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**THE LEGISLATIVE ASSEMBLY FOR THE
AUSTRALIAN CAPITAL TERRITORY**

**Government Response to the Review of Children and young People Who Have Died as a
Result of Intentional Self-Harm**

**Presented by
Rachel Stephen-Smith MLA**

Minister for Families and Community Services

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INTRODUCTION

The Children and Young People Death Review Committee (the Committee) was established in 2012 under Chapter 19A of the *Children and Young People Act 2008* (the CYP Act). A key function of the Committee under the CYP Act is to undertake research and make recommendations to the Territory to help prevent or reduce the likelihood of the death of children and young people.

The Committee presented the report titled 'Review of Children and Young People Who Have Died as a Result of Intentional Self-Harm' (the Review) on 11 January 2021. The overarching aim of the Review was to explore significant systemic factors that may surround the suicide deaths of young people and to offer key insights to support services, schools, family and peers to reduce the likelihood of young people dying by suicide.

The Review comprises four sections:

- a. Chapter 1 provides a brief literature review on suicidality, self-harm, suicide prevention and post-intervention support. This chapter considers the extent of the issue and associated risk factors, and provides an overview of the ACT context and current availability of supports.
- b. Chapter 2 outlines the aims and objectives of the review and describes the methodology used. Due to privacy considerations and the sensitive nature of the material, a description and analysis of the reviewed data will not be made publicly available.
- c. Chapter 3 provides the Review's key findings in relation to individual risk, protective factors and systemic themes.
- d. Chapter 4 outlines seven (7) recommendations for consideration, informed by data available to the Committee and consultation with key stakeholders.

The ACT Government is continuously working to improve the Territory's mental health and suicide prevention services and programs for young people, and would like to thank the Committee for the comprehensive and considered report.

The Review notes that since 2004, an average of one to two young people take their own life each year in the ACT. However, in 2018 this figure rose to five young people. This increase was the basis for the Committee's decision to examine death by suicide for young people in the ACT between 2017 and 2019. For most of the young people considered by the Review, there was an emergence of mental health issues in adolescence. Other common risk factors included previous suicide attempts, self-harm and interpersonal issues.

The Review found that there was inadequate suitable service availability and continuum of care between acute crisis intervention and primary mental health care for the young people who had died of intentional self-harm. This included limited outreach services and poor communication between services. The Review also recognised the difficulty experienced by care givers, educators and peers in knowing how to appropriately support young people when they reach out for help.

The insights and recommendations outlined in the Review highlight a clear approach to improving supports and responses to reduce or prevent child and youth suicide in the ACT. This is captured in seven recommendations to Government.

A central focus of the Committee's recommendations is the need to actively engage with young people in targeted prevention campaigns, on service design and delivery, and with person-centred assessment and safety planning.

Several recommendations focus on the importance of proactive, seamless care and support following a suicide attempt and the need to improve access, care-coordination and information sharing. The recommendations also identify the importance of evaluating programs and services to determine effectiveness.

There are a range of existing initiatives which aim to prevent suicide in the ACT and improve the mental health of young people. However, the Government recognises that more can be done to support progress towards achieving the full intent of the recommendations. The Government acknowledges the paramount importance of the safety and wellbeing of children and young people and recognises that a single life lost to suicide is one too many.

It is important to note that responses to recommendations that are agreed-in-principle are subject to future Government funding decisions and/or further consultation and policy development.

CURRENT SETTING AND EXISTING GOVERNMENT COMMITMENTS

As outlined in the 2020 *Government Response to the Standing Committee on Education, Employment and Youth Affairs Report on Inquiry into Youth Mental Health in the ACT*, we know it is critical to ensure young people can access adequate and appropriate mental health services, as most mental illnesses experienced in adult life begin during childhood or adolescence.

The ACT Government is committed to supporting children and young people through a wide range of services to support mental health and wellbeing. Considering the voices of children, young people, parents and carers and service providers is crucial to understanding the needs of our young people in our community.

The ACT Government provides a range of services to support young people, from prevention and early intervention services to targeted and acute clinical services. The planning and delivery of services is based on evidence and community need. Research indicates that the first 1,000 days of a child's life is critical for their development and their life-long wellbeing outcomes. We also know that the mental health of children and young people is often determined by complex and interconnected factors, such as genetic disposition, home environment, and their life experiences. For this reason, it is important that services are accessible for children and young people with mental health needs, and that those services respond quickly, effectively and holistically.

