Inquiry into Youth Suicide and Self-Harm in the ACT

beyondblue Submission

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beyondblue
PO Box 6100
HAWTHORN VIC 3122

Tel: (03) 9810 6100
Fax: (03) 9810 6111
www.beyondblue.org.au

Inquiry into Youth Suicide and Self-Harm in the ACT

beyondblue welcomes the opportunity to make this submission to the Standing Committee on Health, Ageing, Community and Social Services Inquiry Into Youth Suicide and Self-Harm in the ACT.

In 2014, 2,864 Australians died by suicide. This equates to around eight deaths by suicide each day. Tragically, the majority of people who suicide are in the prime of their life. Suicide remains the leading cause of death among young people. Suicide has a devastating impact on individuals, families and communities. Its economic impacts are also considerable.

Suicide is best considered as part of a spectrum of suicidal behaviours that encompass self-harm, suicidal ideation, planning, suicide attempt and suicide. The reasons behind suicidal behaviours are complex. A broad range of factors can increase risk including mental health conditions, substance misuse, psychosocial crises, adverse early life experiences, personality factors, and socioeconomic factors. Suicidal behaviours also vary by demographic characteristics, for example while females are more likely to self-harm and attempt suicide compared to males, males make up three quarters of all suicide deaths. Other groups at higher risk include LGBTI individuals and Aboriginal and Torres Strait Islander people.

Tackling youth self-harm and suicide requires a comprehensive whole-of-government, whole-of-community approach that focuses on prevention, early intervention, and support for recovery. Action is required to increase the protective factors and reduce the risk factors for suicidal behaviour, provide early and effective services to address underlying mental health conditions and/or substance misuse and to assist young people to engage or re-engage in civic, social and economic life and achieve their full potential. Any single intervention on its own is insufficient to prevent all suicides. A combination of approaches is required, coupled with continuing efforts to design, implement and evaluate new strategies.

Reducing suicidal behaviours among young people cannot be achieved through health settings alone. Schools, youth focused services and others with an interest in young people all have an important role to play. A coordinated approach is required that brings together regionally developed and implemented suicide prevention initiatives with national approaches.

Any confusion about who is responsible for doing what needs to be resolved. The recently announced Commonwealth Government mental health reforms and the development of the 5th National Mental Health and Suicide Prevention Plan provide a perfect opportunity to clarify the roles and responsibilities of various levels of government as well as the roles and responsibilities of individuals, groups and communities to ensure a synergistic approach. The ACT's Primary Health Network role in commissioning, integrating and monitoring suicide prevention services and supports, using population health modelling, is one key to this.

Recommendations

To reduce the incidence and impact of self-harm and other suicidal behaviours among young people in the ACT, an integrated multisector approach to promotion, prevention and intervention is needed that includes the following actions:

1. **Initiatives to reduce access to means and to promote responsible media reporting** should continue to be supported and promoted.
2. **Initiatives that aim to prevent mental health and/or substance misuse conditions from developing should be increased.** At a universal level, all families should have access to evidence-based parenting information and support. At a targeted level, vulnerable families and those at-risk of experiencing mental health conditions should have access to effective family support and parenting programs. Schools are well positioned to prevent mental health conditions by supporting children and adolescents to develop

the social and emotional skills that contribute to resilience. Schools should be encouraged, supported and resourced to implement the Commonwealth Government's proposed new national end-to-end school program which will replace its current KidsMatter and MindMatters initiatives. Another valuable resource supporting strengths-based resilience building is *beyondblue's* SenseAbility for those aged 12-18 year.

3. **Increase access to early, effective intervention through a stepped-care approach to mental health.** Stepped care enables young people to obtain supports and services that meet their needs and their preferences including self-management tools and resources, low and brief-intensity interventions such as the *beyondblue* New Access program, as well as access to evidence-based psychological therapies provided by primary care and specialist mental health services. e-mental health initiatives are another important way of engaging and assisting young people at risk of suicide.
4. **Increase the focus on safety planning and after care support for young people who have self-harmed or attempted suicide.** This requires increases in the availability and use of safety planning tools such as the BeyondNow safety planning app, and improvements in the response to young people presenting to emergency departments following self-harm or a suicide attempt with proactive follow-up to ensure that they do not fall through the gaps. The ACT Government is funding *beyondblue* to trial The Way Back Support Service from 2016. Support for families and support for peers through post-vention initiatives are also important.
5. **Increase the focus on workforce development** to ensure that all health professionals provide person-centred and appropriate standards of care to all young people who present with self-harm and suicidal behaviours. Gatekeeper training for school, youth sector agency staff and others in regular contact with young people is also crucial.
6. **Continue to support a mix of jurisdiction specific strategies and proven national initiatives**. Leadership at both the national and Territory level are required. There is a general consensus that effective suicide prevention requires a suite of integrated interventions delivered through a coordinated, multi-sectoral approach.
7. **Promote strong partnerships between the education system, youth sector agencies, primary care, and child and adolescent mental health services.** Education, health and youth sector agencies must collaborate more effectively and ensure that young people can move quickly and easily between the school and community based supports and services that they need to deal with self-harm and suicidal behaviours and the psychosocial crises and/or mental health and substance use conditions that can contribute to suicidality.
8. **Provide tailored support to young people at higher risk including LGBTI young people and Aboriginal and Torres Strait Islander young people**. This requires improvements in the capacity of mainstream organisations to meet the needs of young Indigenous people, for example through cultural competency training and anti-racism initiatives. It also requires support for Aboriginal and Torres Strait Islander organisations already working in this area, such as the Winnunga Nimmityjah Aboriginal Health Service and The Healing Foundation, to develop targeted strategies for communities within the ACT.
9. **Continue to address the identified gaps in research and evidence on self-harm and trial new approaches.** This includes the trialling a suite of multi-site studies that can robustly test the effectiveness of interventions for self-harm in young people
10. **Introduce more effective surveillance systems to allowing monitoring of progress in reducing all forms of suicidal behaviour.**

