Submission to the ACT Legislative Assembly Standing Committee on Health, Ageing, Community and Social Service

Inquiry into Youth Suicide and Self-Harm

April 2016

www.youthcoalition.net

The Youth Coalition of the ACT acknowledges the Ngunnawal people as the traditional owners and continuing custodians of the lands of the ACT and we pay our respects to the Elders, families and ancestors.

We acknowledge that the effect of forced removal of Indigenous children from their families as well as past racist policies and actions continues today.

We acknowledge that the Indigenous people hold distinctive rights as the original people of modern day Australia including the right to a distinct status and culture, self-determination and land. The Youth Coalition of the ACT celebrates Indigenous cultures and the invaluable contribution they make to our community.

Submission to the Standing Committee on Health, Ageing, Community and Social Service
Inquiry into Youth Suicide and Self-Harm

April 2016

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The Youth Coalition would also like to acknowledge the ongoing support and input of the ACT Peaks Network, in particular our partnership work with ACT Council of Social Services; ACT Shelter; Alcohol, Tobacco and Other Drug Association ACT; Families ACT; Mental Health Community Coalition ACT; and Women's Centre for Health Matters.

The Youth Coalition receives funding for peak activity (policy development, sector development, advocacy & representation) from the ACT Government - Community Services Directorate.

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1. Introduction

Section 1 of this Submission provides contextual information about the Youth Coalition of the ACT (the Youth Coalition), young people and the youth sector in the ACT, and the process for developing and format of this Submission.

1.1 About the Youth Coalition

The Youth Coalition is the peak youth affairs body in the ACT. As a membership based organisation, the Youth Coalition is responsible for representing and promoting the interests and wellbeing of young people aged 12 to 25 years and those who work with them.

The general activities of the Youth Coalition fall under four themes: policy; sector development; advocacy and representation; and, projects that respond to ongoing and current issues.

A key role of the Youth Coalition is the development and analysis of ACT social policy and program decisions that affect young people and youth services. The Youth Coalition facilitates the development of strong linkages and promotes collaboration between the community, government and private sectors to achieve better outcomes for young people in the ACT.

1.2 About Young People in the ACT

Young people are a distinct population group aged between 12 and 25 years. Although diverse, as a group young people frequently experience systemic disadvantage, discrimination and unequal access to resources. This means that young people who experience other forms of disadvantage, such as poverty or low educational attainment, are amongst the most vulnerable members of the ACT community.

Canberra has one of the youngest populations of any Australian State or Territory, with approximately 78,000 people aged between 10-24 years residing in the ACT, representing more than 20% of Canberra's population[1]. With over one fifth of Canberra's population comprised of young people, it is important that the wellbeing of young people be regarded as an indicator of the ACT's future population health and development.

[1] Australian Bureau of Statistics, 2013, *Population by Age and Sex, Regions of Australia*.

1.3 About the ACT Youth Sector

The youth sector in the ACT is both diverse and unique in its composition and delivery of services to young people aged between 12 and 25, and their families. A range of professionals work within the youth sector, including generalist youth workers, specialist youth workers, health workers, mental health workers, alcohol and other drug workers, social workers, counsellors, statutory workers, nurses and doctors, educators, psychologists, family workers, lawyers, volunteers, and management staff.

The youth sector uses a range of service delivery models to support young people. These include centre-based, outreach, street outreach, in-reach, case management, case work, residential, crisis support, group-based work, recreation-based activities, and education.

1.4 About the Submission

The Youth Coalition welcomes the opportunity to provide input into Standing Committee on Health, Ageing, Community and Social Service *Inquiry into Youth Suicide and Self-Harm*.

This Submission is based on:

- ongoing collaborative work with ACT Peak partner agencies, in particular the ACT Council of Social Services (ACTCOSS), the Mental Health Community Coalition ACT (MHCC ACT), Families ACT & ACT Shelter gave specific feedback for this Submission;
- attendance at the ACT Legislative Assembly Standing Committee on Health, Ageing, Community and Social Service: *Inquiry into Youth Suicide and Self-Harm* along with young people in the community;
- the policy positions outlined in the *Youth Coalition Policy Platform;*
- the views of participants of the Youth Coalition's Forums and Networks;
- previous Youth Coalition submissions to the ACT Government;
- recent Youth Engagement / Consultation Projects undertaken by the Youth Coalition including: Just Sayin' (April 2015); *Mental Health: Perspectives of Young People* (May 2015); and the Youth Media Team Project (Dec 2015-ongoing);
- one-on-one interviews with young people, youth workers, member and stakeholder services and organisations, with the support of MHCC ACT; and,
- current and topical research on youth affairs.

The Youth Coalition would like to thank the young people involved in developing this Submission and appearing before the ACT Legislative Assembly Standing Committee on Health, Ageing, Community and Social Service: *Inquiry into Youth Suicide and Self-Harm:* Sophie, Dylan, Rachael, Kiana, Caitlin, Zohra, Courtney, Isabel and Lizzie.

2. Summary of Recommendations

Section 2 provides a summary of the recommendations for this Submission. It is vital that these recommendations be referred to in the context of the broader Submission.

The Youth Coalition's recommendations for the Standing Committee on Health, Ageing, Community and Social Service *Inquiry into Youth Suicide and Self-Harm* are:

Recommendation 1
Respond to youth suicide and self-harm, by seeking to:

- Address social determinants of health;
- Invest in early intervention and prevention;
- Address young people's mental health and wellbeing holistically; and,
- Invest in strengths based community development.

Recommendation 2
Conduct research to better understand self-harm and suicidal ideation amongst young people in the ACT, and the gaps in service system responses.

Recommendation 3
Increase investment in programs and services that address stigma, and promote help seeking behaviour for young people around their mental health and wellbeing.

Recommendation 4
Reduce barriers to help seeking by reducing wait times to access to services and supports.

Recommendation 5
Respond to youth suicide and self harm holistically, ensuring that across the service system there are services and programs that provide: education; early intervention and prevention; community capacity building; social and emotional support; counselling and therapeutic support; and clinical mental health support.

Recommendation 6
Ensure there is no reduction in youth mental health services and supports capacity as a result of changes to Commonwealth Government funding arrangements.

Recommendation 7
Increase the resource and capacity of headspace Canberra.

Recommendation 8
Invest in successful programs that increase the capacity of schools to support students with a history of trauma, including training for teachers and partnerships with services outside of schools.

Recommendation 9
Invest in increasing the capacity of mental health and wellbeing supports, such as health professionals, youth workers, social workers, and psychologists, available to work with schools to deliver more integrated, efficient and effective services.

Recommendation 10
Invest in education and training of health professionals, including GPs and hospital staff, to improve their knowledge and capability in identifying, supporting and providing appropriate referrals for young people, including those who present with self-harm and suicidal ideation.

Recommendation 11
Ensure that health and community services work together to provide a continuum of care for young people who have self-harmed or attempted suicide.

Recommendation 12
Continue to invest in the Mental Health Community Policing Initiative to improve the understanding and ability of police to recognise, relate and respond to incidents of self-harm and suicide.

Recommendation 13
Invest in building the capacity of community based services (including youth engagement; mental health; alcohol, tobacco and other drug; specialist homelessness; and Aboriginal and Torres Strait Islander services) to work collaboratively with education, health and other community services to improve mental health and wellbeing outcomes for young people and their families.

Recommendation 14
Ensure young people are not discharged from health services into homelessness.

Recommendation 15
Invest in building the capacity of community based Aboriginal & Torres Strait Islander services, who have established connections with families, to work collaboratively with health and other community services to improve mental health outcomes for young people and their families.

Recommendation 16
Address inequality for Aboriginal & Torres Strait Islander people in the ACT Community and prioritise actions that build a positive sense of identity and connection to community for Aboriginal and Torres Strait Islander children and young people.

Recommendation 17
Address the gap between early intervention and crisis services to ensure there is a continuum of care to address the mental health needs of young people with self-harm and suicidal ideation.

Recommendation 18
Increase investment in evidence-based programs (e.g. MIEACT) to provide age-appropriate mental health education to students across all year levels.

Recommendation 19
Ensure young people are actively engaged in the designing, planning and evaluation of mental health policy and service delivery.

Recommendation 20
Invest in community development, including services, projects, and training that increases community capacity to support youth mental health and wellbeing.

Recommendation 21
Invest in providing support to parents from culturally and linguistically diverse backgrounds; Aboriginal families; parents of young people aged 12 to 18 years; and young parents aged 14 to 25 years.

Recommendation 22
Utilise online information and support services to enhance and increase the capacity of the service system. Note: The Youth Coalition stresses the importance that online services are not a replacement for face to face and relationship based human services.

Recommendation 23
Continue to invest in the implementation of the *Human Services Blueprint.*

Recommendation 24
Implement a trial project under the *Better Services Initiatives* that brings together all of the government and community service resources providing social and emotional wellbeing supports to children and young people in a region of Canberra, to better collaborate and coordinate the design, delivery, and resourcing of services.

3. Youth Suicide and Self-Harm in the ACT

Youth workers and services in the ACT consistently report that mental health and wellbeing is one of the top three issues for young people in the ACT. In the 2012 *Rate Canberra* survey conducted by the Youth Coalition, mental health-related issues featured strongly as a concern for young people in each age bracket (ages 12-15, 16-17, 18-21, 22-25), with 'stress' being one of the top two issues selected across all age brackets. 'Body image' and 'feeling sad or anxious' also appeared in the top five issues and concerns across all age brackets.[2] These findings are reflected in Mission Australia's 2015 survey of 15-19 year olds, in which ACT respondents identified 'coping with stress' (38.7%), 'body image' (32.7%) and 'depression' (24.1%) as three of the top five issues that they were 'extremely concerned' or 'very concerned' about.[3]

Mental health issues are likely to be significant in many young people's lives with 25% experiencing a mental health issue in any given year.[4] With the ACT population of young people aged 12-25 being more than 77,000 persons[5], around 19,000 young people in the ACT might benefit from mental health care and/or support each year. Further to this, a recent report by Mission Australia and the Black Dog Institute has found that more than one fifth of young people (21.2%) met the criteria for probable serious mental illness.[6]

Mental health issues can also affect different groups of young people disproportionately. Youth services report that young people experiencing homelessness, alcohol and other drug issues, young carers, multicultural young people, Aboriginal and Torres Strait Islander young people and young people who identify as gay, lesbian, bisexual, transgender or intersex are often affected in higher proportion. It is important to note the cyclic impact these co-occurring issues can have upon young people.

The symptoms, effects and types of mental health issues can also vary between young males and females. For example, young males are nearly 3 times more likely to complete suicide.[7] On the other hand, females are almost twice as likely to meet the criteria for a probable serious mental illness.[8]

[2] Youth Coalition of the ACT, 2012, *Rate Canberra 2012: Findings from the survey of Young People aged 12-25 in the ACT*.
[3] Mission Australia, 2012, *Youth Survey 2015.*
[4] Australian Bureau of Statistics, 2009, *Australian Social Trends: Mental Health*, Australian Government, Canberra.
[5] Australian Bureau of Statistics, 2013, *Population by Age and Sex, Regions of Australia*.
[6] Ivancic, L., Perrens, Fildes, Perry & Christensen, 2014,*Youth Mental Health Report*, Mission Australia and Black Dog Institute.
[7] Australian Bureau of Statistics, 2009, *Causes of Death, Australia, 2007*, ABS Catalogue.
[8] Ivancic, L., Perrens, Fildes, Perry & Christensen, 2014,*Youth Mental Health Report*, Mission Australia and Black Dog Institute.