In March 2020, the ACT Office for Mental Health and Wellbeing (the OMHW) published its *Review of Children and Young People in the ACT*, which was co-produced with the local non-government organisation Mental Illness Education ACT (MIEACT). This Review engaged with children, young people, parents, carers, non-government organisations and health services, to better understand the landscape of mental health services available for people aged up to 25 years in the ACT and identify the current challenges, gaps and potential solutions for the ACT.

The ACT Government has committed to responding to the OMHW's Review and is implementing three key projects: developing and implementing an online youth navigation portal for mental health services; implementing mental health and wellbeing education programs; and co-designing an approach with service providers and organisations to identify potential solutions and additional support and access for people experiencing moderate to severe mental illness.

The ACT Government established a pilot version of the Black Dog Institute's LifeSpan Integrated Suicide Prevention Framework in the ACT from 2018-19. LifeSpan is an evidence-based approach to integrated suicide prevention, combining nine strategies with strong evidence for suicide prevention into one community-led approach that incorporates health, education, frontline services, business and the community. One of the strategies targets the promotion of help-seeking, mental health and resilience in schools.

Including the voice of people with lived experience of suicide¹ is a key priority under the LifeSpan framework for all suicide prevention activity targeting young people. Lived experience representation is included in all the governance structures and consultation forums of ACT LifeSpan, to ensure the voice of those with lived experience of suicide, including young people, is included. Suicide prevention programs in school settings are another vital element of the Lifespan framework. ACT Health works closely with the ACT Education Directorate (ACTED) on these programs. The flagship program in schools is the Youth Aware of Mental Health Program (YAM).

The ACT Government continues to work with the Black Dog Institute, ACT Health and Capital Health Network to provide free Question, Persuade, Refer (QPR) training to school staff and the broader school community. QPR is a suicide prevention intervention that successfully teaches school staff to recognise and respond appropriately to someone displaying the risk factors associated with suicide. QPR training is designed to detect persons who are in the thinking or ideational phase of a suicide plan. This training may also enable natural helpers to identify people at risk who have already made one or more non-lethal attempts.

The ACT Government and the Commonwealth funds the Way Back Support Service, developed by Beyond Blue. This program is a non-clinical suicide prevention service to provide follow-up support to people for up to three months after they have attempted suicide and is available for young people aged from 18 to 25 years.

The ACT Government has also committed to implementing a range of initiatives to strengthen youth mental health in the ACT. For example, the Government will provide resourcing to continue delivering the Adolescent Mobile Outreach Service (AMOS), with funding of \$3.16m over 3 years from 2021-22 to 2023-24. AMOS is a successful community-based mental health outreach service that provides assessment treatment seven days a week for adolescents aged 12 to 18 years. The ACT Government has also committed funding for the expansion of the Centenary Hospital for Women and Children, which includes significantly enhancing adolescent mental health services.

The Government recognises that beyond the recommendations of the Review, due consideration needs to be given to the specific needs of individual cohorts at greater risk of self-harm or suicide such as LGBTIQ+ persons and Aboriginal and Torres Strait Islander persons.

Research shows that young people who have a disability, identify as LGBTIQ, are Aboriginal and Torres Strait Islander or other young people that experience adversity or disadvantage are at greater risk of having mental health needs. Young LGBTIQ+ Canberrans are more likely to attempt suicide than their peers in the general population. This research includes the newly released *Writing Themselves In 4* ACT Summary Report, an ACT breakdown of the largest ever survey of young LGBTIQ+ people in this country. The report, funded by the ACT Government, indicates that one in ten (10.2%) participants had attempted suicide in the last 12 months, and one in four (28.7%) had

¹ A lived experience of suicide in this context refers to those with experience of suicide, including family members and friends of those that have died by suicide, survivors of attempted suicide and those that have committed self-harm.

done so at some point in their lives. These figures are at least three times higher than rates observed in the general population. The report will inform future decisions about the supports we provide and the way we deliver services to improve the overall health and wellbeing of young LGBTIQ+ people.

RECOMMENDATIONS

The below table outlines the ACT Government response to each recommendation made in the Review.