beyondblue is a national, independent, not-for-profit organisation working to promote good mental health. Our vision is that all people in Australia achieve their best possible mental health. We create change to protect everyone's mental health and improve the lives of individuals, families and communities affected by depression, anxiety and suicide.

This submission has been informed by *beyondblue*'s extensive experience in delivering depression, anxiety and suicide prevention initiatives targeting individuals, families, schools, workplaces and communities. These initiatives are supported by annual funding of $72,100 from the ACT Government as well as by all State and Territory governments and the Commonwealth Government.

beyondblue has a comprehensive suite of mental health and suicide prevention initiatives that are available free to young people living in the ACT. These are outlined in Appendix One.

***beyondblue* is keen to work with the ACT Government on ways to prevent suicide and reduce its impact.**

Context for action

In 2014, 2,864 Australians died by suicide. This equates to around eight deaths by suicide each day.[1] Tragically, the majority of people who suicide are in the prime of their life. In 2014, 362 young Australians aged 15-24 took their own life. Suicide accounts for around a third of all deaths among young people aged 15-24 and is the leading cause of death in this age group, as well as in the 25-34 and 35-44 age groups.[2] Suicide has a devastating impact on individuals, families and communities and its economic impacts are considerable.

Suicide is best considered as part of a spectrum of suicidal behaviours that encompass self-harm, suicidal ideation, planning, suicide attempt and suicide. While self-harm may occur in the absence of an intent to die,[3] like other suicidal behaviours it indicates that the emotional pain and psychological distress a person is experiencing may be greater than the coping strategies and social supports they have to deal with these feelings.

Self-harm covers a range of actions, which are not necessarily intended to result in death, but may occur as a means of coping with significant emotional distress.[4] Common types of self-harm include: cutting; pinching or scratching; hitting or banging body parts; or burning the body.[5] Self-harm is particularly prevalent among young people. The median age of onset of self-injury is 17 years.[6] The most recent national Child and Adolescent Survey of Mental Health and Wellbeing (2015) revealed that around one in ten 12–17 year-olds reported having engaged in self-harming behaviour.[7]

Suicidal ideation, planning and attempts are also prevalent. The 2015 child and adolescent national mental health survey found that one in forty (2.4%) young people had attempted suicide in the previous 12 months[8] while the adult version of the national mental health survey conducted in 2007 found that in the 12 months prior to interview, 2.4 per cent of the population reported some form of suicidality.[9] Of these adults, 2.3 per cent experienced suicidal ideation, 0.6 per cent made suicide plans and 0.4 per cent made a suicide attempt. The adult survey also revealed that at some point over their lifetime, around 13 per cent of Australians aged 16-85 years have experienced suicidal ideation, four per cent had made suicide plans and just over three per cent had attempted suicide.[10]

The reasons behind suicidal behaviours are complex. A broad range of factors increase risk while other protective factors can reduce the chances.[11]

Mental health conditions are a significant contributing factor. Mental health conditions are common and can occur at any age. Around one in seven of 4–17 year olds and around a quarter of 15-25 year olds will experience a mental health condition each year.[12] [13] Half of all lifetime mental health conditions have their first onset before the age of 14 and 75 per cent occur before age 25.[14]

The 2015 child and adolescent national mental health survey reveals that self-harm was higher in young people with major depressive disorder. One quarter (25.8%) of males and just over half (54.9%) of females with major depressive disorder (based on self-report) had harmed themselves in the previous 12 months.[15] Self-harm is also commonly associated with personality disorders, such as borderline personality disorder,[16] however not all people who self-harm have a personality disorder.[17] The adult national mental health survey in 2007 found that suicidality in the previous 12 months was reported by almost nine per cent of people with a 12-month mental disorder. This was three and a half times higher than suicidality in the general population. Some research suggests that mental illness may be present in 90 per cent of suicide cases[18] although other researchers question the validity of this data, as it is underpinned by the psychological autopsy methodology.[19]

The likelihood of suicidal behaviours can vary according to the type of mental health condition (see Table 1). It also increases significantly if a person experiences multiple mental health conditions for example,

suicidality in people experiencing comorbid affective, anxiety and substance use disorders is almost 50 times higher than among those without a mental health condition (39.2 per cent compared to 0.8 per cent).