3.1 Concepts and Definitions

3.1.1 Suicide and Self-Harm

Suicide ideation is defined by headspace, a national youth mental health service, as a person experiencing thoughts that life isn't worth living, ranging in intensity from fleeting thoughts through to concrete, well thought-out plans for killing oneself, or a complete preoccupation with self-destruction. These thoughts are not uncommon among young people. It is estimated that between 22% and 38% of adolescents have thought about suicide at some point in their lives, with between 12% and 26% reporting having had such thoughts in the previous year.[9]

Self-harm is defined by headspace as the act of when someone deliberately hurts their bodies. The most common type of self-harm among young people is cutting. Other types include burning the skin until it marks or bleeds, picking at wounds or scars, self-hitting and pulling hair out by the roots. At the more extreme end of the spectrum, self-harm can include breaking bones, hanging and deliberately overdosing on medication. There are other deliberate behaviours that can be harmful to one's health that are not normally included in the definition of self-harm. These include self-starving, binge drinking, smoking or other drug use and dangerous driving.[10]

3.1.2 Social Determinants of Health

The social determinants of health are the conditions in which people are born; grow up; live; work; and age, which are in turn shaped by political, social, and economic factors.[11] People's experiences of health and wellbeing are influenced by a variety of factors including education, employment, transport, income, social status, housing, geography, environment, access to food, access to health care, individual behaviours and lifestyle factors.[12]

For young people, the social determinants of health have significant consequences for their life trajectories. Poverty is a powerful determinant of poor health, and intergenerational poverty (the transmission of poverty from generation to generation) is a major barrier to improving health outcomes and reducing health inequity for the most disadvantaged young people in society.[13]

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[9] headspace Australia, 2012, *Self-Harm Fact Sheet,* online at http://headspace.org.au/assets/Uploads/Resource-library/Young-people/Self-harm-web.pdf, accessed 4 April 2016.
[10] headspace Australia, 2012, *Self-Harm Fact Sheet,* online at http://headspace.org.au/assets/Uploads/Resource-library/Young-people/Self-harm-web.pdf, accessed 4 April 2016.
[11] World Health Organisation, 2008, *Social Determinants of Health: Key Concepts,* online at http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/, accessed 20 October 2014.
[12] South Australian Council of Social Services, 2008, *The Social Determinants of Health: SACOSS Information Paper.*
[13] Commission on Social Determinants of Health, 2008, *Closing the Gap in a Generation: Health equity through action on the social determinants of health*.

3.1.3 Early Intervention and Prevention

Addressing the root causes of social disadvantage and vulnerability is a clear policy goal locally and nationally, and a common desire in the community sector.

The Youth Coalition is of the view that preventing young people from experiencing disadvantage like homelessness, disengaging from education, or becoming involved in the youth justice system, requires intervening early in the life of any problem. Issues such as such as social inequality, poverty, mental health and wellbeing, alcohol and other drug use, family support, and child protection concerns require coordinated and planned approaches to address them. It also requires significant redistribution of funds away from tertiary services to primary services.

Community services are operating in an environment of constant push to rationalise resources and become more efficient, coupled with the urgent needs of people whose lives are affected by poverty, ill-health, violence, racism, unemployment, or other forms of disadvantage. This makes striking the right balance of investment in early intervention, long term impact versus crisis work challenging.[14]

> *'Resources cannot be just an injection of money, there needs to be a shift in culture and a commitment to supporting children and their families before they end up in crisis, or at least intervening effectively at the start of the crisis.'* [15]

3.1.4 Mental Health and Wellbeing

Young people, youth workers, and services in the ACT consistently report that mental health is one of the top three issues for young people in the ACT.

Frontline youth workers report that the primary concerns of young people presenting at their services relate to mental health, and that mental health is the most important health issue for young people.[16] This is a pattern that is replicated nationally. Mental health issues are likely to be significant in many young people's lives with 25% experiencing a mental health issue in any given year.[17] Approximately 75% of mental health issues emerge by the age of 25.[18]

Some members of our community have a higher risk of experiencing poor mental health. Mental illness is more prevalent among low socio-economic groups and is associated with a number of social, economic, and political conditions, including insecure housing, limited education, recent unemployment, child abuse or neglect, poor neighbourhood conditions,[19] rapid social change,

[14] Youth Coalition of the ACT, 2015, *Submission to the ACT Budget 2016-17.*
[15] Youth Coalition of the ACT, 2014, *ACT Budget 2015-16 Sector Survey*.
[16] Youth Coalition of the ACT, 2016, Interviews with frontline youth workers for Submission to the Standing Committee on Health, Ageing, Community and Social Service *Inquiry into Youth Suicide and Self-Harm.*
[17] Australian Bureau of Statistics, 2009, *Australian Social Trends: Mental Health.*
[18] headspace National Youth Mental Health Foundation, 2011, *Position Paper: Young People's Mental Health.*
[19] Fisher & Baum, 2010, *The social determinants of mental health: implications for research and health promotion*.

stressful work conditions, gender discrimination, social exclusion, unhealthy lifestyle, risks of violence, physical ill-health and human rights violations.[20]

> *'Mental health underpins all issues I face with my clients. It is one of the highest and most prevalent issues - whether it's self-disclosed or treated, there isn't enough resilience amongst young people and that's a product of many things like stigma, and partly due to young people not being responsive to treatment options or to being challenged because they don't have the coping skills to deal with it all in the beginning.'* [21]

3.1.5 Community Development

Community development involves members of a community coming together to take collective action, in order to identify and address common problems. It can range from small one-off projects to large, long term initiatives that utilise a whole-of community approach. It takes a 'grassroots' approach to build the capacity of the community to take on responsibility for an issue, and plan, implement and analyse possible solutions.[22]

Community development particularly aims to improve the quality of life for community members. This can be achieved through increasing social cohesion, empowering individual or groups to address specific issues, and reaching social, economic, cultural or environmental goals that have been determined by the community. It relies on ongoing interactions between people,[23] and taking a 'bottom up' approach to addressing issues. This involves members of the community being involved in every step of the process, rather than solutions being prescribed by government or corporate interests.

3.1.6 Strengths Based Youth Work

A strengths based youth work approach recognises that young people are resilient, and focuses on the strengths, interests, abilities, knowledge, capacity and potential of the individual person. It allows the worker to view a young person holistically, and separates the issues that need addressing from who the person is. Strengths based youth work acknowledges that the young person is an expert on their own life, that they are capable of change and learning, and builds on their belief in their ability to make positive changes.[24]

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[20] World Health Organisation, 2014, *Mental health: Strengthening our response*, online at http://www.who.int/mediacentre/factsheets/fs220/en/, accessed 23 October 2014.
[21] Youth Coalition of the ACT, 2016, Interviews with frontline youth workers for Submission to the Standing Committee on Health, Ageing, Community and Social Service *Inquiry into Youth Suicide and Self-Harm.*
[22] PeerNetBC, *What is Community Development? http://www.peernetbc.com/what-is-community-development,* accessed 6 April 2016.
[23] Cavaye, 2006, *Understanding Community Development.*
[24] Australian Youth Affairs Coalition, 2013, *Defining Youth Work in Australia: It's what you do.*

Recommendation 1
Respond to youth suicide and self-harm, by seeking to:

- Address social determinants of health;
- Invest in early intervention and prevention;
- Address young people's mental health and wellbeing holistically; and,
- Invest in strengths based community development.

3.2 Unique Factors Contributing to Youth Suicide in the ACT

There are a number of challenges unique to the ACT in looking at young people's experience of education, housing, employment, access to services, and participation in community life.

Mission Australia's investigation of young people's aspirations in relation to entrenched inequality and disadvantage from their 2014 Youth Survey findings looked at young people's socio-economic status (SES) measured by whether they were living in low, moderate or high SES areas. Young people from low SES areas were generally more concerned by a range of issues such as depression, family conflict, personal safety, family relationships, discrimination, drugs, alcohol and gambling. These responses point to a more complex home life and therefore the need for greater support.[25]

However, intergenerational poverty and disadvantage in the ACT is more dispersed throughout the community and can be more hidden as a result. This provides a challenge in looking at place based interventions and funding, particularly with the limited resources of a small jurisdiction.

The size of the ACT means we have one youth specific community health service (The Junction), one youth specific early intervention to moderate mental health service (headspace Canberra), and one youth specific alcohol and other drug treatment treatment service (Ted Noffs).

Other services that address social support needs are often generalist and may not be accessible to or meet the needs of young people. This results in gaps in our service system responses for young people.

> *'The ACT Government provides very little support specifically tailored for young people who have experienced domestic violence. This leads to feeling lost in the 'system' and not getting the support we need to manage our situation not only in terms of safety but also effects on mental health. Without youth specific support this area is a lonely place to be.'*[26]

[25] Mission Australia, 2015, *Location, Vocation, Aspiration: Findings from Mission Australia's Youth Survey 2014.*
[26] Survey Respondent, Youth Coalition of the ACT, 2015, *Submission to the ACT Budget 2016-17.*

Consultation with community based service providers for this Submission also identified a gap in the sector's understanding of the specific factors that drive self-harm and suicidal ideation among young people in the ACT. Workers believe that more data is needed to support better-informed decision-making and service delivery, and called for ACT Government to fund research initiatives that aim to better understand these issues in the ACT.

Recommendation 2
Conduct research to better understand self-harm and suicidal ideation amongst young people in the ACT, and the gaps in service system responses.

3.3 Mental Health Social Determinants, Early Intervention & Prevention

Social factors can have a significant impact on the mental health of populations, as well as physical health. Persistent social and economic pressures mean that certain groups have a higher risk of mental ill-health.[27]

Research shows that mental illness is more prevalent among low socio-economic groups and is associated with a number of social, economic and political conditions, including insecure housing, limited education, recent unemployment, child abuse or neglect, poor neighbourhood conditions,[28] rapid social change, stressful work conditions, gender discrimination, social exclusion, unhealthy lifestyle, risks of violence, physical ill-health and human rights violations.[29]

3.3.1 Stigma

While there has been an increase in community awareness and open discussion about mental illness in the Australian community, stigma remains a significant issue for young people with mental illness.