Recommendation no. and summary	Government Response
RECOMMENDATION 1 Involve young people with lived experiences of suicide in suicide prevention service design and delivery The Committee recommends that any future design and delivery of suicide prevention services include young people and their families who have a lived experience of suicide. The Committee believes that the involvement of people with a lived experience of suicide in service design and delivery is essential. The Committee supports the OMHW working group on the responses to the needs of children and young people with moderate to severe mental health support needs. The Committee recommends the inclusion of young people with lived experience of suicide within the analysis and co-design process.	Agreed The ACT Government recognises the importance of including the voice of lived experience of suicide in the design of suicide prevention programs and services. Young people with lived experience contribute valuable insight to multidisciplinary service responses and provide unique engagement opportunities to improve access to services. In the ACT Government Response to the Inquiry into Youth Mental Health in the ACT, the ACT Government agreed to ensure that services are co-designed by young people. Work that is currently underway to support this agreed approach to service <u>design</u> partially addresses Recommendation 1. Further work would be required to implement the intent of this recommendation in service <u>delivery</u>. Resourcing a peer workforce would need to be considered in the context of service delivery for community mental health services. Implementation will require a considered approach to ensure this is done in a developmentally appropriate and culturally safe way. Participation in such work may be triggering for those with lived experience, and therefore needs to be carried out within a therapeutic framework that can identify and adequately meet any ongoing therapeutic needs of participants. The involvement of young people would also need to be representative of the specific needs of individual cohorts at greater risk of self-harm or suicide, such as LGBTIQ+ and Aboriginal and Torres Strait Islander people. Relevant current work underway includes: ACT Government's implementation of the Black Dog Institute (BDI) LifeSpan Suicide Prevention framework emphasises the value of voices of lived experience. All ACT LifeSpan programs, including the Youth Aware of Mental Health (YAM) Program, include lived experience input. YAM is an evidence based BDI Program that involved young people with lived experience of

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	suicide in its design. The Office for Mental Health and Wellbeing (OMHW) works in partnership with Mental Illness Education ACT (MIEACT) to implement YAM. A key goal of this partnership is to enable young people and their families with a lived experience of self-harm and/or suicide to be active participants in implementation, including working as YAM Facilitators and Helpers. Input from people with lived experience of suicide will be a key feature of future design and delivery for suicide prevention programs and services. CHS has a representative from the ACT Mental Health Consumer Network and a representative from Carers ACT on the project working group for the Adolescent Mental Health Inpatient Unit. CHS also has an independent consumer representative on the Project Control Group for the whole Centenary Hospital Expansion Project. This project includes significantly enhancing adolescent mental health services.
RECOMMENDATION 2 Evaluate current youth mental health and suicide prevention programs to determine effectiveness including in meeting demand. The Committee recommends that the ACT Government evaluate current youth mental health and suicide prevention programs. Gaps in youth mental health service provision for young people not acutely unwell enough to access services for severe mental illness were identified in this review. The Committee supports the work proposed in the OMHW Review of Children in the ACT, which seeks to conduct an analysis of existing programs in schools. The Committee believes that an evaluation of all youth specific programs in the ACT is required to determine their effectiveness including in meeting demand.	Agreed in Principle Evaluation of any youth mental health service can improve responses more broadly and enable valuable insights on effective service delivery. The ACT Government has committed to evaluation in all current youth mental health and suicide prevention programs of the ACT Health Directorate (ACTHD) and OMHW. Current work underway includes: The ACT LifeSpan framework implementation in the ACT. This is part of a BDI high-fidelity research trial of multifaceted approaches to suicide prevention. Implementation is being extensively evaluated by BDI over three years of its rollout. During 2021, BDI will implement an additional extensive evaluation of YAM, in partnership with the ANU Centre for Mental Health Research, ACT Education and OMHW. ACTHD is currently undertaking several planning and mapping activities for mental health services in general. These include the development of a Territory Mental Health Services Plan and completing a stocktake of existing government funded mental health programs as part of the national stocktake. These activities will be

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	important for understanding the current youth mental health and suicide prevention programs and assessing how they meet demand. OMHW has also committed to an analysis of existing mental health programs in primary schools focused on children aged 8-12 years. This information will guide schools seeking further mental health and wellbeing support to students and will provide the OMHW with a better understanding of any gaps for this cohort. The Government committed to increase support during the 2020 election. This includes more youth mental health supports and extra social and youth workers in public schools. These new initiatives to meet demand are not yet at the evaluation stage. Enhanced digital and data capability across services would enable better outcomes-based reporting. Broad in-depth evaluations require adequate resourcing, dedicated funding, and evidence-based evaluation tools. Ideally, this should replicate evaluations used elsewhere to allow the service to appropriately benchmark their performance against peers. The government notes resourced community led evaluations for Aboriginal and Torres Strait Islander initiatives as described in the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report 2016, University WA.
RECOMMENDATION 3 Implement information campaigns that target young people at risk and include practical intervention skills for peers and family. The Committee recommends that targeted information campaigns be implemented. All young people in this review had spoken to peers and/or family about their suicidal thoughts before their death. Families and peers of young people identified at risk of suicide should be provided with specific information on risk factors, warning signs and available services so that those closest to young people in distress can provide support. The Committee believes that providing families	Agreed The ACT Government recognises the importance of health promotion and prevention campaigns in promoting community health and in advising people how to contact services. Several activities are currently underway that support this recommendation, including: Collaboration during the 2020 COVID-19 pandemic saw increased support between the Education Directorate and the OMHW in providing advice and supports to students with suicidal ideation. The YAM Program is being delivered to Year 9 students in secondary schools across the ACT to support reduction in suicidal ideation and behaviour and increase help-seeking in young people. Its focus on peer support and practical

