotional wellbeing, family relationships, suicide-related concerns, and self-harm concerns. **yourtown** has been supporting children and young people in Victoria through Kids Helpline since 1993, with Kids Helpline now the mental health safety net for children and young people nationally.

The Victorian Departments of Education and Training[10], and Health[11] both identify Kids Helpline as a vital support to ensure children and young people can access mental health support services. Similarly, Mental Health Victoria, the Better Health Channel, Victorian schools and community supports all list Kids Helpline as a critical helpline for support for children and young people in Victoria. However, over the last 10 years, while **yourtown** has internally funded more than $83 million in Kids Helpline (more than 72% of the costs of the service) increasing levels of demand and counselling contacts means that without alternative long term, guaranteed funding, fewer young people in Victoria will be able to get the support from us that they need.

The Strategy will fail if services to support the Strategy are not adequately funded by the Government and accompanied by a commitment to funding over a four-to-five-year term.

What opportunities should be created for the Victorian community to be part of the change to reduce the stigma associated with suicide, increase understanding and awareness, and prevent suicide?

Children and young people experiencing suicidal ideation are often reluctant to seek help because of embarrassment, shame, and fear of being judged, ignored, or labelled as attention-seeking. Strategies that target the whole community are needed to overcome stigma and create a culture that encourages help-seeking. Education and campaigns are imperative to encouraging children and young people experiencing suicidal ideation to talk openly. Similarly, the whole community should have targeted education and campaign messages, focused on critical supporters of children and young people – including professionals, teachers, parents, family members, friends, and the wider community – encouraging them to listen first.[13]

In addition to training, what else is needed to support frontline workforces and other social and health services workforces to respond compassionately to: people experiencing suicidal thoughts and behaviour; suicide attempt survivors; and families and carers?

Gatekeeper training

There should be no wrong door for accessing services. As young people often do not seek help or access services due to fear of 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. This includes recognising and responding compassionately and appropriately to the contributing (risk) factors mentioned in the discussion paper at the:

- Individual level (mental illness, substance use or addiction, and previous suicide attempts).
- Relationship level (abuse, family violence, trauma, social isolation, family and interpersonal conflict, relationship breakdown, and grief and bereavement).
- Community level (barriers to accessing mental health and wellbeing treatment/care/support, legal problems, financial problems including housing and employment, contact with the justice system, and contact with social services and child custody issues); and
- Society level (stigma, racism, and discrimination).

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10 quick-guide-to-student-mental-health-and-wellbeing-resources.pdf (education.vic.gov.au); and Mental health toolkit (education.vic.gov.au)
11 www.health.vic.gov.au/mental-health-services/telephone-and-online-services

Risk factors that can specifically impact young people include[12]:

- Loss of someone important through death or relationship breakdown
- Incest, sexual abuse, sexual exploitation, or other forms of child abuse
- Bullying (at school or the workplace) and cyberbullying
- Recent suicide or anniversary of a suicide of a friend or relative
- Experiencing discrimination, isolation, and/or conflict due to identifying as LGBTIQ+ and
- Previous suicide attempts.

'Gatekeeper training' is training that teaches individuals who have regular contact with others in their community to recognise and respond to people at potential risk of suicide, to support those who are bereaved by suicide or those who have lived experience.[13] Training adults who are in contact with children and young people to identify and respond to the needs of those experiencing suicidal ideation is integral to ensuring that young people are supported in knowing that there is no wrong door to accessing support and care services.

Support via virtual technologies

The Strategy should recognise the need for virtual mental health support as part of the broad continuum of support. Young people under 25 are digital natives and want choice of service delivery both online and face to face. 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.

conclusion

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

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[12] Better Health Channel. Youth suicide – the warning signs - Better Health Channel
[13] **yourtown** (2018) 1. yourtown Position Statement - Preventing suicide by children and young people_0.pdf