Table 1: National prevalence of 12-month suicidality by 12-month mental disorder class[20]

	Suicidal ideation (per cent)	Suicide plan (per cent)	Suicide attempt (per cent)
No disorders	0.8	0.2	np
Affective disorders	16.8	2.4	2.1
Anxiety disorders	8.9	2.4	2.1
Substance use disorders	10.8	3.5	3.1
Any mental disorder	8.3	2.2	np

Totals are lower than sum of disorders as people may have had more than one class of mental disorder.

np: Not available for publication

Suicidal behaviours vary by demographic characteristics. Females are more likely to self-harm and attempt suicide compared to males, but males make up three quarters of all suicide deaths. Aboriginal and Torres Strait Islander young people are at higher risk than non-Indigenous young people. Overall, Aboriginal and Torres Strait Islander people are almost twice as likely to die by suicide as other people in Australia.[21] The greatest difference in rates of suicide between Aboriginal and Torres Strait Islander people and non-Indigenous people is in the 15-19 years age group: for Indigenous young women the rate is 5.9 times higher than those for non-Indigenous young women in this age group, while for Indigenous young men the rate is 4.4 times higher.[22] A number of studies have found LGBTI people experience increased risk of self-harm and suicidal behaviour. This is strongly related to rejection, harassment, abuse and discrimination.[23] The From Blues to Rainbows study found that 38 per cent of the LGBTI young people who participated in the online survey reported thoughts about suicide.[24] Parental rejection of a child's sexuality is associated with higher rates of suicide attempts and to a lesser extent, self-harm. Conversely, family members who are supportive of their children when they disclose, are less likely to have their child or sibling engage in suicidal behaviours.[25] Young people living in rural and remote areas, young people in out-of-home care and young people in immigration detention or juvenile justice facilities are also at higher risk. [26]

Suicidal behaviours also vary by age. In the child and adolescent mental health survey females aged 16-17 years had the highest rates of self-harm – around 17 per cent had harmed themselves in the previous 12 months and almost 23 per cent had self-harmed in their lifetime. The prevalence among 12-15 year-old females was lower, with just under 10 per cent of females aged 12-15 years having self-harmed in the previous 12 months and 11 per cent having ever self-harmed. 12 month and lifetime self-harm rates were lower for males but followed a similar age pattern with 16-17 year old males reporting higher rates than 12-15 year old males.[27] The adult survey in 2007 found that for females, suicidality was highest in those aged 16-24 years (5.1%) while for males it was higher among 25-34 year olds and 35-44 year olds (2.5%).

Other risk factors for suicidal behaviours include: substance misuse; social isolation; psychosocial crises such as a relationship breakdown; bullying; adverse early life experiences including physical and/or sexual abuse;

personality factors, such as impulsivity and perfectionism; poor coping and problem solving skills; and socioeconomic factors such as unemployment, low income and limited education[28,29,30 31 32]. While self-harm is not always associated with a desire to die, people who self-harm are at increased risk of attempting suicide or dying by suicide than the general population. Previous suicide attempts are another major risk factor for future suicide attempts and suicide.

Contagion is also an issue. [33] Some young people, especially those who are already experiencing difficulties and life stresses, may identify with the person who has suicided. This may normalise the behaviour, and contribute to thinking that suicide is an option. According to the Queensland Commission for Children and Young People and Child Guardian (2011) as many as 42 per cent of child suicides could be related to contagion, that is, exposure to another's suicide. Internationally, it has been estimated that between one and five per cent of all suicides by young people occur in the context of a cluster.[34] Studies have shown that adolescents are the age group most affected by suicide contagion.[35] A Canadian study with adolescents aged 12 – 17 years has shown that young people who reported the suicide of a schoolmate were significantly more at risk of suicide than those with no exposure, with the effect most prominent in the youngest age group.[36] The Australian Human Rights Commission Children's Rights Report 2014 and the recent report by Orygen, the National Centre of Excellence in Youth Mental Health, highlight that it is important to better understand the extent of contagion and its mechanisms, as well as the impact of social media and other online channels on this issue.[37 38]

Key points:

Self-harm, suicidal ideation, planning, suicide attempts and suicide are best considered as a spectrum of suicidal behaviours. While not all young people who self-harm, or who think about suicide, or make a suicide plan will go on to attempt suicide or suicide, they are all risk factors for suicide. It is therefore important to intervene across the whole spectrum of suicidal behaviours.

Suicidal behaviours are relatively common and vary by age, gender and other demographic characteristics. Females are more likely to self-harm and attempt suicide than males but significantly more males die by suicide. Self-harm is more common among younger people than older adults. Suicide rates vary considerably by age with older adolescents and young adults particularly vulnerable.

The reasons behind suicidal behaviours are complex. A broad range of factors increase risk while other protective factors can mitigate. The likelihood of suicidality depends on the balance of past and current risk and protective factors. Suicidality is therefore dynamic, open to influence and can be prevented.

Mental health conditions are a significant contributing factor to suicidal behaviours. Mental health conditions are common and can occur at any age, but are particularly common among young people. Self-harm may occur in the context of borderline personality disorder and depression is a major risk factor for all suicidal behaviours.

While a significant level of suicidal behaviour is related to underlying mental health and/or substance use issues, suicidal behaviours can occur among young people with no apparent underlying mental health condition. This may be in response to past trauma, low self-esteem, social isolation or emotionally and socially distressing psychosocial crises that may overwhelm a young person.

Contagion and other broader cultural and socioeconomic factors can also play a role.