> *'There can be a fear of being judged or different or losing friends or people thinking you are sick or dangerous.'*[30]

In Youth Coalition consultations with young people in 2014, participants identified that mental health is often an overwhelming and uncomfortable subject among their peers. They acknowledge that while friends can be helpful to talk to about mental health, they sometimes fear disclosing to friends in case they are treated differently or seen as weak or attention seeking.[31]

[27] World Health Organisation, 2014, *Mental health: Strengthening our response*, online at http://www.who.int/mediacentre/factsheets/fs220/en/, accessed 23 October 2014.
[28] Fisher & Baum, 2010, *The social determinants of mental health: implications for research and health promotion*.
[29] World Health Organisation, 2014, *Mental health: Strengthening our response*, online at http://www.who.int/mediacentre/factsheets/fs220/en/, accessed 23 October 2014.
[30] Youth Coalition of the ACT, 2015, *Mental Health: Perspectives of Young People aged 12-25 in the ACT.*
[31] Youth Coalition of the ACT, 2015, *Mental Health: Perspectives of Young People aged 12-25 in the ACT.*

'If you admit to having mental health issues, there's a perception that people will sweep it under the carpet or think that you are seeking attention.' [32]

A 2016 report by Orygen, the National Centre for Youth Excellence in Mental Health, found that *'the perception and misconception that self-harm is 'just attention-seeking' is a common theme in both the literature and in conversations with young people.'* [33]

Young people who participated in focus groups with the Youth Coalition in 2014/5 also warned that stereotypes of young people, particularly labels like "moody teenager", can be problematic when it comes to mental health and wellbeing. Stereotypes can make it difficult for young people and those around them to recognise the difference between "normal" highs and lows, and when they might be needing help. Focus group participants also highlighted the need for a better understanding of how to identify and address mental health issues, as well as an increased awareness about ways to promote good mental health and wellbeing.[34]

3.3.2 Help Seeking

Encouraging appropriate and effective early help-seeking behaviour for mental health problems has been recognised as a key component of prevention and early intervention. Yet, a major challenge is the well-established reluctance of young people to seek professional help.[35]

The belief that you should handle problems yourself is one of several beliefs that negate help-seeking for adolescents.[36] Other major barriers to professional help-seeking include:

- Prior negative experiences of professional help;
- Beliefs that effective help is not available;
- Negative attitudes toward sources of help, particularly fears about confidentiality;
- Lack of emotional competence to recognise feelings and put them into words; and
- Lack of established relationships with sources of professional help.[37]

'More welcoming and approachable staff members would be good because I have been to a few places where the first point of contact person wasn't very welcoming which made me not feel comfortable speaking to other staff and talk to them about my issues.' [38]

[32] Youth Coalition of the ACT, 2015, *Mental Health: Perspectives of Young People aged 12-25 in the ACT.*
[33] Robinson J, McCutcheon L, Browne V, Witt K., 2016, *Looking the other way: Young people and self-harm.* Orygen, The National Centre of Excellence in Youth Mental Health, Melbourne.
[34] Youth Coalition of the ACT, 2015, *Mental Health: Perspectives of Young People aged 12-25 in the ACT.*
[35] Debra Rickwood, D., Wilson, C., & Deane, F., 2006, *Supporting young people to seek professional help for mental health problems*.
[36] Coralie J. Wilson, Deane, F.P., & Ciarrochi, J., 2005, *Can hopelessness and adolescents' beliefs and attitudes about seeking help account for help negation?*.
[37] *Debra* Rickwood, Deane, F. P., Wilson, C. J. & Ciarrochi, J. V., 2005, *Young people's help-seeking for mental health problems*..
[38] Survey Respondent, Youth Coalition of the ACT, 2015, *Submission to the ACT Budget 2016-17.*

The 2014 National Mental Health Commission Review found that people who seek help for suicidal ideation or self-harm have an overwhelmingly negative experience with the health system. Many people reported being dismissed and not taken seriously by health professionals, particularly those working in emergency departments, and being sent home with no follow up.[39]

> *'When people do seek help, they too often are fobbed off or fall through cracks in the system of supports. It is important that if we encourage people to seek help, effective help is readily available.'* [40]

The Youth Coalition strongly supports the programs and services that reduce stigma and promote help seeking behaviour among young people. In November 2015, the Youth Coalition's Youth Media Team interviewed local organisations, Menslink and Mental Illness Education ACT, about the work they do in this area.

Youth Media Team Interview: Menslink

Menslink is a community organisation that supports young men aged 12-25 in the Canberra region.

Please watch the full interview here: www.youtube.com/watch?v=GlbP8iqPQnU

Youth Media Team Interview: Mental Illness Education ACT

MIEACT provides a range of mental health education programs to young people in schools across the ACT to reduce stigma, discrimination and unconscious bias that surrounds mental illness.

Please watch the full interview here: www.youtube.com/watch?v=uZLpT84Hsx4

Recommendation 3
Increase investment in programs and services that address stigma, and promote help seeking behaviour for young people around their mental health and wellbeing.

3.3.3 Wait Times

Long wait times for youth mental health services in the ACT is a significant issue and can be a barrier to early help-seeking. In Youth Coalition consultations with young people in 2014, participants emphasised the need for help to be accessible when young people seek it.[41]

[39] National Mental Health Commission, 2014, *The National Review of Mental Health Programmes and Services.*
[40] National Mental Health Commission, 2014, *The National Review of Mental Health Programmes and Services.*
[41] Youth Coalition of the ACT, 2015, *Mental Health: Perspectives of Young People aged 12-25 in the ACT.*

'Mental health services need increased funding and better coordination. The wait lists for access to mental health support are far too long, particularly for young people.' [42]

'When a young person contacts or is referred to headspace, there is a 4-6 week wait period for a simple intake phone call/interview. There is then another 2-4 week wait to see a psychologist. This is completely unacceptable.' [43]

In these consultations with young people, participants were asked, 'How long is a reasonable amount of time to wait to see a mental health professional once you've started seeking help?'. Although answers were varied, none were greater than two weeks. Anecdotally young people often talk about an initial response or contact once they have reached out for help needing to come within 48 hours.

'A lack of timely access to medical professionals can be a fatal shortcoming of the mental health system, with long waiting lists leaving many young people feeling alone and helpless during vulnerable times.' [44]

The most recent Centre Activity Overview Report for headspace Canberra shows that between 1 July 2014 and 31 December 2015, 26% of young people waited 3-4 weeks and 18% waited more than 4 weeks for an initial appointment. These wait times, which can also be up to 6-8 weeks,[45] are significantly longer than the national average. Further to this, 28% of young people at headspace Canberra felt that this wait was too long, compared to 13% nationally.[46]

'My friend was 4 weeks into his waiting period with headspace when he attempted suicide. Even after his attempt, headspace was unable to get him a sooner appointment with the psychologist. This shows how incredible overwhelmed headspace is with young people's mental health issues in the ACT.' [47]

Young people also identify that long wait lists can also act as a barrier to seeking help in the future. They suggested that help for mental health issues must be accessible at the time they seek it otherwise they may not reach out again.

'The longer they wait, the longer they have to back out or not come back again.'

[42] Survey Respondent, Youth Coalition of the ACT, 2015, *Submission to the ACT Budget 2016-17.*
[43] Youth Coalition of the ACT, 2016, Interviews with frontline youth workers for Submission to the Standing Committee on Health, Ageing, Community and Social Service *Inquiry into Youth Suicide and Self-Harm.*
[44] Youth Coalition of the ACT, 2016, Interviews with young people for Submission to the Standing Committee on Health, Ageing, Community and Social Service *Inquiry into Youth Suicide and Self-Harm.*
[45] Youth Coalition of the ACT, 2016, Interviews with frontline youth workers for Submission to the Standing Committee on Health, Ageing, Community and Social Service *Inquiry into Youth Suicide and Self-Harm.*
[46] headspace National Youth Mental Health Foundation, 2016, *headspace Canberra: Centre Activity Overview Report Financial Year 2015/16 (Year-to-Date 1 July to 31 December 2015).*
[47] Youth Coalition of the ACT, 2016, Interviews with young people for Submission to the Standing Committee on Health, Ageing, Community and Social Service *Inquiry into Youth Suicide and Self-Harm.*

'Wait a week, or even a day or two, and the mindset that you were in when you tried to access help might no longer be there.' [48]

Recommendation 4
Reduce barriers to help seeking by reducing wait times to access to services and supports.

3.3.4 Disconnect between Awareness and Response

'I think it is time we begin to talk about mental health more openly, without stigma and without shame or judgement. Whilst awareness surrounding mental health has undoubtedly improved, there is still a long way to go.' [49]

In Australia, there have been significant improvements in community awareness of mental illness, particularly depression, in recent years. However, there remains a disconnect between awareness and access to appropriate and effective treatment and care.[50]

'While the less attractive forms of mental illness have not yet been embraced, knowledge and understanding have improved. But there is a stark disconnect with the coast-to-coast bottlenecks in access, and the scarcity of dependable evidence-based care.' [51]

Despite increased awareness, only a small proportion of young people experiencing mental health issues actually access support services.[52] To tackle this issue of disconnect between awareness and response times, the mental health sector requires a more unified and purposeful approach to the issue.[53]

'In my own experience with a reactive depression, I found that the sympathy of others was quite soothing. Understanding friends pacified me, but strong pharmaceuticals and a tedious but effective program of counselling and cognitive behavioural therapy was what kept me away from the knife drawer. And so it is for any individual who encounters the hardship of what is called mental illness. Understanding, of oneself and by others, is potentially quite useful. But treatment, which remains in short supply, is essential.' [54]

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[48] Youth Coalition of the ACT, 2015, *Mental Health: Perspectives of Young People aged 12-25 in the ACT*.
[49] Youth Coalition of the ACT, 2016, Interviews with young people for Submission to the Standing Committee on Health, Ageing, Community and Social Service *Inquiry into Youth Suicide and Self-Harm.*
[50] McGorry P, 2016, Medical Journal of Australia, *Mental Health and its Disconnects,* https://www.mja.com.au/insight/2016/11/mental-health-and-its-disconnects?0=ip_login_no_cache%3D7c6b54eace5e1002962604abd23a2d20, accessed 6 April 2016.
[51] McGorry P, 2016, Medical Journal of Australia, *Mental Health and its Disconnects,* https://www.mja.com.au/insight/2016/11/mental-health-and-its-disconnects?0=ip_login_no_cache%3D7c6b54eace5e1002962604abd23a2d20, accessed 6 April 2016.
[52] Youth Coalition of the ACT, 2013, *Policy Platform: Mental Health.*
[53] McGorry P, 2016, Medical Journal of Australia, *Mental Health and its Disconnects,* https://www.mja.com.au/insight/2016/11/mental-health-and-its-disconnects?0=ip_login_no_cache%3D7c6b54eace5e1002962604abd23a2d20, accessed 6 April 2016.
[54] Razer H, 2014, Daily Review, *Razer: Mentally ill need service, not a feel good ABC week*, http://dailyreview.com.au/razer-mentally-ill-need-services-not-an-abc-feel-good-week/13686, accessed 6 April 2016.

Recommendation 5
Respond to youth suicide and self harm holistically, ensuring that across the service system there are services and programs that provide: education; early intervention and prevention; community capacity building; social and emotional support; counselling and therapeutic support; and clinical mental health support.

4. Roles and Responsibilities: Suicide Prevention, Promoting Resilience and Responding to Mental Health Issues

An understanding of early intervention and prevention and the social determinants of health invites us to consider who is responsible for responses to significant social issues that affect our community across a range of spheres.

> *'Widespread social despair needs to be responded to by the whole community, Government can't fix this on its own.'*[55]

A consistent theme raised in consultations for this Submission was the need to look at a continuum of responses to youth mental health and wellbeing. Both young people and service providers identified that only expanding clinical mental health services would not go far enough to solving the problems of suicide, self-harm, mental health and wellbeing in young people.

> *'Not enough access to early education and prevention. Not enough early intervention when things go wrong. Waiting lists for mental health services are far too long. Young people aren't equipped to deal with the curve balls of life – they need to know how to handle conflict, deal with stress, develop resilience to help them deal with getting knocked back from job after job. Maybe we should be teaching them these things in school, instead of teaching them how to pass NAPLAN tests. Young people are also constantly hearing negative messages about their generation and their future.'* [56]

4.1 ACT Government and Commonwealth Government Roles and Responsibilities

> *'Supporting existing programs to enhance services provided currently and to reduce the impact of demand. Early-intervention has to be timely and tailored to young people's needs and currently this is not the case – school counsellors are unable to keep up, federally funded and NGO wellbeing support programs have significant waits for intervention, and other service providers have strict service lines.'*[57]

[55] Wes Morris, Kimberley Aboriginal Law Centre, *666 ABC Radio Interview April 5 2016.*
[56] Survey Respondent Youth Coalition of the ACT, 2015, *Submission to the ACT Budget 2016-17.*
[57] Survey Respondent Youth Coalition of the ACT, 2015, *Submission to the ACT Budget 2016-17.*

Young people and service providers consistently raise concern that our service system:

- is skewed towards tertiary intervention (you need to be really in trouble to get intensive support); and,
- has significant bottlenecks in referrals, i.e. headspace wait list has previously blown out to 6-8 weeks for assessment.

