Submission to the :

ACT LEGISLATIVE ASSEMBLY

HEALTH, AGEING, COMMUNITY AND SOCIAL SERVICES

INQUIRY INTO YOUTH SUICIDE AND SELF HARM IN THE AUSTRALIAN CAPITAL TERRITORY

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Personal Context

I submit this document from my personal experience as the principal of a secondary all-girls school in Canberra. I commenced this position in 2013 after moving from Perth. My roles in West Australian schools as a Deputy Principal for over 12 years included the pastoral care of students and I was very familiar to the resources available from both the public and private sectors. Since arriving in the ACT, I have personally been shocked at lack of services and the poor integration between these services particularly in emergency cases.

As you are aware each year over 2500 Australians are killed by suicide and the lives of many are permanently impacted. For each recorded fatal suicide, it is estimate that 30 attempted have occurred. With 18 227 children or young people hospitalised for intentional or self-harm. [Lifeline 2015]. Suicide and intentional self-harm are now recognised as the leading cause of death in young people. In 2009, the financial cost of mental illness in people aged 12-25 in Australia was $10.6 billion. $7.5 billion (70.5 per cent) was productivity lost due to lower employment, absenteeism and premature death of young people with mental illness; and $1.4 billion (13.4 per cent) was direct health system expenditure. [ARACY 2015].

Facts & figures from the Royal Children's Hospital Melbourne, Centre for Adolescent Health highlights that:– •

- Suicide is a leading cause of death among young people, second only to motor vehicle accidents.
- Suicide rates among 15-24 year old males have trebled between 1960 and 1990. *And I am sure is even higher now and lower in age.
- Australian studies have found that between 23.5% and 49% of teenagers have thoughts of suicide at some time.

In my current situation 17% of students in our school are diagnosed with a mental health illness while we believe up to 25% are *waiting* on formal diagnosis. These students are aged between 11-18 years of age. This bring us in line with the National Average (normally an adult measure of 1 in 4).

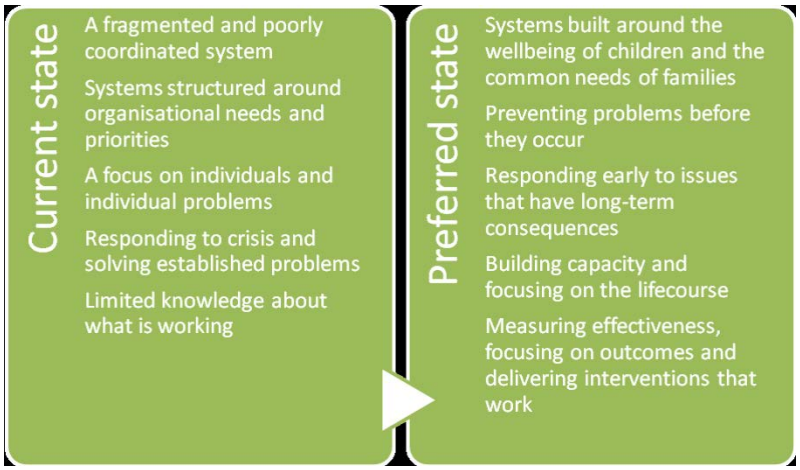
These issues include: Anxiety, Self-Harm, Suicidal Ideation, Learning Disorders, Depression, Post-Traumatic Stress Disorder, Emerging Personality Disorders, Depression, ADHD, Eating Disorders, Panic Attacks, Mental Stress, and Obsessive Compulsive Disorders.

The impact on Students and Teachers include but are not limited to: school refusal, class avoidance, cyberbully, social exclusion, friendship issues, extensions on assessments, under performance, family issues, impact of caring for family, differentiation in the classroom/curriculum/assessment, high risk (suicide watch), intensive teacher hours, parent meetings, modification of timetables, learning disabilities, impact on ability to concentrate, sickness & absence, changes to learning spaces (quiet spaces), greater 1:1 time needed, drug/alcohol/sexual abuse, waitlists for counsellors, lots of time out of class, impact and stress on friends, engaging in risky behaviour.

As a school we are working closely with other schools, agencies (private and public), organisations, our Systems Office and the Department of Education to create appropriate Mental Health Frameworks / Plans / Procedures / Proformas. Once created these require constant updating and changes to trainings. We attempt to write needs reintegration policies and procedures with medical practitioners, however, due to privacy issues this can be very difficult. For Staff and Parents we are constantly offering programs and courses which are available through MindMatters, OzHelp, Beyond Blue, Headspace, KidsHelpLine, CatholicCare, Communicorp, Sources of Strength, Universities and other agencies to increase their knowledge, awareness and skills for dealing with young people in need. A variety of programs are created for our students: We use government and privately funded research to

inform us about the trends, create tailored made programs for our students to learn in and consider provisions for learning and assessment.

We believe we are doing all we can with the services offered to us. However, we are constantly frustrated by the gaps and duplicate roles of agencies. I have two recent examples I could share with the Committee. However, due to confidentiality I would be available to do this 'in camera', if requested.



Having recently accessed the Australian Research Alliance for Children and Youth [ARACY], (September 2015) Better Systems, Better Chances: A review of research and practice for prevention and early intervention, Canberra ACT by Dr Stacey Fox, Angela Southwell, Neil Stafford, Dr Rebecca Goodhue, Dr Dianne Jackson, and Dr Charlene Smith it has confirmed that a System Wide intervention and prevention response is required. There is a strong argument that expenditure on late intervention and crisis response is becoming unsustainable and that rising demand and increasing complexity is creating significant long-term challenges for government budgets. (p2 ARACY).