Framework for Intervention

Suicide is largely preventable, and everyone has a role to play in preventing suicide. While the evidence for effective self-harm and suicide prevention interventions remains incomplete there is nevertheless a considerable degree of agreement about what actions are required to impact on self-harm and suicide risk.

Action is needed on three main fronts: prevention, early intervention and support for recovery. Prevention needs to start early and be based on a holistic biopsychosocial approach that increases the protective factors and reduces the risk factors for mental health conditions and suicidal behaviour. Young people also need access to early and effective intervention for any underlying mental health and/or substance misuse conditions and support to manage significant psychosocial challenges. They also need the mental health literacy, confidence and skills to access this help. Young people who have attempted suicide, and those who have been exposed to suicide, need proactive follow and support.

A number of evidence based approaches to suicide prevention have been identified including: reducing access to lethal means; responsible media reporting; community awareness programs; gatekeeper training; school based suicide prevention programs; training of general practitioners and frontline staff; psychotherapy and follow-up for individuals with a recent suicide attempt. [39] [40]

Ultimately, a mix of universal strategies, which improve health and reduce suicide risk of the whole population, selective strategies, which target vulnerable groups within a population and indicated strategies, which target specific vulnerable individuals within a population are required. Any single intervention on its own is insufficient to prevent all suicides. A combination of approaches is required, coupled with continuing efforts to design, implement and evaluate new strategies. All sectors have a role to play.

beyondblue supports the implementation of a combined approach to suicide prevention which brings together regionally developed and implemented multi-level and multi-sectoral suicide prevention initiatives and national approaches, such as those delivered by *beyondblue*, which increase community understanding of depression, anxiety and suicide, reduce stigma and promote help-seeking.

Prevention

Prevention focused interventions which have been demonstrated to reduce suicidal behaviours include:

- Restricting access to lethal means – this incorporates a range of strategies including: controls over the availability of firearms; design of pharmaceutical containers; modifications to gas supply; and cliff, bridge and rail barriers.
- Responsible media reporting – this includes avoiding detailed descriptions, sensationalism and glamorisation, using responsible language, minimizing the prominence of suicide reports, educating the public about suicide and available treatments, and providing information on where to seek help.[41] The Australian Government's Mindframe National Media Initiative (MindFrame) encourages responsible, accurate and sensitive representation of mental health conditions and suicide in the Australian mass media. MindFrame includes advice on the safe and responsible reporting of suicide and mental health conditions in LGBTI communities.

Preventing mental health conditions is also critical. There is an overwhelming body of evidence about the importance of environmental factors in-utero, infancy, childhood and the teenage years on a person's mental health. Adverse environmental experiences early in life – including socioeconomic disadvantage, poor attachment, adverse family environments and exposure to neglect, abuse, conflict and violence – have lifelong effects on mental and physical health.[42] [43] [44] A strong and explicit focus on preventing mental health conditions is required that focuses on preventive action early in life, when the individual, community and environmental risk factors for mental health conditions are most influential, and when most instances of mental health conditions commence.

At a universal level, all families should have access to evidence-based parenting information and support (for example, through parenting strategies and guidelines). At a targeted level, vulnerable families and those at-risk of experiencing mental health conditions should have access to effective family support and parenting programs. The barriers to access and use of parenting programs should be identified and overcome, to ensure wide-scale uptake.

Educators also have a critical role in supporting young children to build the necessary competencies, skills and resilience to support good mental health.[45] It is essential that early childhood settings and schools are safe and inclusive environments, value diversity, and respond to individual and environmental risk for mental health. This will not only benefit the mental health of students, but it will also enhance their ongoing connection and engagement with school, and contribute to better academic achievement and staff morale.[46,47,48,49]

Schools can play an important role in assisting young people to develop social, emotional and lifestyle skills to manage and protect their mental health – for example solving problems, communicating effectively, regulating emotions and managing stress, exercising regularly, having a balanced diet, getting enough sleep and avoiding harmful levels of alcohol and other drugs. One third (36 per cent) of young people with a mental health condition report needing 'life skills' training, but for the majority of them (60.9 per cent), this need is not currently being met.[50]

Schools also play an important role in assisting young people with suicidal behaviours or mental health conditions to seek assistance and to recover. The 2015 child and adolescent mental health national survey suggests that:[51]

- Around one in ten (11.5%) of all students aged 4-17 years had used a school service for emotional or behavioural problems in the previous 12 months
- One in five of all students aged 4-17 years (18.9%) had received informal support for emotional or behavioural problems from a school staff member in the previous 12 months.
- 40 per cent of their students experiencing a mental health condition received school based services.
- 45 per cent of adolescents who self-harmed in the last 12 months sought help through school-based services
- 45 per cent young people who had experienced suicide ideation, 50 per cent who had made a suicide plan, and 58 per cent who had made a suicide attempt sought help from a school based service

Schools are clearly playing a key role, however despite this involvement, schools often struggle to respond to young people who self-harm and there is a demonstrable need for improved guidance and strategies on how to effectively respond. Providing supports and services 'in-house' as well as linking students and their families to relevant external supports and services can ensure that young people get help that is matched to their needs and preferences. Schools also need to make reasonable adjustments to support students experiencing a mental health condition to ensure they stay connected to their peers and to the school and study.