The Youth Coalition believes that there is a lack of coordination in planning, funding, implementing and evaluating services and programs as a whole. Decisions about Commonwealth, Territory, and other funding sources need to be made looking at the impact on services at all these levels, not just within the scope of individual departments and directorates.

4.1.1 Commonwealth Response to the National Mental Health Commission Report and the Mental Health and Suicide Commissioning Role for the Primary Health Networks as it Affects the ACT

The Youth Coalition notes that at the time of this Submission there is still a lot of detail yet to be determined about the national mental health reforms and commissioning role of the Primary Health Networks (PHNs).

In particular the Youth Coalition is concerned about the impact this will have on the headspace Canberra Centre. The Youth Coalition consistently receives feedback about the crucial role this service plays in supporting young people in the ACT, and the urgent need for increased resources and capacity.

The national mental health reforms mean headspace contracts and compliance will transfer to Primary Health Networks from July 2016. The Youth Coalition understands that it is likely headspace centre budgets will remain as is for the next 2 years. headspace National Office (hNO) will remain, but it is unclear in what capacity. Additionally we understand:

- headspace centres will be funded at current level with *no growth* for the next 2 years;
- e-headspace will continue for 12 months, there is uncertainty how this need will be met beyond that; and,
- headspace School Support will extend until December 2016, there is uncertainty how this need will be met beyond that.

Funding for both headspace Canberra and Queanbeyan will be across two PHNs. It is the Youth Coalition's understanding that the recently opened headspace Queanbeyan centre is already providing services to young people from the ACT, with around 30% of their referrals coming from southern areas of Canberra. It is unclear how cross border service access will be impacted by the devolving of funding allocation decisions to the PHNs.

Additionally, the freeze on the Medicare Benefits Scheme (MBS) and review of this program may impact the headspace Canberra Centre which relies on the role of private practitioners in the service model. The contribution to the funding of the Centre from private practitioners is a higher proportion of the Centre's overall funding compared to other headspace Centres around Australia. The impact for private practitioners at headspace Canberra is not yet clear, however concern has been raised that with NDIS paying practitioners more, there is a risk that working with headspace Canberra may become less attractive.

The needs assessment by PHNs is due to be completed in early May. The Youth Coalition understands that it is likely there will be additional funding for suicide support services, however it is unclear what the focus of this funding will be, and how it will provide support for young people.

Youth Media Team Interview: headspace Canberra

In November 2015, the Youth Coalition's Youth Media Team interviewed headspace Canberra about their service.

Please watch the full interview here: www.youtube.com/watch?v=_XuVgv_THIY

Recommendation 6
Ensure there is no reduction in youth mental health services and supports capacity as a result of changes to Commonwealth Government funding arrangements.

Recommendation 7
Increase the resources and capacity of headspace Canberra.

4.2 ACT Government-Funded Services, Agencies and Institutions Role in Promoting Resilience and Responding to Mental Health issues

The Youth Coalition believes that the best way to make a sustainable difference to expenditure is to invest in early intervention and prevention services and address the social determinants of health. These are long term investments across the budgets of all sections of government, and require strategic perspective that looks beyond the silos of government portfolios.[58]

[58] Youth Coalition of the ACT, 2015, *Submission to the ACT Budget 2016-17.*

'Mental health is the key issue that comes up in all of our work with young people. I would say that 90-100% of young people we see are dealing with mild to very significant mental health issues. Too often we see young people lost in the system and hear horror stories about how their mental health has been mismanaged, there needs to be more of an importance placed on the sector to be a collaborative unit to address mental health, suicide in particular.' [59]

4.2.1 'First to know' Agencies

In Youth Coalition consultations with young people in 2014, there was strong feedback from participants that everyone needs to care about mental health as it is a community-wide issue that affects everyone. Participants suggested there were key groups in the community that need to develop skills and knowledge to help support young people to be mentally healthy. In particular, the young people identified teachers, employers and doctors.[60]

4.2.1.1 Schools

For young people still at school, the school context is particularly important as it provides an opportunistic setting to identify and respond to emerging mental health problems. Fundamentally, schools must have processes in place whereby young people with mental health problems are identified and appropriate interventions provided.[61]

The Youth Coalition recognises there are a number of ACT Government-supported programs and initiatives that focus on mental health in schools, but we remain concerned about the gaps in information and service reported by young people and the youth sector.

'A friend who attended a private school in Canberra told me that after her friend completed suicide, the school was addressed by a priest who said that suicide is wrong and their friend had died in sin. This made my friend and her classmates outraged and, if anything, worsened their mental health and delayed their grieving process.' [62]

In our consultations with young people, participants specifically identified teachers as a key group that play an important role in supporting their mental health.[63]

'Teachers are really important. I went to a school that made an effort to ensure there was at least one teacher that each student felt comfortable talking to.' [64]

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[59] Youth Coalition of the ACT, 2016, Interviews with young people for Submission to the Standing Committee on Health, Ageing, Community and Social Service *Inquiry into Youth Suicide and Self-Harm.*
[60] Youth Coalition of the ACT, 2015, *Mental Health: Perspectives of Young People aged 12-25 in the ACT.*
[61] Debra Rickwood, 2005, *Supporting young people at school with high mental health needs.*
[62] Youth Coalition of the ACT, 2016, Interviews with young people for Submission to the Standing Committee on Health, Ageing, Community and Social Service *Inquiry into Youth Suicide and Self-Harm.*
[63] Youth Coalition of the ACT, 2015, *Mental Health: Perspectives of Young People aged 12-25 in the ACT.*
[64] Youth Coalition of the ACT, 2015, *Mental Health: Perspectives of Young People aged 12-25 in the ACT.*

'Some of the most influential community members are teachers. Students may feel comfortable confiding in a teacher whom they trust and respect.' [65]

In their 2016 report on young people and self-harm, Orygen *'found almost half of adolescents who sought help for self-harm did so through a school-based service. However, teachers and school-based professionals report feeling they lack the skills and resources to respond to students self-harming behaviours.'* [66]

School-based health programs in Australia are often critiqued for not going far enough. When talking health, researchers have found that students can easily discuss the food pyramid (minimum required veggie and fruit portions) and the need to apply sunscreen but not much more—health interventions are focussing on physical health and may be neglecting mental health. The mental health programs in schools are seen as primarily giving students the necessary language to discuss the issues but not the tools to implement change (e.g. reduce stigma). Also many programs are pilots, only lasting for nine weeks. The Youth Coalition, therefore, calls for more long-term engagement programs that focus on both physical and mental health.[67]

School staff require ongoing professional development to identify, understand and refer issues that may arise. This includes provision of information about local services that are available for referrals. Teachers need to be trained with the appropriate knowledge and skills to understand bullying and mental health issues. They also require extra support to deal with crisis situations in the classroom and in the playground.[68]

The Youth Coalition highlights the importance of embedding ongoing supports in schools, ensuring that relationships with community service providers are strong, and that both schools and community services have capacity to respond to help seeking when and where the response will have the biggest impact.

'We need more mental health services better integrated in schools and mainstream health services. And investment in peer mentoring models of health promotion.' [69]

Recommendation 8
Invest in successful programs that increase the capacity of schools to support students with a history of trauma, including training for teachers and partnerships with services outside of schools.

[65] Youth Coalition of the ACT, 2016, Interviews with young people for Submission to the Standing Committee on Health, Ageing, Community and Social Service *Inquiry into Youth Suicide and Self-Harm.*
[66] Robinson J, McCutcheon L, Browne V, Witt K., 2016, *Looking the other way: Young people and self-harm.* Orygen, The National Centre of Excellence in Youth Mental Health, Melbourne.
[67] National Symposium on Child Wellbeing, Canberra, 25 February 2016.
[68] Youth Coalition of the ACT, 2015, *Mental Health: Perspectives of Young People aged 12-25 in the ACT.*
[69] Survey Respondent Youth Coalition of the ACT, 2015, *Submission to the ACT Budget 2016-17.*

Recommendation 9
Invest in increasing the capacity of mental health and wellbeing supports, such as health professionals, youth workers, social workers, and psychologists, available to work with schools to deliver more integrated, efficient and effective services.

4.2.1.2 Health Professionals and Medical Services

General Practitioners (GPs)

In addition to school-based services, research also indicates that young people frequently access the family doctor for mental health support.[70] GPs are therefore '*an important and effective point of early intervention if they are equipped to identify mental health concerns and provide effective evidence-based strategies and interventions.'* [71]

However, the 2014 National Mental Health Commission Review found that *'GPs' referral options currently are restricted by a limited range of service types, low capacity within existing services to take on new clients, and MBS rebates being available for some services but not others.'* [72]

In Youth Coalition consultations with young people, participants identified the lack of confidence and limited capacity of GPs to respond to mental health concerns and support the wellbeing of young people in general.

> *'Doctors might know services to refer to, but they are uncomfortable talking about mental health themselves.'* [73]

Young people also regularly report that they have trouble accessing health professionals, including GPs, that are youth friendly and understanding of their unique needs.[74] In Youth Coalition consultations with young people, participants emphasised the need for health professionals to understand them, be responsive to their needs and be young-person friendly.[75]

The Youth Coalition understands 'youth-friendly' practice to include listening to young people, providing appropriate information and advice without judgement in an accessible and understandable format.

[70] Australian Bureau of Statistics, 2008, *National Survey of Mental Health and Wellbeing: Summary of Results*. Canberra, Australia.
[71] Robinson J, McCutcheon L, Browne V, Witt K., 2016, *Looking the other way: Young people and self-harm.* Orygen, The National Centre of Excellence in Youth Mental Health, Melbourne.
[72] National Mental Health Commission, 2014, *The National Review of Mental Health Programmes and Services.*
[73] Youth Coalition of the ACT, 2015, *Mental Health: Perspectives of Young People aged 12-25 in the ACT.*
[74] Youth Coalition of the ACT, 2013, *Policy Platform: Mental Health.*
[75] Youth Coalition of the ACT, 2015, *Mental Health: Perspectives of Young People aged 12-25 in the ACT.*

Hospital

The Youth Coalition is also concerned about the gaps in service and poor response of the hospital system to young people presenting with self-harm and suicidal ideation. In our interviews with young people for this Submission, participants described experiences of inadequate and inappropriate discharge processes for young people following a suicide attempt.

> *'I have a number of friends that have been taken to hospital for serious suicide attempts. They were treated for their physical wounds, but not their mental health issues. Once their physical wounds had healed, they were released into the care of a friend or family member with often little to no experience or education in how to support someone with mental illness.'* [76]

In their 2016 report on young people and self-harm, Orygen reported that gaps currently exist in appropriate referral systems when discharging people admitted for suicide attempt or self-harm. This is *'possibly as a result of a limited capacity for community and primary care services to support a much needed 'step-down' model of care.'* [77]

> *'When I was 18 years old, one of my friends was discharged into my care. I was told it was not appropriate, but the hospital did it anyway. On another occasion, that same friend was discharged into nobody's care. He was told to leave the hospital, even though he had no one to pick him up and nowhere to go. None of his family or friend's were informed that he was being discharged and I only found out later when I tried to visit him at the hospital and they told me he had been discharged. I then frantically looked for him and found him attempting suicide again.'* [78]

Recommendation 10
Invest in education and training of health professionals, including GPs and hospital staff, to improve their knowledge and capability in identifying, supporting and providing appropriate referrals for young people, including those who present with self-harm and suicidal ideation.