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and peers with knowledge of how they can best support suicidal young people is an essential component of a whole-of-community youth suicide prevention model. The Committee supports the proposed implementation of the Youth Navigation Portal and considers this a critical piece of work to assist young people navigate the complex ACT support system.	intervention skills enables participants to confidently identify risk factors, warning signs, and available services so they can support peers who may be at risk. The ACT Government also supports MIEACT to deliver broader awareness programs and funds Menslink to deliver mental health education for young people, including supporting peers. BDI's Question, Persuade, Refer (QPR) training, another element of ACT LifeSpan, is a free one-hour online suicide prevention training aiming to build confidence and skills in adults, including families and carers, to support friends and families who may be experiencing suicidal ideation and are at risk. OMHW is rolling out this training in partnership with Capital Health Network, and the Education Directorate is promoting it to school communities. The OMHW is currently undertaking procurement to design and implement the Online Youth Navigation Portal. This will be in partnership with existing youth reference groups in the ACT and is expected to be available in September 2021. In addition to the delivery of Child and Adolescent Mental Health Services (CAMHS) core business (the provision of mental health interventions for children and young people with moderate to severe mental illness), CAMHS also provides some targeted early intervention campaigns. An example is the 'Tuning into Teens' (Parental Program), which provides psychological education and support to families and carers. While a number of these initiatives are new or have been expanded since 2019, the Government recognises that ongoing work will be required to evaluate and build on these initiatives.
RECOMMENDATION 4 Implement and evaluate the Connecting with People program. Consider implementation in education and non-government organisation settings. The Committee supports the proposed implementation of the Connecting with People	Agreed The OMHW and Canberra Health Services have started the rollout of the Connecting with People (CwP) Program across clinical services. CwP is a person centred and evidence-informed approach to suicide prevention, focusing on compassion and risk mitigation. CAMHS is involved in ACTHD's current implementation of this program.

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program within ACT clinical settings. The Connecting with People program contains a model of person-centred assessment and safety planning that uses peer-reviewed clinical tools. Within this review, risk assessment and safety planning with young people appeared to often be a procedural process rather than a method to inform treatment and supports. The Committee believes that the Connecting with People program provides clinicians with the tools to engage young people more effectively in risk assessment and safety planning. Following the initial rollout, the Committee recommends that evaluation of the program's effectiveness be conducted, which includes consideration of establishing the program in education and non-government organisation settings.	CwP is suitable for implementation across health and community sectors, and its effectiveness will be evaluated with a view to determining the program's suitability for education settings. The Education Directorate will consider the program's effectiveness in clinical settings and explore whether it could be adopted in schools. Possible implementation in non-government settings will need to consider not only the evaluation outcomes, but also what would be needed to support capability and capacity for community sector roll out, and collaborative engagement with the sector to inform decisions and planning required.
RECOMMENDATION 5 Implement a support plan process in clinical settings that actively engages young people following a suicide attempt. The Committee recommends the implementation of a proactive support plan for all young people following a suicide attempt. Within this review, treatment planning was inconsistent and there were often delays in accessing community-based supports following a suicide attempt. Young people and caregivers should be supported to be involved in the development of a support plan before discharge from clinical settings. Continuity of care with clear timeframes and an identified key person who will follow up on service engagement should be identified. This plan should be shared with all individuals and organisations identified as a support to the young person.	Agreed in Principle Young people who are discharged after presenting with a suicide attempt or self-harm are offered follow-up in the community. As noted above at Recommendation 4, the OMHW and Canberra Health Services have commenced the rollout of the CwP Program across clinical services. The program includes a clinical tool (SAFETool) that aids clinical record keeping and facilitates a co-produced safety plan. This plan identifies and mitigates the risks of suicide for an individual in distress and can be used in referrals to other services or as reference for the individual, their family and loved ones, or other supports. Post-discharge follow-up with CAMHS utilises the CAPA model of care to engage with all people who access the service. This approach actively seeks to partner with young people and their carers to develop individual support plans after any referral – including after a suicide attempt – and with those who self-harm. CAPA is an evidence-based model and does not impose a treatment plan, but rather allows the young person and their family to choose how they want to be involved in their own care.