These activities are best undertaken within a **whole of school approach to mental health promotion that focuses on the mental health and wellbeing of *all* students, not just those experiencing mental health conditions**. Promoting good mental health, rather than exclusively focusing on 'problem' behaviour, is more effective in supporting good mental health through schools.[52,53] *beyondblue,* with funding from the Australian Government Department of Health, manages the KidsMatter Early Childhood program for early childhood education and care (ECEC) services, the KidsMatter program for primary schools and the MindMatters program for secondary schools, which adopt this whole of school approach.

KidsMatter Early Childhood and KidsMatter Primary aim to improve the mental health and wellbeing of children; reduce mental health problems among children; and achieve greater support for children

experiencing mental health difficulties, and their families. Independent evaluations of the program have found that KidsMatter improves staff and parent capacity to respond to children's mental health needs, with longitudinal analyses also indicating improved childhood mental health and wellbeing on standardized measures.[54]

MindMatters aims to improve the mental health and wellbeing of young people. The MindMatters framework provides structure, guidance and support to enable schools to build their own mental health strategy, to suit their unique circumstances. MindMatters helps schools to promote positive mental health and wellbeing through the whole school community, and to help prevent mental health conditions in students. The initiative was recently redeveloped by *beyondblue* and relaunched in May 2015.

beyondblue's experience in managing these programs has demonstrated that educational settings can successfully promote the mental health of students, their families, and teachers. It is also clear from our experience that uptake and implementation of these initiatives could be enhanced by ensuring that all schools and early childhood services have the time and resources to participate in these initiatives. *beyondblue* therefore acknowledges the ACT Government's financial support to schools that commit to the implementation of either the KidsMatter or MindMatters initiative. *beyondblue* also acknowledges the support of the ACT Government Education and Training Directorate, The Association of Independent Schools of the ACT and Catholic Education ACT in encouraging the take up of KidsMatters and MindMatters in schools in the ACT.

Early intervention

All suicidal behaviour requires urgent and serious attention. All too often, young people who experience suicidality are not taken seriously, or do not receive the prompt attention they require and deserve. Intervention that occurs only when suicide risk is 'imminent' represents a systems failure and highlights missed opportunities for earlier intervention that may have helped to de-escalate risk.

Early intervention for associated mental health conditions is critical. Left untreated, mental health conditions have the potential to disrupt normal development and contribute to enduring complications. Despite this the vast majority of young people who self-harm do not seek help or access services[55] and the vast majority of young people with mental health conditions do not access professional services.[56]

The most common barriers to seeking help are: stigma; concerns about confidentiality and trust; poor mental health literacy; a preference for 'self-reliance'; lack of confidence in the efficacy of treatment; and lack of knowledge of available services.[57,58, 59]People's beliefs and culture also impact their attitudes and behaviour towards seeking help and the effectiveness of different treatment options. [60,61, 62]

A lack of access to affordable and accessible services and long waiting lists is also a barrier, particularly in some jurisdictions and geographic areas (e.g. regional, rural and remote). Dismissive, judgemental and/or discriminatory attitudes of health professionals, is another problem. Many young people report that self-harm or other suicidal behaviours are not taken seriously by health professionals, particularly in emergency departments.[63] This may adversely impact on their willingness to seek assistance in the future. The following initiatives are required to overcome the barriers to help seeking:

- **Increase young people's and parents' understanding of mental health conditions** – A significant barrier for young people with a mental health condition and their families is a poor understanding of mental health conditions. Research suggests that around one third of parents (36.4 per cent) who have children with a mental health condition report that they did not seek help for their child because they were unsure if their child/adolescent needed help, they did not know where to get help, or they thought the problem would get better by itself.[64] Public awareness and education initiatives delivered through website, media, social media and marketing channels coupled with school and workplace-based initiatives can be used to ensure maximum reach and exposure to relevant information.

- **Tackle stigma and discrimination** – The stigma and discrimination associated with mental health conditions is a significant barrier to seeking support for a mental health condition. Stigma can –
    - Discourage young people from disclosing suicidality or a mental health condition to others, due to concerns and fears that people will treat them differently, and their medical information will not remain confidential.[65]
    - Negatively impact on young people's willingness to seek help for mental health problems – 62.9 per cent of 13 – 17 year olds with depression, who did not seek help, reported that they were worried about what other people might think, or did not want to talk to a stranger.[66]
    - Negatively impact on recovery as people may develop discriminatory attitudes or lower expectations of young people with mental health conditions, which impacts on their participation at school and then at work.

  Ethnic, race, sex, gender identity or sexuality-based discrimination is also a risk factor for the development of mental health conditions such as depression and anxiety. For example, the experience of homophobic abuse is associated with an increase likelihood of suicidal behaviours such as self-harm, suicide ideation and suicide attempts.[67] The From Blues to Rainbows research project found that 37 per cent of LGBTI young people who reported they had experienced abuse, harassment and/or discrimination due to their gender expression had made suicide attempts.[68]

- **Train gatekeepers in detecting and dealing with mental health conditions and suicide risk** – A gatekeeper is anyone who is in a position to identify whether someone may be contemplating suicide. It is important that gatekeepers, such as teachers and those working in youth services, have the right knowledge and skills to identify young people at-risk of suicide, and support them to access the care they need. Suicide prevention training of front line staff, including police, ambulance and other first responders, is also important. Training should aim to develop participants' knowledge, attitudes and skills for identifying individuals at risk, determining the level of risk, and then referring at-risk individuals for treatment.[69]

- Provide all young people experiencing a mental health condition with easy access to effective treatment and psychosocial support services – in line with the recommendations of the National Mental Health Commission and the reforms announced by the Australian Government, mental health services for young people should be delivered within a stepped-care framework, which enables people to 'step up' and 'step down' to care which meet their needs. Increasing access to evidence-based psychological therapies, including those designed for conditions such as depression (e.g. CBT, interpersonal therapy) and personality disorders (e.g. DBT, dialectical behaviour therapy) is also crucial.