Recommendation 11
Ensure that health and community services work together to provide a continuum of care for young people who have self-harmed or attempted suicide.

[76] Youth Coalition of the ACT, 2016, Interviews with young people for Submission to the Standing Committee on Health, Ageing, Community and Social Service *Inquiry into Youth Suicide and Self-Harm.*
[77] Robinson J, McCutcheon L, Browne V, Witt K., 2016, *Looking the other way: Young people and self-harm.* Orygen, The National Centre of Excellence in Youth Mental Health, Melbourne.
[78] Youth Coalition of the ACT, 2016, Interviews with young people for Submission to the Standing Committee on Health, Ageing, Community and Social Service *Inquiry into Youth Suicide and Self-Harm.*

4.2.1.3 Police

Police are often among the first to respond to mental health emergencies, including instances of self-harm and attempted suicide.

The Youth Coalition recognises the Mental Health Community Policing Initiative as a positive step towards improving police response to incidents involving mental health consumers and commend ACT Policing and ACT Health for working together to achieve better outcomes for mental health consumers.[79] However, we remained concerned about reports of the inadequate response by police to mental health emergencies.

In interviews with young people for this Submission, a number of participants shared their personal experience with police and suicide. The stories were overwhelmingly negative and highlight the limited capacity of police to respond appropriately to mental health related emergencies, particularly self-harm and suicide.[80]

Case Study: Ben

I was with my 19 year old friend, Ben*, when he was threatened by a police officer. He was suicidal and when the police arrived, Ben decided his only option was "death by cop". Ben tried to get the gun from the police officer. Despite knowing that Ben was trying to kill himself, the police officer threatened to shoot him if he didn't calm down. When I told the police officer that Ben was trying to get himself killed, he told me that didn't matter and if Ben didn't calm down, he would have no choice.

On another occasion, I was with Ben when he was attempting suicide again. The police arrived and instead of trying to talk him down, they restrained him physically and instructed the ambulance officers to "take care of it". The police threw Ben to the ground and held him down on the concrete, whilst the ambulance officer injected him with something. I was crying and asked, "what are you doing to him?" They replied, "it's a horse tranquiliser."

** indicates name has been changed*

[79] ACT Policing, 2015, *Mental Health Community Policing Initiative,* http://www.police.act.gov.au/community/programs/mental-health-community-policing-initiative, accessed 6 April 2016.
[80] Youth Coalition of the ACT, 2016, Interviews with young people for Submission to the Standing Committee on Health, Ageing, Community and Social Service *Inquiry into Youth Suicide and Self-Harm.*

Case Study: Simon

When my friend Simon* attempted suicide, the police at the scene did not take it seriously. He was bleeding profusely, but the police did not seem concerned for Simon. One police officer even said to me, "he is only doing this because he is drunk." Simon had told me previously that if he ever tried to kill myself, he would drink a lot first, so that he couldn't feel the pain. He didn't attempt suicide because he was drunk, he got drunk because he wanted to attempt suicide. The police officer had no understanding of this.

Then, as the ambulance officers were putting Simon into the ambulance, one of them remarked, "he's just another one of those." I found it extremely un-empathetic and they did not seem to care that both Simon and myself could hear everything they were saying.

Once Simon was in hospital, a police officer was told to wait by his bed until he was more sober. The police officer then said to me, "He is so OCD! He is OCD, isn't he?" I didn't reply, but Simon was actually have diagnosed with OCD. The police officer then laughed and said to me, "His room was so clean, like OCD clean. I wanted to move one of his DVDs just to see what would happen. He would have lost it! It would have been so funny." He then proceeded to laugh more.

** indicates name has been changed*

Recommendation 12
Continue to invest in the Mental Health Community Policing Initiative to improve the understanding and ability of police to recognise, relate and respond to incidents of self-harm and suicide.

4.2.2 Community-based Services

Community-based services play a significant role in promoting resilience and responding to the mental health concerns of young people. Youth workers and services in the ACT consistently report mental health as one of the top issues for the young people they work with.

> *'Mental health underpins all issues. It is the most prevalent issue and there isn't enough resilience amongst young people. The real role for the youth sector is providing young people with the skills to cope and find natural supports. This point is imperative. Nothing will ever replace a reliant and supportive network.'* [81]

[81] Youth Coalition of the ACT, 2016, Interviews with frontline youth workers for Submission to the Standing Committee on Health, Ageing, Community and Social Service *Inquiry into Youth Suicide and Self-Harm.*

In interviews with youth services for this Submission, frontline youth workers reported that their relationship with young people places them in a unique position to support the mental health and wellbeing of their young clients.

> *'Youth workers have a bit of freedom in the support we can give. Whether it's homelessness, mental health issues, drug and alcohol, youth workers are in a unique position. We go on their journey with them, we show them where their strengths are and empower them in their recovery.'*[82]

Young people with mental illness will often have more regular contact with their youth worker than they do with their clinician (counsellor, psychiatrist, psychologist, etc.). Youth workers can not only provide mental health support to a young person in between clinical appointments, but also help them address issues they may be facing in other areas of their life, such as housing, employment, education, etc.

Just Sayin' Event: Rachael

Rachael uses her story of overcoming anorexia and depression to inspire courage in young people. She speaks in local high schools and youth groups sharing her personal journey to illustrate that they can overcome anything in their lives. Rachael has also completed her first book, 'The Skeleton Diaries,' which describes her journey of recovering from a severe eating disorder, being hospitalised and nearly losing her life to mental illness.

Just Sayin' was an event hosted by the Youth Coalition of the ACT at the ACT Legislative Assembly during National Youth Week 2015. The event featured a panel of young people who spoke to their own experience and passions, as well as addressing the question, "Why should decision-makers care what young people have to say?" Key decision makers in the community, including politicians, their advisors, community and business leaders, government workers and policy makers, were in the audience.

Please view Rachael's speech here: www.youtube.com/watch?v=9hNKROZ7fLM

In interviews with youth services for this Submission, frontline youth workers were fairly confident in their ability to respond to young people who disclose self harm or suicide ideation.[83]

However, we note that the Youth Coalition regularly canvasses youth and other community based workers regarding training and professional development needs. Workers always request

[82] Youth Coalition of the ACT, 2016, Interviews with frontline youth workers for Submission to the Standing Committee on Health, Ageing, Community and Social Service *Inquiry into Youth Suicide and Self-Harm.*
[83] Youth Coalition of the ACT, 2016, Interviews with frontline youth workers for Submission to the Standing Committee on Health, Ageing, Community and Social Service *Inquiry into Youth Suicide and Self-Harm.*

mental health training (including Youth Mental Health First Aid, Accidental Counselling, and ASIST) as a key priority when canvassed. More recently workers have also requested Trauma Informed Care training.

Recommendation 13
Invest in building the capacity of community based services (including youth engagement; mental health; alcohol, tobacco and other drug; specialist homelessness; and Aboriginal and Torres Strait Islander services) to work collaboratively with education, health and other community services to improve mental health and wellbeing outcomes for young people and their families.

4.2.2.1 CYFSP Youth Engagement

A number of community-based services currently receive funding through the Children, Youth and Family Support Program (CYFSP) to undertake youth engagement activities with vulnerable young people who are disengaged or at risk of disengaging from family and other services. These engagement activities include drop-in, assertive and street outreach.

The initial funding reforms through the implementation of CYFSP funding resulted in a reduction in hours at the youth drop-in centres, limiting the opportunity for youth workers to engage and build rapport with young people.[84]

> *'Seriously – drop in centres were the BEST places for early intervention and prevention, if you want to call it that – often the casual, supportive, non-coercive conversation does more good than waiting to see a psych. The drop in was also a great place to assess quietly whether more clinical mental health support is actually needed.'*[85]

Short term and/or ongoing informal engagement with young people is an important strategy which allows youth workers to help young people build resilience and develop their own coping strategies. It also provides a way to support young people to deal with issues before they become significant problems, and to provide appropriate referral pathways for the young people who do need more specific, intensive, or ongoing support.

While there has been in increase in funding to youth engagement programs since the initial implementation of the CYFSP funding model, there is an ongoing need for further investment into these services which provide crucial early intervention and prevention services.

[84] Youth Coalition of the ACT, 2013, *Policy Platform: Young People and Social Inclusion.*
[85] Survey Respondent Youth Coalition of the ACT, 2015, *Submission to the ACT Budget 2016-17.*

4.2.2.2 Community Based Mental Health Services

There are a number of youth specific community based mental health services in the ACT, which have an important role in promoting resilience and responding to mental health concerns of young people. These services include:

- headspace Canberra
- The Junction Youth Health Service
- Bungee Youth Resilience Program
- STEPS (13 - 18 years)
- Step Up Step Down Youth Program (18-25 years)
- Mental Illness Education ACT (MIEACT)
- Menslink

While it is important that all services young people need to access are 'youth friendly' (see Section 4.2.1.2), there is also a need to provide specialist youth specific services. Youth specific services acknowledge that youth mental health work is not simply 'youthifying' the language used in adult mental health services. They are able to address the specific barriers that many young people experience when seeking support, which are unique to their age group. Workers in these services receive youth specific professional development and training, and are sensitive to the particular needs and priorities of young people.

Youth specific services are also able to provide education to community members and other services on how they can best support young people. For example, headspace's ed-space is a monthly information and education seminar, which focuses on topics such as depression, anxiety, self-harm, substance abuse, sexuality and relationships. These topics are discussed openly and freely. The forum is primarily focused on the parents, other family members, friends and carers of young people. Open to the public, ed-space helps to promote early help-seeking.

4.2.2.3 Community Based Alcohol, Tobacco and Other Drugs Services

The ACT Comorbidity Strategy 2012-2014 recognises that "working with people at risk of, or experiencing both mental health problems and alcohol, tobacco and other drug (ATOD) problems, that is people experiencing comorbidity" is core business for both mental health and ATOD services. from 22% to 50%. Research suggests that: (a) mental health problems can lead to substance misuse problems, (b) substance misuse problems can lead to mental health problems, (c) substance misuse problems and mental health problems can trigger or maintain one another, (d) other underlying factors influence both substance misuse and mental health problems.[86]

[86] ACT Government, *ACT Comorbidity (Mental Health and Alcohol, Tobacco or Other Drug Problems) Strategy 2012-2014*

In a December 2015 Submission on the Draft ACT Alcohol, Tobacco and Other Drugs Strategy, MHCC ACT highlighted research which confirms that mental health disorders among individuals with substance use problems are associated with significantly poorer outcomes. That Submission also emphasised the complexity of comorbidity issues, which make diagnosis, treatment, management and support difficult, with service users, irrespective of their age, being at higher risk of relapse, self-harm and suicide.[87]

These complexities demand that the knowledge, skills and abilities of youth mental health and ATOD workers are appropriate for dealing effectively with young clients presenting with comorbid mental health disorders.

4.2.2.4 Specialist Youth Homelessness Services

Many young people in the ACT experience housing stress and severe financial hardship associated with the high cost of living.[88] As young people are often working casually or still completing education and training, they struggle to compete in the private rental market.

> *Young people find it hard to compete, especially in some segments of the rental market. Recent evidence indicates that young people are more likely to be in precarious housing than other age brackets. They are more likely to be in unaffordable housing, private rental or overcrowded households, and to have recently experienced a forced move. And compared with couples with children they are almost seven times more likely to dwell in housing that is in poor condition.'*[89]

There is a well-established link between homelessness and mental illness. Research shows that people experiencing homelessness are often overrepresented in the data for both attempted and completed suicides, with some studies showing very high rates of suicidal ideation among people experiencing homelessness, between 50% and 70%.[90]

In interviews with youth services for this Submission, frontline youth workers highlighted concerns about young people being discharged from health services into homelessness and the significant gaps in follow up care after hospitalisation.