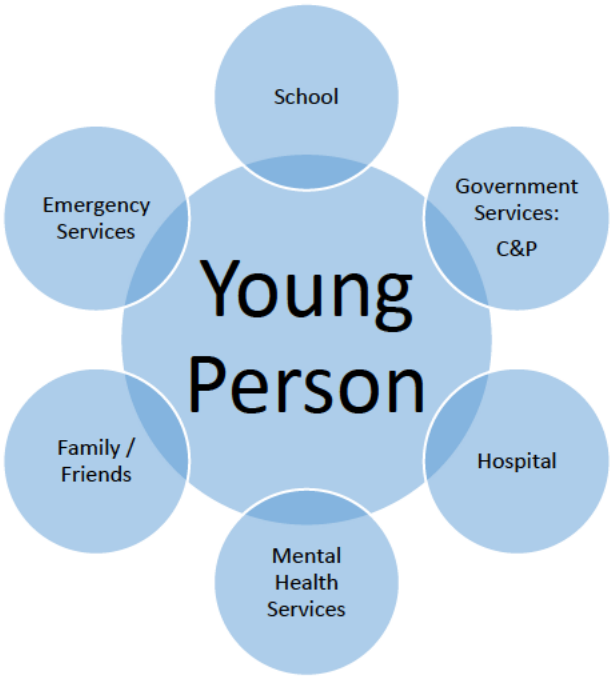
Therefore the role and responsibilities of the ACT and Commonwealth Governments are to ensure that we provide optimal intervention points for child and youth wellbeing. These need to occur at in the early years (0-18 years), with parents/carers and through targeted mental health programs that foster resilience, and support the development of social and emotional wellbeing.

- A review of child and family service systems in Australia and internationally identify a common set of systemic issues. A recent analysis summarises these as being:
- A fragmented and poorly coordinated system in which specific service sectors largely focus on particular issues or groups of vulnerable people without a whole of system view.
- A program focus instead of a client focus, where the onus is on people to make sense of services, navigate from door to door and 'fit' a program to qualify for support.
- Services which fail to consider the family circumstances of clients, in particular the existence and experience of children.
- A traditional welfare approach that focuses on crisis support and stabilisation, and that may encourage dependency.
- A focus on solving problems after they occur rather than anticipating and intervening to prevent them arising
  (Department of Human Services, 2011).

Our current services are no longer serving our youth or communities well. There is fragmentation and an uncoordinated response, which is leading to serious consequences. We are responding and reacting to immediate crises while trying to juggle the various prevention programs that overlap but are sometimes conflicted in their views and approach. We need an intelligent system with a holistic approach that is based on the needs of our children/young people and reflect the demands of society. We need to implement systems and policies that provide a genuinely effective intervention or prevention model. These programs must begin at the most basic community level of family and then overlap with other levels of service. The most effective programs will interlink so that a structured, yet flexible approach can be organised and sustained to develop the good health and wellbeing of each child.

For example:

CONNECTION – CIRCLE OF ASSISTANCE



The young person must remain at the centre of the assistance wheel and be supported by the surrounding circles who all need...:

- **Hospital:** services in the ACT are appalling for young people, the government must allocate funds to establish a targeted Mental Health Facility in a Hospital for young people with high needs. Create clinics/units with the hospital (use PMH, WA model) that focus on need and support for adolescents and hire dedicated teachers in the hospitals to assist with transition back to school.
- **Government Services:** Care and Protection. Very good response, have had very positive support.
- **Emergency Services:** Police/Ambulance Emergency Services. Excellent response and support. Not sure what we would have done in the last two cases without the strong support from police.
- **Family/Friends:** desperately need training to support their child. Waiting lists to private and public mental health care (counsellors and child psychologists) are too long and expensive. We have families travelling up to Sydney to access care this causes great concern and pressure on the family.

- **Mental Health Services:** *more funding needed* to assist CAHMS, Cottage, STEPS – access is ad hoc, counsellors and social workers are constantly changing, they are underfunded and staff are stretched. We don't always have the best relationship here, but I know that they are doing the best they can, just as we are.
- **School:** concerns and needs already mentioned.

NOTE: We must remove privacy issues in this circle – our goal is the same and include all of these parties in the conversation. At present we only know one side. We need a commitment to share data and information: the delivery of integrated services will only be achieved if local public services agree to allow access to and share data about service users, recognising the need to meet their legal obligations, whilst developing a more systematic and timely approach to the use of data between partners.

TRAINING

- Need more training of Counsellors/Psychologists as there are waiting lists everywhere. GP's give referrals but they are full! Support for this high stress/pressure job and the high turnover is a problem: continuity of care and support is crucial.

FUNDING

- Government funding of 1 per 500 students = Counsellor/Psychologist/Social Worker. This would give my school access to 1.3 fte and we would supplement in order to have 3 to 4 on campus.

In conclusion, I truly am concerned about our young people. The pressure they are under today is very different to the pressure of the past; it is relentless, 24 hours a day. We now live in a society under a lifestyle that does not turn off. It is not going to go backwards to an era where this was the case - this is not the answer to the real and true needs of young people. We must work with them where they are. It is our duty and responsibility to provide all young people with strategies to deal with our society and the pressures it presents. We must provide a supportive community, with service access, safety and positive school experiences. As mentioned above, I am happy to appear 'in camera' should more information be required.

Thank you.

Loretta Wholley