- **Deliver trauma-informed treatment and support** – *"The single most significant predictor that an individual will end up in the mental health system is a history of childhood trauma, and the more severe and prolonged the trauma, the more severe are the psychological and physical health consequences."* (Professor Warwick Middleton, Chair, the Cannan Group, Director Trauma and Dissociation Unit, Belmont Private Hospital).[70] Improving the capacity of the mental health service system to respond to the needs of people who have experienced trauma is essential.

Digital technologies have an important role in assisting young people at risk of self-harm and other suicidal behaviour. Young people are increasingly obtaining information on health problems online. Given the importance of the internet as a place to find information and support for mental health problems, it is important that effective, evidence-based information and services to support young people are available through this medium. A wide range of digital and technology based mental health promotion and treatment, apps, devices and programs have entered the market over the last decade and organisations such as the

Young and Well Cooperative Research Centre and Reachout are playing a leading role in their development and promotion to young people. Increasing young people's access to these tools and services is just as important to increasing access to face-to-face intervention. Digital and online solutions need to be evidenced based. They also need to be culturally relevant such as the **iBobbly smartphone/tablet application** which was designed to support suicide prevention amongst young Indigenous people.[71] Supporting the uptake of digital and technology based solutions requires efforts to:

- Increase public awareness, knowledge and acceptability of telephone and e-mental health programs
- Change health professional practices to better incorporate telephone and e-mental health programs and use the latter to monitor changes in mental health
- Change the funding of mental health services to incorporate telephone and e-mental health as a core component, which is viewed as a first-line response to mental health problems.

Other ways to deliver psychological therapies are also worth exploring, particular those that have the capacity to decrease on stigma. The *beyondblue* pilot **NewAccess program** is helping people aged 18 and older with mild to moderate depression or anxiety to recover and stay well. Treatment is provided by Coaches trained and supervised by specialist mental health workers to deliver up to six free sessions of Low-intensity Cognitive Behavioural Therapy and a follow-up contact at four weeks. This evidence based model is adapted from the UK's successful Improving Access to Psychological Therapies (IAPT) program. NewAccess was piloted and evaluated in three regions across Australia – Canberra, metropolitan Adelaide, and North Coast New South Wales – and has achieved very high levels of recovery among people using the service. There is now an opportunity for the ACT Primary Health Network (Capital Health Network) to commission NewAccess as a component of the stepped-care approach to mental health care. Consideration could also be given to trialling a similar model for those under the age of 18 either through school based services, or through the headspace centre in Canberra.

Crisis telephone lines play a useful role. The evidence for their effectiveness is variable however this may reflect the methodological complexity of undertaking research on such services, rather than on the services. Many young people use these services and anecdotal evidence suggests they are well regarded.[72]

Being exposed to suicide heightens the risk of contagion and therefore postvention services and resources need to be made available for all young people exposed to the suicide – both those directly known to the person who suicided, and also those who may not have known the young person, but who may have heard about the suicide. Schools and services such as headspace School Support and the StandBy Response Service play an important role.

Support for recovery

A previous suicide attempt is the most significant risk factor for suicide. The first few months post-attempt is a particularly high risk period. Given the strong association between suicide attempts and subsequent suicide, it is important to ensure that people who have attempted suicide receive evidence-based care and appropriate follow-up during the post-attempt period. At present, many young people who present to health care providers following self-harm or suicide attempt receive poor care and report being treated in a stigmatising way.[73] In addition, follow-up may be absent, poorly communicated, poorly coordinated or poorly timed. As a result, many young people either do not attend appointments or attend only briefly and are lost to follow-up. **Increasing the use of safety planning and improving emergency department care and after care** therefore needs to be prioritised.

beyondblue, in partnership with Monash University, and with funding provided by the Movember Foundation has recently launched the BeyondNow safety planning app. The app enables people to create a digital safety plan in collaboration with a health care provider or on their own. The Safety Plan consists of concrete strategies that young people (and adults) can use to decrease their risk of acting on suicidal thoughts and

harming themselves. It can be shared with friends, family, health professionals and other supporters. It is designed to be available day and night via the user's smartphone so that young people can follow their safety strategies in a crisis wherever or whenever it occurs.

***beyondblue* is also currently trialling a new approach to after care following a suicide attempt – The Way Back Support Service**. The Way Back Support Service delivers person-centred, non-clinical care and practical support after a suicide attempt. Support Coordinators link people who have made a suicide attempt with existing informal supports and formal community-based services for treatment and support. The first trial site was established in the Northern Territory in 2014. A further two trial sites are being established including one in the ACT with the support of the ACT Government. A commissioning process is nearing completion to find a suitable service provider in the ACT to manage the service. The Way Back Support Service currently caters for people aged 18 and over, however, future trials of the model could potentially target adolescents as well, with the right level of funding.