> *'There is a massive gap between attempting suicide, being hospitalised and then not having immediate or reliant accommodation. … Too many young people with suicidal ideation face little hope as there is no one monitoring their progress because they are homeless or transient between homes due to their disruptive family situation.'*[91]

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[87] Roche, A. M. Duraisingam, V., Wang, P., Tovell, A., 2008, *Alcohol & Other Drugs, Mental Health & Comorbidity: A Training Review*.
[88] The Salvation Army, 2010, *Perceptions of Poverty: An Insight into the Nature and Impact of Poverty in Australia.*
[89] The Conversation, 25 June 2014, *Crowded housing markets gives youth little chance for independence,* https://theconversation.com/crowded-housing-market-gives-youth-little-chance-for-independence-27975, accessed July 2014.
[90] Eynan R, et al, 2002, *The Association Between Homelessness and Suicidal Ideation: Cross-sectional survey,* JAAS, accessed April 6 2016.
[91] Youth Coalition of the ACT, 2016, Interviews with frontline youth workers for Submission to the Standing Committee on Health, Ageing, Community and Social Service *Inquiry into Youth Suicide and Self-Harm.*

Recommendation 14
Ensure young people are not discharged from health services into homelessness.

4.2.2.5 Aboriginal & Torres Strait Islander Services

Aboriginal and Torres Strait Islander people have significantly higher rates of mental illness, suicide and intentional self-harm than the non-Aboriginal population.

Suicide death rates are much higher for Aboriginal and Torres Strait Islander people, more than double the rate of non-indigenous suicide in 2012.[92] For Aboriginal and Torres Strait Islander people aged 15 to 35 years, suicide is the leading cause of death, with one in three deaths resulting from suicide for this age group. Further, Aboriginal and Torres Strait Islander children under 14 years are nine times more likely to suicide than non-Aboriginal children.[93]

> *'Aboriginal and Torres Strait islander young people are dying at a dizzying rate compared to other populations of young people. Their mental health should be a huge priority. The problem that needs solving is one of inclusion. Our society has moved more and more to embrace the idea of 'individual responsibility' and isolated family units, meaning it is more and more difficult to see what one's place is. That leads to exploration – which is great if you have come from a healthy, stable background and have healthy self-differentiation; it is scarily risky for those who have not.'*[94]

The service gaps for Aboriginal and Torres Strait Islander communities is well-documented. The 2014 National Mental Health Commission Review identified that *'service and system responses to … poor outcomes* [for Aboriginal and Torres Strait Islander people] *are inadequate, and have generally not been designed with the particular needs of Aboriginal and Torres Strait Islander people in mind.'* [95]

In interviews with Aboriginal and Torres Strait Islander services in the ACT, workers identified a lack of options in addressing trauma, as well as other barriers that young people they are working with face in accessing help.

> *'Trauma based mental health isn't picked up by CAMHS, so where do we go? Yes, headspace is good, certain practitioners there work really well with our community, but it's transport then, transport is really difficult for our guys.'* [96]

[92] National Mental Health Commission, 2014, *The National Review of Mental Health Programmes and Services.*
[93] Kaeshagen, J., 2016, *Momentum Building to a Royal Commission in Aboriginal and Torres Strait Islander Suicides,* The Stringer, http://thestringer.com.au/momentum-building-to-a-royal-commission-in-aboriginal-and-torres-strait-islander-suicides-11759#.Vv4RoBJ94o-, accessed 1 April 2016.
[94] Survey Respondent Youth Coalition of the ACT, 2015, *Submission to the ACT Budget 2016-17.*
[95] National Mental Health Commission, 2014, *The National Review of Mental Health Programmes and Services.*
[96] Youth Coalition of the ACT, 2014, *Interviews with Aboriginal & Torres Strait Islander Service Providers.*

In their 2014 report, *Passing the Message Stick*, the ACT Human Rights Commission conducted interviews with the Aboriginal and Torres Strait Islander community about the services available for their children, young people and their families in the ACT. The report noted:

> *'Participants reported that they would be more likely to access support services in the mental health area if they were facilitated by Aboriginal or Torres Strait Islander workers, and that having groups available for those affected by mental health issues, or supporting people with mental health issues in their family would be very valuable.'* [97]

With calls nationally for a Royal Commission into Aboriginal and Torres Strait Islander Suicides[98] the Youth Coalition welcomes increased focus and public discussion about this issue and the significant opportunity for public policy decision makers to really engage with messages that Aboriginal and Torres Strait Islander communities consistently raise regarding supporting families and communities, employing Aboriginal and Torres Strait Islander workers, and addressing the impacts of racism and intergenerational trauma on Aboriginal and Torres Strait Islander people.

Suicide of Aboriginal & Torres Strait Islanders - A Humanitarian Crisis

Abominably, suicide has become a leading cause of death for Aboriginal and Torres Strait Islander peoples. In July 2015, CAAMA Radio journalist Lorena Walker interviewed suicide prevention campaigner, Gerry Georgatos on the underlying issues and on the ways forward.

Please view this interview here: www.youtube.com/watch?v=dl3euWFA7Wk

Just Sayin' Event: Klair

Klair is a Wiradjuri woman from North West NSW. She did all of her schooling in the ACT and has been a part of the local community for most of her life. Currently she works for Northside Community Service as the Aboriginal and Torres Strait Islander Program Coordinator and strives to work toward closing the gap between Indigenous and non-indigenous people.

Please view Klair's speech here: www.youtube.com/watch?v=royxnkYubK4

[97] Roy, A. and Watchirs, H., 2014, Passing the Message Stick: Talking with Aboriginal & Torres Strait Islander people about services for children and young people in the ACT, ACT Human Rights Commission, Canberra.
[98] Kaeshagen, J., 2016, *Momentum Building to a Royal Commission in Aboriginal and Torres Strait Islander Suicides,* The Stringer, http://thestringer.com.au/momentum-building-to-a-royal-commission-in-aboriginal-and-torres-strait-islander-suicides-11759#.Vv4RoBJ94o-, accessed 1 April 2016.

'We need to help young people understand where they belong. If you can't picture yourself in the past, you can't picture yourself in the future.'[99]

Locally, Gugan Gulwan Aboriginal Youth Service have done some work with the community and young people around suicide, including producing a range of resources. However workers continue to raise concern regarding disconnects within service delivery, lack of mental health and alcohol and other drug service capacity, and the challenges they face in their own resourcing. Community based Aboriginal and Torres Strait Islander workers have valuable insight into community need and what responses are needed locally.

'We would like to have Joe Williams from Wagga come and speak to the young people and their families on his experience with attempted suicide.' [100]

Gugan Gulwan Youth Aboriginal Corporation

Gugan Gulwan Youth Aboriginal Corporation is the only youth specific Aboriginal service in the ACT.

After identifying a gap in ACT mental health resources for Aboriginal and Torres Strait Islander people, Gugan Gulwan developed a short documentary as an early intervention tool to bring awareness to the growing issue of suicide. The documentary is called 'It's OK to Talk About it'.

Please watch the documentary here: www.youtube.com/watch?v=8oHlmncQd_A

Recommendation 15
Invest in building the capacity of community based Aboriginal & Torres Strait Islander services, who have established connections with families, to work collaboratively with health and other community services to improve mental health outcomes for young people and their families.

Recommendation 16
Address inequality for Aboriginal & Torres Strait Islander people in the ACT Community and prioritise actions that build a positive sense of identity and connection to community for Aboriginal and Torres Strait Islander children and young people.

[99] Wes Morris, Kimberley Aboriginal Law Centre, *666 ABC Radio interview April 5 2016.*
[100] Youth Coalition of the ACT, 2016, *Interviews with Aboriginal & Torres Strait Islander Service Providers.*

4.3 Gaps or Duplicate Roles and Responsibilities

4.3.1 The Gap Between Early Intervention and Crisis Support

In interviews with youth services for this Submission, frontline youth workers highlighted the significant gap that exists between early intervention services and crisis services. Youth workers also report this service gap is even more apparent for young people aged 18 to 25.

> *'There isn't very many, if any targeted services for people who are between the early intervention stages and those in a serious or crisis state. In the 18-25 age range there is even less support and resources available.'* [101]

More specifically, headspace Canberra staff identified this gap as a significant issue for young people with severe mental health concerns. Young people deemed high-risk, and therefore not suitable for the headspace early intervention model, continue to access this service because there are no other supports available to them.

> *'Often there are gaps between the level and nature of support that headspace offers and the level and nature of support that community-managed and crisis services offer. In these instances, headspace is not able to provide sufficient protection for the young people deemed high-risk but who may not be severe enough to require support from one of the crisis services. As a result, the majority of these young people will continue to access services through headspace. Therefore, the needs of these young people are not being fully met and some will continue to practise self-harming behaviours.'* [102]

Recommendation 17
Address the gap between early intervention and crisis services to ensure there is a continuum of care to address the mental health needs of young people with self-harm and suicidal ideation.

4.3.2 Young People

Young people play a vital role in supporting the mental health and wellbeing of peers. In a 2011 survey, young people reported that their friends were the number one source of support for almost all issues.[103]

[101] Youth Coalition of the ACT, 2016, Interviews with frontline youth workers for Submission to the Standing Committee on Health, Ageing, Community and Social Service *Inquiry into Youth Suicide and Self-Harm.*
[102] Youth Coalition of the ACT, 2016, Interviews with young people for Submission to the Standing Committee on Health, Ageing, Community and Social Service *Inquiry into Youth Suicide and Self-Harm.*
[103] Mission Australia, 2011, *National Survey of Young Australians 2011 – Key and Emerging Issues.*

However, young people are not generally confident in their own ability or the ability of their friends to recognise and respond to mental health issues.

> *Young people, like most, are eager and willing to help their friends during difficult times, however many lack the confidence to do so effectively. Raising awareness and educating young people about mental health would empower us to have the confidence to help our friends seek help and would equip us with basic tools and strategies to most effectively support our friends.'* [104]

In Youth Coalition consultations with young people in 2014, participants acknowledged that mental health is often an overwhelming and uncomfortable subject for young people.

> *'It's not something we talk about with friends. We're not comfortable talking about it.'* [105]

Participants also highlighted the need for a better understanding of how to identify and address mental health issues, as well as an increased awareness about ways to promote good mental health and wellbeing. They also noted the importance of improving the ability of all young people to respond to the mental health needs of their peers.[106]

> *'It might be good to invest some more money into "how to look after yourself and your friends" programs, like prevention and awareness about healthy strategies for living, rather than prioritising the crisis pointy end of things.'* [107]

> *'Young people especially need more education. Not enough young people know how to respond to people with mental ill-health.'* [108]

Mental health education in schools, including information about supporting others with mental health issues, is a key way to reduce stigma, promote help seeking behaviour and improve knowledge, understanding and ability to respond to mental health concerns. However, young people tell us there is little to no mental health education in primary school and when it is introduced in high school, it can often be limited and not well integrated.

In our consultations with young people, participants emphasised that it is never too early to be educated about mental health and wellbeing, suggesting that discussions about mental health can occur at any age as long as it is targeted to the age and maturity of the individual. They suggested that mental health education from a young age may help to build a more comprehensive understanding of mental health and mental illness, reduce stigma and promote peer support amongst young people.