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	All young people case managed through CAMHS, and those who present in crisis at the Emergency Department are encouraged to engage in decisions regarding recovery and support following a suicide attempt. Staff work intensively with young people and their families or carers to create a safety plan. To address the continuation of care intent of this recommendation, a model of care for those young people and families who do not want CAMHS involvement would need to be developed. Options for future planning also include suicide attempt aftercare service delivery models for young people under the age of 18, such as Wayback Suicide Support Program which has an evidence base for suicide prevention in adults' post-hospital presentation.
RECOMMENDATION 6 Implement evidence-based, assertive outreach guidelines into ACT Government policy that include face-to-face contact with young people who have attempted suicide. The Committee recommends that assertive follow up occur for young people after a suicide attempt. A previous suicide attempt is one of the most consistent predictors of a completed suicide among adolescents. Any support plan developed in conjunction with young people and their families should include contact within the first 24 hours, frequent contact, face-to face visits and support that includes intense case management. Where possible, contact with young people and their families should be flexible, with the preference for professionals to meet with young people in their own environments. The Committee recommends that the ACT Government monitor the effectiveness of the Suicide Prevention Outreach Teams in NSW to inform future planning of ACT suicide prevention outreach programs.	Agreed The Government has provided resourcing to continue delivering the Adolescent Mobile Outreach Service (AMOS), with funding of \$3.16m over 3 years from 2021-22 to 2023-24. CAMHS Adolescent Mobile Outreach Service (AMOS) is a community mental health team providing assessment and treatment for adolescents aged 12 – 18 years with moderate to severe mental illness, who experience barriers to accessing mainstream services or require intensive outreach support. Young people engaged with the AMOS team often have incidents of significant self-harm. The service seeks to maintain: • Delivery of evidence-based treatment and rehabilitation in the home, or in a suitable location as identified by the young vulnerable young person who is unable to access office based mental health treatment. • An outreach service that runs seven days per week, providing comprehensive mental health support and treatment in the home, or a suitable community setting such as a refuge if appropriate. • Avoidance and reduction in hospital admission and/or re-admission and reduced length of stay for these children and young people. Moving forward, ACTHD will partner with Canberra Health Services in decisions around increasing

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	capacity for assertive outreach, and in policy development for 24-hour post incident follow-up.
RECOMMENDATION 7 Train staff from relevant organisations on responsible information sharing. The Committee recommends that people from organisations who are likely to encounter suicidal young people be trained on responsible information sharing. This training should be followed with a communication strategy that provides clear guidance to professionals on information sharing guidelines. Legislation and organisational policy are clear that information can be shared between services and to families when there is an immediate risk to an individual. It appears that failures to share information are due to professionals not understanding their responsibility to share information. This Committee's 2018 report into children who died aged between 0 and 3 years identified similar issues with information sharing between services. It argued that for information sharing arrangements to operate effectively, they must be supported by organisational and professional cultures with strong governance and leadership that observe and understand the guiding legislation (ACT Children and Young People Death Review Committee, 2018).	Agreed The ACT Government is committed to ensuring staff are trained in information sharing and privacy requirements. Further professional development of staff would ensure that appropriate information sharing between agencies is maintained and that staff feel confident in sharing information where there is an immediate risk to an individual's life. The Government recognises that broader information sharing would potentially involve a change agenda encompassing legislation, practice, training and policy. Current activities that go some way in addressing this recommendation include: The OMHW has implemented Everymind's Mindframe Training as a key component of ACT LifeSpan. Mindframe provides training and support on applying best practice principles for safe communication about suicide, for a variety of sectors including health services, media and communication professionals, and educators. A component of this training is discussion of communication protocols for media stakeholders, clinicians, police and ambulance when a critical incident has occurred. Everymind will continue to provide local support to embed appropriate communication protocols. The OMHW is working with other agencies on a Complex Cases project, which will help to address the sharing of information across agencies for better outcomes. The ACTHD is also working with the Australian Institute of Health and Welfare and the Coroner's Office to facilitate the use of the proposed Suicide and Self-Harm Monitoring portal. This will help organisations involved in suicide monitoring to share information and respond to emerging needs.