Supporting family and friends of people at-risk of suicide is an additional component of a comprehensive suicide prevention framework. *beyondblue* has developed a suite of resources to help people have a conversation with someone they are concerned about – this includes information for people who are worried that someone may be thinking about suicide. *beyondblue* has also developed and disseminated information for people who have attempted suicide and their family/friends, including resources supporting Aboriginal and Torres Strait Islander communities. These include:

- Finding your way back – a resource for people who have attempted suicide
- Guiding their way back - a resource for people who are supporting someone after a suicide attempt
- Finding our way back - a resource for Aboriginal and Torres Strait Islander peoples after a suicide attempt

Tailored approaches for young people at high risk

In addition to the strategies outlined above, it is essential that a more tailored approach is developed for young people at particularly high risk of suicidal behaviours including LGBTI young people and Aboriginal and Torres Strait Islander young people.

A number of protective factors can reduce the likelihood of suicidal behaviours among Aboriginal and Torres Strait Islander young people including:

- Access culturally safe and relevant services including those provided through community controlled and operated services.
- Connection to land, culture, spirituality, ancestry and kinship networks are factors which protect social and emotional wellbeing, mitigate the impact of stressful circumstances on individuals, families and communities and increase resilience.[74]
- Indigenous language retention and revitalisation has a significant preventative effect, and local health initiatives to strengthen young people's positive identification with culture and enable social and economic participation have been a key recovery feature in communities with high rates of suicide.[75]
- 'Cultural continuity' factors such as self-government, actively pursuing land claims, education services and existence of cultural facilities have been identified in studies among indigenous communities in the USA and Canada.[76]

An example of a tailored approach to mental health literacy and stigma is Yarn Safe. headspace began developing Yarn Safe in 2013 and in late 2014 launched the 'Got a lot going on? No shame in talking it out'

Indigenous youth-led multimedia campaign. The campaign targets young Aboriginal and Torres Strait Islander young people and tackles stigma, provides information on mental health and promotes headspace services.[77]

Key points:

Successful action to reduce the incidence and impact of suicidal behaviours among young people requires action on three main fronts: **prevention, early intervention and support for recovery**.

A number of evidence based approaches to suicide prevention have been identified. Any single intervention on its own is insufficient to prevent all suicides. A combination of approaches is required, coupled with continuing efforts to design, implement and evaluate new strategies.

beyondblue supports a combined approach to suicide prevention which brings together regionally developed and implemented multi-level and multi-sectoral suicide prevention initiatives with national approaches, which increase community understanding of depression, anxiety and suicide, reduce stigma and promote help-seeking. An integrated approach is essential.

The prevention of mental health conditions is one important strategy for suicide prevention which can be achieved through initiatives targeted to parents and families as well as educators in early childhood and school settings.

All primary and secondary schools should be encouraged, supported and resourced to implement a whole of school approach to mental health promotion and care. Schools should be encouraged to draw on the current KidsMatter and MindMatters programs as well as the proposed national end-to-end schools program that will be developed as part of the Australian Government's mental health reforms.

Increasing help-seeking and improving young people's access to early, effective intervention is also vital. All suicidal behaviour requires urgent and serious attention. Young people should have access to evidence based psychological treatment and other supports and services that are matched to their needs and preferences. This may include face to face approaches or e-mental health solutions.

Support for young people, and their families, following a self-harm or suicide attempt is crucial, to prevent further suicidal behaviours. Improvements are required in safety planning and follow-up from hospital or emergency departments in the immediate high-risk post self-harm/suicide attempt period. A more compassionate approach to care is needed which does not dismiss or judge the young person in distress.

Post-vention to prevent contagion is another strategy that may reduce the likelihood of suicidal behaviours.

Roles and responsibilities

It is important that actions on prevention, early intervention and support for recovery are implemented within the broader context of the Australian Government's recently announced national mental health reforms and are informed by the development of the 5th National Mental Health and Suicide Prevention Plan.

The National Mental Health Commission's report on their National Review of Mental Health Programmes and Services – Contributing Lives, Thriving Communities – found that the mental health system has some fundamental structural shortcomings, mostly notably service fragmentation. The Commission noted that: *"Our 'mental health system'—which implies a planned, unitary whole – is instead a collection of often uncoordinated services introduced on an often ad hoc basis, with no clarity of roles and responsibilities or strategic approach that is reflected in practice."*

The current confusion about roles and responsibilities and poorly integrated system of prevention and intervention initiatives cannot continue.

The recently announced Commonwealth Government mental health reforms and the development of the 5Th National Mental Health and Suicide Prevention Plan provide a perfect opportunity to clarify the roles and responsibilities of various levels of government as well as the roles and responsibilities of individuals, groups and communities.