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[104] Youth Coalition of the ACT, 2016, Interviews with young people for Submission to the Standing Committee on Health, Ageing, Community and Social Service *Inquiry into Youth Suicide and Self-Harm.*
[105] Youth Coalition of the ACT, 2015, *Mental Health: Perspectives of Young People aged 12-25 in the ACT.*
[106] Youth Coalition of the ACT, 2015, *Mental Health: Perspectives of Young People aged 12-25 in the ACT.*
[107] Youth Coalition of the ACT, 2015, *Mental Health: Perspectives of Young People aged 12-25 in the ACT.*
[108] Youth Coalition of the ACT, 2015, *Mental Health: Perspectives of Young People aged 12-25 in the ACT.*

Recommendation 18
Increase investment in evidence-based programs (e.g. MIEACT) to provide age-appropriate mental health education to students across all year levels.

Given that young people are most comfortable going to friends for help, peer support networks and peer education initiatives may also equip young people with the knowledge and skills to recognise mental health issues and provide assistance to others in need.[109]

The Youth Coalition believes young people have the right to participate in the making of decisions that affect them and their community. Young people want to be part of the solution and there are many young Canberrans who are already engaged and active in the youth mental health space.

Just Sayin' Event: Sophie

Sophie is currently a neuroscience student at the ANU. She was born and raised in Canberra and currently volunteers for several national and local organisations including Lifeline, headspace and the Refugee Action Committee. Sophie is dedicated to the field of mental illness, and is extremely passionate about improving mental health services and the population's mental wellbeing.

Please view Sophie's speech here: www.youtube.com/watch?v=BIZNYF-0xHs

Youth in ACTion for Suicide Prevention

Youth in ACTion for Suicide Prevention is a group of young volunteers working to prevent youth suicide in the ACT region, through the promotion of self-care and help-seeking behaviour.

Find out more about Youth in ACTion: www.facebook.com/youthinactionsp/

Recommendation 19
Ensure young people are actively engaged in the designing, planning and evaluation of mental health policy and service delivery.

[109] Mission Australia, 2015, *Young People's Mental Health Over the Years: Youth Survey 2012-2014.*

4.3.3 Family and Friends

Findings from both the Mission Australia Youth Survey and other research indicate the significant role friends, parents, relatives, family friends and school staff play as sources of help and support. This emphasises the need to ensure that the important people in young people's lives are equipped with the skills, knowledge and confidence to provide appropriate information, support and if needed referrals to adult or professional support.[110]

Locally the Youth Coalition has found young people's feedback confirms this, with the 2012 Rate Canberra survey exploring what young people anticipated they would do if they needed support in the future. 80% indicated they would talk to a friend, closely followed by 'talk to a family member' and 'research the issue on the Internet'. Less than half identified that they would talk to a professional (e.g. counsellor or doctor).[111]

Professional services must acknowledge and engage family and friends in supporting young people's mental health. It occurs frequently through the intervention of these people that professional mental health care is sought, and the information, beliefs and access barriers experienced by family and friends must also be addressed. Very often the barriers experienced by informal supports are similar to those experienced by the young people themselves.[112]

4.3.3.1 Building Community Capacity to Respond

Mission Australia's report *Young People's Mental Health Over the Years: Youth Survey 2012-2014* identified that young people want their family and friends and other important people in their lives to be equipped with the skills to better support them when they are in crisis.[113]

In further consultation with young people in Canberra about mental health and wellbeing support, the Youth Coalition found that although young people identified that they would go to family and friends first, they were not confident that their peers and family know enough about mental health in order to provide help and support.[114]

The Youth Coalition believes that investment in early intervention and prevention must also acknowledge and engage family and friends in supporting young people's mental health. It is frequently through the intervention of these people that professional mental health care is sought, and the information, beliefs and barriers experienced by family and friends must also be addressed.[115]

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[110] Mission Australia, 2015, *Young People's Mental Health Over the Years: Youth Survey 2012-2014.*
[111] Youth Coalition of the ACT, 2012, *Rate Canberra: Findings from the Survey of People Aged 12-25 in the ACT.*
[112] Debra Rickwood, D., Wilson, C., & Deane, F., 2006, *Supporting young people to seek professional help for mental health problems.*
[113] Mission Australia, 2015, *Young People's Mental Health Over the Years: Youth Survey 2012-2014.*
[114] Youth Coalition of the ACT, 2015, *Mental Health: Perspectives of Young People aged 12-25 in the ACT.*
[115] Rickwood, D., Wilson, C., & Deane, F., 2006, Supporting young people to seek professional help for mental health problems.

The Youth Coalition supports training courses, such as Mental Health First Aid, that aim to improve the mental health literacy of the community. Mental Health First Aid is a training course that aims to empower the public to approach, support and refer individuals in distress. While it is not youth specific, it has been found to be an effective public health strategy to increase mental health awareness and knowledge, decrease stigma, and increase help-seeking behaviour.[116]

Despite this, Mental Health First Aid is not considered as important as Provide First Aid (previously known as Senior First Aid). The Youth Coalition would like to see an increase in the number of people in the ACT being trained in Mental Health First Aid.

Recommendation 20
Invest in community development, including services, projects, and training that increases community capacity to support youth mental health and wellbeing.

4.3.3.2 Support for Parents

Family relationships play an important role in young people's lives and building resilience. Despite a largely positive view of family relationships in the Mission Australia Youth Survey 2014, one in five (20.0%) young people indicated that they were either extremely concerned or very concerned about family conflict. For young people who are already attempting to cope with school and study pressures, the absence of a supportive family environment and the need to manage the additional stressors of family conflict can make life especially challenging, and limit their ability to achieve their aspirations.[117]

Families ACT's 2015 report into parenting programs in the ACT identified that increasing numbers of parents with teenagers who are self-harming or have other mental health issues, misusing drugs and alcohol, and disengaging from school are approaching services for support.

This report also suggested that greater investment needs to be made in providing support to parents from culturally and linguistically diverse backgrounds; Aboriginal families; parents of young people aged 12 to 18 years; and young parents aged 14 to 25 years.

Two programs rated as supported in the Families ACT review were Strengthening Families Program and Attachment-Based Family Therapy. A further five programs were rated as promising: Tuning in to Teens; Parenting Adolescents: A Creative Experience; Teen Triple P; Parents and Adolescents Communicating Together; and Cool Kids.[118]

[116] Mission Australia, 2015, *Young People's Mental Health Over the Years: Youth Survey 2012-2014.*
[117] Mission Australia, 2014, *Youth Survey.*
[118] Families ACT, 2015, *Parenting Programs in the ACT.*

Parenting programs (related to youth suicide, self-harm, or mental health and wellbeing) supported by evidence included:

Attachment-Based Family Therapy (ABFT)

ABFT is a treatment for adolescents, aged 13-17 years, that is designed to treat clinically diagnosed major depressive disorders, eliminate suicidal ideation, and reduce dispositional anxiety. It is a psychotherapeutic model based on attachment theory. The program is based on the assumption that strong relationships within families can buffer against the risk of adolescent depression or suicide and help in the recovery process. When attachment security is ruptured, the risk for mental health disorders increases. However, as a lifespan developmental model, attachment theory asserts that attachment ruptures can be fixed. Once repaired, young people can acquire the external and internal resources necessary for healthy development (Diamond et al, 2002).

ABFT aims to strengthen or repair parent-adolescent attachment bonds, promote adolescent autonomy and improve family communication. ABFT is typically delivered to both parents and young people, by trained therapists, in 60 to 90 minute sessions conducted weekly for 12 to 16 weeks. Treatment follows a semistructured protocol consisting of five sequential therapy tasks, each of which has clearly outlined processes and goals.

The program has undergone several randomised controlled trials. One study involved 32 adolescents (13 to 17 years) with a major depressive disorder who were randomly assigned to 12 weeks of ABFT or a 6 week, minimal contact, waitlist control group. The sample comprised 78% female, 69% African American, and 69% were from low income, urban communities. The findings of this study indicate that young people participating in the program showed significant decreases in rates of depression diagnosis and severity of depression and anxiety symptoms at the end of the program compared to the control group participants. A significant reduction in adolescent perceived family conflict was also found. In addition, ABFT participants reported non-significant decreases in suicide ideation and an increase in attachment to their mothers (Diamond et al, 2002).

Another study with 66 adolescents, who identified as being moderately depressed and having suicidal thoughts, were randomly assigned to participate in ABFT or a group receiving enhanced usual care. Young people in the ABFT group had a significantly faster rate of improvement in suicidal ideation than those in the control group at the end of treatment. The amount of change in suicidal ideation was significantly greater for adolescents participating in the program from pre-treatment to 12 weeks and from pre-treatment to 24 weeks compared to the control group. Also of significance is the higher proportion of adolescents in the ABFT group in clinical recovery at post-treatment and 3 months follow-up. Similarly, a higher proportion of the ABFT group reported no

suicidal ideation at post-treatment and 3 months follow-up compared to those in the control group (Diamond et al, 2010).'[119]

Parenting programs (related to youth suicide, self-harm, or mental health and wellbeing) that were identified as promising included:

Tuning in to Teens (TINT)

A modified version of the Tuning in to Kids program for parents of adolescents, TINT is a universal prevention intervention that provides parents with a greater understanding of their adolescent's emotional experiences. Teaching parents how to better manage their own emotional reactions as well as how to respond to adolescents' emotions in an accepting and supportive manner is thought to be important for preventing and reducing parent and youth internalizing difficulties (depression and anxiety) (Kehoe et al, 2014). The program aims to foster closer parent-adolescent relationships and strengthen emotional competence in both parents and young people. TINT consists of 6 sessions of 2 hours duration.

The program teaches specific skills that can assist parents in being supportive, empathic and staying connected with their adolescent. It incorporates mindfulness skills (meditation, mindful awareness and acceptance, and non-reactivity) and self-care activities to help parents emotionally 'refuel'. Parents are also taught to respond to adolescents' emotional reactions in ways that acknowledge and validate what the young person is experiencing. This type of response is more likely to reduce the frequency, intensity and length of emotional arousal and help foster a sense of feeling accepted.

The program has been evaluated in a randomised controlled trial of the program with parents of preadolescents (Kehoe et al, 2014). The study involved 225 parents (mothers and fathers) and 224 young people while in sixth grade (aged 10 to 13 years) and 10 months later in their first year of high school (seventh grade). The young people were attending schools in metropolitan Melbourne.

Kehoe and colleagues (2014) state that intervention parents reported significant reductions in their own anxiety and/or depressive symptoms as well as reductions in their difficulties with emotion awareness at follow-up. There was also a significant reduction at follow-up in parents' emotion dismissing practices (as reported by parents and young people) compared to the control group of parent-young people dyads. A significant reduction also occurred in parent-reported youth anxiety for the intervention group compared with the control group (Kehoe et al, 2014).

[119] Families ACT, 2015, *Parenting Programs in the ACT.*

The value of using this program with parents of secondary school aged children and with carers of adolescents in out-of-home care is currently being investigated.[120]

Parenting Adolescents: A Creative Experience (PACE)

PACE is a universal, empowerment-based parent education program which aims to reduce adolescent risk factors associated with youth suicide. The main goals of the program are to enhance parenting skills and emotional competencies within families, and assist parents in learning strategies to raise the self-esteem, optimism and problem-solving skills of their children (Toumbourou & Gregg, 2002).

Parents attended 7 sessions, in school or community settings, that cover adolescent development, listening, assertiveness, conflict resolution, authoritative parenting, substance use, and adoption of attitudes of optimism and hope The program was successful in reaching families from a range of culturally diverse communities and Aboriginal families.

