Submission to Inquiry into Youth Suicide and Self Harm in the ACT

Submitted on behalf of the **National Institute for Mental Health Research**, The Australian National University, Canberra

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The state of suicide prevention in Australia

As noted in the terms of reference, youth suicide is the most common cause of death among young people and has an enormous burden on the population, particularly in terms of the emotional burden on the bereaved. In addition, suicidal ideation, self-harm behaviours and suicide attempts among young people have additional impact, including the emotional suffering of the young person and their family and friends, reduced functional ability of the young person, health costs of treatment, and long-term reductions in economic and academic productivity. Many of these impacts have life-long repercussions. Up to 10% of young people report a lifetime suicide attempt, and up to 30% report having had thoughts about killing themselves.

Despite the economic costs of suicide being estimated at up to $17.5 billion annually in Australia, only $250 million has been invested in suicide prevention activities over the past three years. Much of this expenditure has not been targeted to evidence-based programs. Minimal investment has been directed to research, so most of the evidence for suicide prevention programs comes from overseas. For example, National Health and Medical Research Council (NHMRC) project funding for suicide prevention research has remained extremely low over the past ten years, typically between $500,000-$1,000,000 per year, representing less than 0.5% of NMHRC project funding.

The NHMRC Centre of Research Excellence in Suicide Prevention (CRESP), funded from 2013-2017, brings together researchers from UNSW, ANU and other Australian universities. Over the past three years, CRESP has built capacity in Australian suicide prevention research, with the $2.5 million budget predominantly funding doctoral students and postdoctoral researchers. However, without sustained funding for suicide prevention research, we cannot make gains in understanding the specific factors that underlie suicide in the ACT, nor identify which specific evidence-based programs might be most effective in reducing youth suicide risk in the Territory. Furthermore, without a standardised surveillance system for suicide in the ACT, combined with research partnerships to better utilise such data, it is difficult to determine patterns of risk factors that may underlie youth suicide specifically in the Territory.

School-based programs

Australia lags behind the US and Europe in implementing evidence-based suicide prevention programs in schools. To our knowledge, there are currently no evidence-based suicide prevention programs being systematically offered by education departments in Australia. The team of the National Institute for Mental Health Research (NIMHR) at the ANU is conducting pioneering research into reducing adolescent suicide. For example, researchers from NIMHR are currently conducting a large research trial testing a promising suicide prevention program in ACT and NSW high schools. The program uses a peer leader program to build connections between teens and trusted adults to improve help-seeking for suicide and general psychological distress. No such suicide prevention program has previously been tested in Australia.

Although parents and teachers should not be expected to provide psychological support, they are fundamental in referring young people to appropriate professional care. Adults tend to be aware of help-seeking options for young people in distress, such as school counsellors, GPs or Lifeline. However, their confidence in referring adolescents to care or in recognising the signs of suicide is typically low. Gatekeeper training programs are designed to improve the recognition and referral of people at high risk of suicide. Such programs have been found to improve knowledge, skills and attitudes in a range of settings. However, implementation of such programs has not been conducted at a departmental level in Australia, and a lack of online programs limits the dissemination of gatekeeper programs for teachers and parents.

A third schools-based approach to reducing suicide risk is to screen students. Identifying students at risk of suicide or other mental health problems has previously been shown to be a low risk strategy, with no evidence to indicate that asking young people about suicide engenders suicidal thoughts. Nevertheless, there is scope to develop screening tools that minimise sensitive questioning and take advantage of new methodologies currently being tested by NIMHR researchers to allow flexible, precise and rapid assessment. Screening programs in isolation may not be effective, but when combined with clear pathways for referral, they can lead to more direct linkages to care for at-risk students. Again, Australia lags behind other nations in implementing screening programs.

There is also a need for additional rigourous research on the development of suicidal states in young people. NIMHR researchers are conducting a range of research into theoretical models of suicidal behaviour in a range of settings, testing the roles of risk factors such as thwarted belongingness (isolation), perceived burdensomeness, capability for enacting self harm and entrapment. Limited theory-driven suicide prevention research has previously been conducted with Australian youth. In addition, NIMHR researchers have conducted pioneering research on the roles of stigma and mental health literacy on help seeking for suicidal behaviour. Our research indicates that stigma reduction and educational campaigns may increase professional help seeking for suicidal ideation. However, our research also indicates a need for care in designing messaging for vulnerable populations, as some types of messaging may be more effective than others in encouraging young people to seek help when they experience distress.

A systems-based approach to suicide prevention

A strategic, multifaceted approach to suicide prevention in schools and the community is likely to have the greatest impact on youth suicide. Implementation of peer leader programs, in combination with gatekeeper and screening programs, with rigourous evaluation of their effects, may have a

measurable impact on reducing suicide risk. Reducing the suicide rate within the Territory will require implementation of a range of evidence-based programs, building on existing strengths within the community, while moving away from an unsystematic approach to funding suicide prevention programs.

A broader systems-based approach to suicide prevention in the community is currently being tested by the NHMRC CRESP and Black Dog Institute (UNSW), in collaboration with researchers from the Australian National University (https://cresp.edu.au/news/bdicresp-systems-based-approach-suicide-prevention). By implementing multiple evidence-based suicide prevention strategies within four discrete communities across NSW, it is anticipated that suicide deaths will decrease by up to 20%. Broader effects on community well-being and reduced risk behaviours are also anticipated. The ANU is contributing to the design of the project and leading geospatial mapping of suicide-related outcomes to identify at-risk areas and test intervention effects. The cost of the pilot implementation is being borne by a $14.7m philanthropic grant from the Paul Ramsay Foundation.

The nine categories of interventions to be implemented include:

1. continuing/coordinated aftercare for people leaving emergency departments after a suicide attempt;
2. greater availability of high-quality evidence-based treatments (leveraging online programs);
3. reducing access to lethal means;
4. GP training and feedback, with screening of primary care patients;
5. training of front line staff (first responders);
6. gatekeeper training in workplaces and community organisations;
7. school-based programs;
8. responsible media reporting of suicide; and,
9. community suicide prevention awareness programs.

With the exception of awareness programs, all of these approaches have previously been shown to reduce suicide attempts or deaths in Australia or overseas. Extending the systems approach to the ACT, with an emphasis on school-based programs, may be one of the keys to reducing the tragic consequences of youth suicide in the Territory.

Recommendations to the Inquiry

1. Expand the implementation and evaluation of the systems-based approach to suicide prevention from NSW into the ACT; engage research partners to assist in the implementation and to assess impacts on suicide-related outcomes using administrative / clinical data, self-reported outcomes data and geospatial mapping;
2. Implement school suicide prevention programs with an existing evidence base (peer leadership + gatekeeper training + screening), engaging research partners to assist with the implementation and rigourous evaluation of these programs;
3. Enhance available data on suicide in the Territory by establishing a suicide surveillance system (registry);
4. Create a registry of evidence-based programs for suicide prevention;
5. Map existing capabilities for responding to youth suicide risk (in health, education, NGOs, etc.) across the nine evidence-based intervention categories identified within the systems-based approach;

6. Create a robust partnership between the ACT Government and the existing base of skilled suicide prevention researchers in Canberra and connect to organisations such as CRESP to facilitate additional research into risk factors and effective approaches for youth suicide prevention that are specific to the ACT

We welcome the Inquiry into Youth Suicide and Self Harm and look forward to the opportunity to further contribute our expertise to the consultation process.