A cluster, non-randomised controlled trial was conducted in 14 schools receiving the program which were matched to 14 comparison schools. The study participants were 305 parents of eighth grade students who received the program, while 272 parents with adolescents in the same grade comprised the control group.

In those schools exposed to the program, the study's authors report the program's impacts on a number of youth suicide risk factors. There was a significant reduction in multiple substance use, delinquency and parent-adolescent conflict for intervention students. In addition, there was a significant increase in maternal care in the intervention group.

Participation in the program, however, did not significantly lower substance use, reduce depression symptoms or rates of self-harm among intervention students (Toumbourou & Gregg, 2002).[121]

Cool Kids

A targeted program that teaches children and teenagers (7 to 17 years) and their parents how to better manage their child's anxiety disorder (including separation anxiety, social anxiety, generalized anxiety and obsessive compulsive disorder). It can be delivered either individually or in groups, and involves the participation of both parents and their children. Based on a cognitive behavioural theoretical framework, the program aims to teach clear and practical skills to both parents and the child/teenager. The program is

[120] Families ACT, 2015, *Parenting Programs in the ACT.*
[121] Families ACT, 2015, *Parenting Programs in the ACT.*

fully supported by manuals, and has slightly different versions for children and teenagers. Variations of the program also exist for children with comorbid autism, adolescents with a mix of anxiety and depression, and for delivery in school settings (Centre for Emotional Health).

The goals of Cool Kids are to:

- reduce the symptoms and amount of life interference caused by anxiety
- reduce avoidance
- reduce family distress
- increase confidence
- improve peer relationships
- increase engagement in extracurricular activities.

For adolescents, parents attend most sessions. They learn how to manage children differently, how to manage their own anxieties, and how to help their child use their new skills outside the therapy sessions.

The individual format consists of eight, hour-long, weekly sessions followed by two, hour-long, bi-weekly sessions. The group format is made up of eight, two-hour sessions and two, two-hour sessions. The recommended program duration is twelve weeks.

Psychologists, mental health workers or school counsellors who have experience of working with children from a cognitive behavioural perspective are required to facilitate the program (Centre for Emotional Health).

A randomised controlled trial involved 112 children (aged 7 to 16 years) who were randomly assigned to either Cool Kids or a control condition (group support and attention). Overall, the results indicate that Cool Kids was significantly more efficacious compared with the control condition. Over two thirds (69%) of children who participated in Cool Kids did not meet the criteria for any anxiety diagnoses at 6 month follow up, compared with 45% of children in the control condition. The limitations to this study relate to a significant lack of congruence between parent and child reports. Although mothers of children participating in Cool Kids reported significantly greater treatment gains than mothers of children in the control group, children reported similar improvements across both groups (Hudson et al, 2009).[122]

Recommendation 21

Invest in providing support to parents from culturally and linguistically diverse backgrounds; Aboriginal families; parents of young people aged 12 to 18 years; and young parents aged 14 to 25 years.

[122] Families ACT, 2015, *Parenting Programs in the ACT.*

4.3.4 Online Information and Supports

The internet can play a key role in providing information and support for young people seeking help. In Youth Coalition consultations held in 2014, young people reported that the internet is often the first place they go to for information about mental health and what services are available, even if they have no intention of accessing online support services.[123]

Young people had a mixed response to the level of support services they would engage with in an online setting.

> *'I think online can be a good first point of contact if someone is unsure where to go.'*
>
> *'I wouldn't do online chat, but would use online information to find out where to go.'*
>
> *'The anonymity of online support can be good and it can be easier to talk to someone you don't know at all over the phone, but not face-to-face because that can be intimidating.'*
>
> *'I don't trust people online, when I can only read their writing. When you're actually talking face to face you can hear voice and expression.'*[124]

While online information and supports are important, the mental health system needs multiple modes of delivery that allow young people to access information and support in a way that resonates with them.

The most recent Centre Activity Overview Report for headspace Canberra shows that between 1 July 2014 and 31 December 2015, 89.3% of their clients heard about the service from another person, compared to only 5.5% who found out online.[125] This highlights the importance of relationships and warm referrals, and the need for face-to-face interventions and interpersonal practices that builds resilience in young people with mental illness.

Recommendation 22
Utilise online information and support services to enhance and increase the capacity of the service system. Note: The Youth Coalition stresses the importance that online services are not a replacement for face to face and relationship based human services.

[123] Youth Coalition of the ACT, 2015, *Mental Health: Perspectives of Young People aged 12-25 in the ACT.*
[124] Youth Coalition of the ACT, 2015, *Mental Health: Perspectives of Young People aged 12-25 in the ACT.*
[125] headspace National Youth Mental Health Foundation, 2016, *headspace Canberra: Centre Activity Overview Report Financial Year 2015/16 (Year-to-Date 1 July to 31 December 2015).*

4.3.5 A Cohesive Human Service System

The Youth Coalition's Submission to the ACT Budget 2015-16 noted feedback from youth service providers that spoke to the way human services are arranged, implemented and interact. There was a clear level of frustration, particularly from community sector workers, with the:

- inconsistency and/or inequity in funding arrangements
- lack of big picture or whole of community view
- lack of understanding of the relationship between services from the point of view of person in the community seeking support
- slow progress towards addressing silo-ed responses resulting in the underutilisation of existing expertise, experience, and resources
- inflexibility to work across system defined divides (government/non-government, education/health, etc)
- lack of consistent and/or long term support capacity
- stretching the limited resources to trying to be everything for everybody / setting things up to fail by under-resourcing them

> *'Funding opportunities and arrangements make it difficult for services to offer meaningful, long term sustainable programs for young people.'* [126]

This feedback mirrors many of the drivers that led to and underpin the work that is articulated under the *ACT Human Services Blueprint* and is being implemented through the *Better Services Initiatives*, further reinforcing how important these initiatives are.

The Youth Coalition continues to acknowledge the significance of this work and the transformational vision that different parts of ACT Government and community services can work together to deliver human services in a flexible, responsive, more successful way, building genuine community capacity and resilience.

The *Human Services Blueprint* and implementation of the *Better Services Initiatives* have begun to deliver on improvements in the design, delivery, and resourcing of services so that they make a positive difference to people in Canberra, especially those who are living with poverty, disadvantage or vulnerability.

However, moving beyond silos and bridging the culture differences between different service systems is hard work and requires a sustained level of support, investment, commitment, and energy. It requires sponsors who are committed to building and maintaining political will over time. The Youth Coalition believes that initiatives are showing promise, and that the roll out is at a crucial stage in implementation.

[126] Survey Respondent, Youth Coalition of the ACT, 2015, *Submission to the ACT Budget 2016-17.*

Three principles underpin this work:

- People who access services (and the people they care for and about) should be at the centre of decisions about when, how and where they access support and what form that support will take;
- Positive change will only be delivered if we make changes in public administration, service models and the way staff work with each other and with service users; and,
- Building communities in which people can contribute, belong to, and be resilient within is just as important as providing high quality services that respond to specific needs.

'There needs to be more effective collaboration between non-government and government agencies. At present, NGOs are required to meet benchmarks that emphasise individual service and do not recognise collaboration. Also, government agencies get really precious about their status… and there is very little respect of NGOs.'

'Stop talking about whole of government and start making it happen. Expand the pilot initiatives that have made a difference...'[127]

'Support to students who have disengaged/are at risk of disengaging which are provided within schools (ie school counsellors) need to be done in collaboration with community sector organisations with whom these young people will often already have good relationships.' [128]

Recommendation 23
Continue to invest in the implementation of the *Human Services Blueprint.*

4.3.5.1 Providing Social and Emotional Wellbeing Supports to Young People

In interviews with frontline workers for this Submission, responses were mixed when asked about the relationship between the community services sector and mental health clinicians and specialist services.

Comments included that relationships between the services differ because they each view suicide and self-harm slightly differently, and the translation can get lost at times. Some youth workers emphasised the lack of communication between the community sector and mental health clinicians and its flow on effects to young people. The difference in community versus clinical approaches, and disconnect in the delivery of these services was seen to affect young people who are the most vulnerable the most.

[127] Youth Coalition of the ACT, 2014, *Submission to the ACT Budget 2015-16.*
[128] Survey Respondent, Youth Coalition of the ACT, 2015, *Submission to the ACT Budget 2016-17.*

'It can be difficult in regards to suicide/self harm as there is a 'clinical' way of viewing it and it is seen as more of a condition whereas in general youth services it is more an 'everyday' kind of thing.'[129]

Clearly all ACT government-funded services, agencies and institutions, including schools, youth centres, and specialist housing service providers' have an important role in promoting resilience and responding to mental health issues in children and young people. However, in addition to the challenge of breaking down silos of funding streams and institutional culture, there is also inequity in the way these roles are valued and resourced.

Recommendation 24
Implement a trial project under the *Better Services Initiatives* that brings together all of the government and community service resources providing social and emotional wellbeing supports to children and young people in a region of Canberra, to better collaborate and coordinate the design, delivery, and resourcing of services.

[129] Youth Coalition of the ACT, 2016, Interviews with frontline youth workers for Submission to the Standing Committee on Health, Ageing, Community and Social Service *Inquiry into Youth Suicide and Self-Harm.*

5. Attachments: Recommended Reading & Viewing

Section 5 provides a list of resources to be considered as part of this Submission.

5.1 Summary of Electronic Media Content

Interview with suicide prevention campaigner Gerry Georgatos
Suicide of Aboriginal & Torres Strait Islanders - A Humanitarian Crisis:
www.youtube.com/watch?v=dl3euWFA7Wk

Gugan Gulwan Youth Aboriginal Corporation
It's Okay to Talk About it.: www.youtube.com/watch?v=8oHlmncQd_A

Youth Coalition of the ACT
Just Sayin' Event - Rachael's Speech: www.youtube.com/watch?v=9hNKROZ7fLM
Just Sayin' Event - Sophie's Speech: www.youtube.com/watch?v=BIZNYF-0xHs
Just Sayin' Event - Kalir's Speech: www.youtube.com/watch?v=royxnkYubK4
Youth Media Team Interview with Menslink: www.youtube.com/watch?v=GlbP8iqPQnU
Youth Media Team Interview with MIEACT: www.youtube.com/watch?v=uZLpT84Hsx4
Youth Work (short documentary): www.youtube.com/watch?v=LSmB9PKYR38

5.2 Recommended Further Reading

Youth Coalition of the ACT
Mental Health: Perspectives of Young People aged 12 - 25 in the ACT
https://members.youthcoalition.net/sites/default/files/documents/Mental%20Health%20Perspectives%20of%20Young%20People.pdf
Rate Canberra 2012: Findings from the Survey of Young People Aged 12-25 in the ACT
https://www.youthcoalition.net/dmdocuments/Rate_Canberra_2012.pdf

Families ACT
Parenting Programs in the ACT
http://static1.1.sqspcdn.com/static/f/1338726/26230043/1431638890413/Parenting+Programs+in+the+ACT.pdf?token=gOxlubpTkk6Yvw6gZ%2F6rtHuq6D0%3D

Youth Coalition of the ACT and Families ACT
Youth Engagement in the ACT
http://static1.1.sqspcdn.com/static/f/1338726/23028351/1372815077967/Youth_Engagement_Report_WEB.pdf?token=NijLMzG1Ol7nhBiqUKkUvM2AZyM%3D

Orygen
Looking the Other Way: Young People and Self Harm
https://orygen.org.au/Media/Looking-the-Other-Way-Young-People-Self-Harm.aspx