The Commonwealth Government's response to the review undertaken by the National Mental Health Commission acknowledges the deficits in the mental health system and sets out nine key principles for change. They are:

- Locally planned and commissioned mental health services through Primary Health Networks (PHNs) and the establishment of a flexible primary mental health care funding pool
- A new easy to access digital mental health gateway
- Refocusing primary mental health care programmes and services to support a stepped care model
- Joined up support for child mental health
- An integrated and equitable approach to youth mental health
- Integrating Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing services
- A renewed approach to suicide prevention
- Improving services and coordination of care for people with severe and complex mental illness
- National leadership in mental health reform

While these reforms relate to the spectrum of conditions and age groups, several reforms are clearly relevant to the issue of self-harm and suicide among young people including:

- the proposed reforms relating to child mental health which emphasise the importance of working across portfolios to join up child mental health programs to reduce the impact of mental health conditions on children, commencing with the early years and going through to adolescence
- the youth mental health reforms which propose better integration between existing Commonwealth funded youth mental health services, state and territory child and adolescent services and broader primary care or social support services (such as education and employment supports).
- a new approach to suicide prevention using a multi-pronged approach which emphasises national leadership combined with regionally based approaches to suicide prevention, that include refocused efforts to prevent Indigenous suicide and initiatives to ensure effective post-discharge follow-up for people who have self-harmed or attempted suicide.

beyondblue encourages the ACT government to examine how its own suicide prevention initiatives can align with these reforms so that roles and responsibilities of each level of government and each stakeholder are clearly articulated. This should include a governance framework that sets out:

- clear responsibilities for all individuals and organisations involved, with mechanisms in place to track accountability
- decision-making processes, particularly focusing on allocating, controlling and using resources and defining project objectives, outcomes and priorities
- structures, resources and processes which ensure that all individuals and organisations can be represented and 'have a say'.

This governance structure should involve all young people including those young people who are traditionally under-represented and/or belong to at-risk population groups, and ensure that potential barriers to participation are overcome (for example, ensure strategies are culturally appropriate, meetings are held in accessible venues and at convenient times, information presented does not include technical or professional jargon).

Within the framework of ACT Government's direct responsibilities particular attention should be given to the role of schools and Territory funded youth services. The ACT government should:

- **Promote community ownership**. When discussing population mental health initiatives, it could be beneficial to highlight the importance of engaging young people and other key stakeholders through community-engagement approaches. There are a number of organisations and groups undertaking work in Indigenous suicide prevention including National Aboriginal and Torres Strait Islander Leadership Group in Mental Health (NATSILMH) and a number of initiatives are underway such as Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP), the National Empowerment Project and the Elders' Report into Preventing Indigenous Self-Harm and Youth Suicide that can be used to inform appropriate responses in the ACT.
- **Encourage schools to adopt a whole of school mental health promotion framework** that acknowledges that young people develop in the context of their relationships with family, peers, school and the broader community.[78] Schools should be supported to build resilience and should also be used as a platform to assist children and adolescents who experience mental health conditions to access services and supports that meet their needs. Interventions should be tailored to need and complexity, using a stepped-care approach. Some students and their families may only require information, psychoeducation and access to self-help resources. Others may require brief intervention from school counsellors or primary care providers, while others may require specialist multidisciplinary team-based care. Consideration should be given to making supports and services at the lower end of the stepped-care model available within schools, rather than through external service providers.
- **Develop partnerships between educational, youth agencies, primary care and specialist mental health services** so that young people, and their families, who require higher levels of assistance than a school can offer are able to access these supports and services quickly and easily.
- **Commit to multi-sectoral action** – the 'social model of health' principle acknowledges the broad determinants of mental health and illness, and the need to work in different settings to reduce risk factors and enhance protective factors. Governments need to adopt an explicit focus on multi-sectoral action, which recognises that responsibility for mental health is across multiple portfolios – including education, employment, housing and justice – and a cross-sector, rather than a health-service centric approach, is likely to be more successful.
- **Coordinate investment** – it is important to ensure synergy and identify opportunities to improve the efficiency and effectiveness of programs and services, through leveraging investment between Commonwealth and ACT sources. For example, pooling funding across Commonwealth and ACT-funded

initiatives that are being implemented across education, human services, health and mental health government portfolios, could improve the quality and accessibility of services provided, and also save money and reduce duplication.

- **Set targets and outcome measures**, for both mental health outcomes and suicidality and implement better ways to measure and monitor progress, including 'real time' data on self-harm and suicide attempts through ambulance attendance and hospital admission data.
- **Implement a continuous improvement model** that incorporates a strong approach to research and development.

Understanding incidence and risk and protective factors profiles for self-harming behaviour and suicide is imperative to developing meaningful prevention and intervention strategies. Accurate statistics through improved surveillance and data collection are therefore required to support suicide prevention strategies, including their development, implementation, evaluation, and accountability for achieving outcomes.[79] The National Committee for Standardised Reporting on Suicide has identified priorities and plans for achieving standardised and accurate reporting of suicide (for more information, see: https://suicidepreventionaust.org/project/national-committee-for-standardised-reporting-on-suicide-ncsrs/). A national database, that provides standardised information across all states and territories, will improve the usefulness and impact of data on self-harm and other suicidal behaviours and deaths by suicide.

Appendix One: *beyondblue* resources, programs and services

beyondblue is funded by the Commonwealth Government and all State and Territory Governments, including the ACT, as well as through donations from individuals, philanthropy and corporate Australia. All *beyondblue* resources, programs and services are available free of charge to young people living in the ACT. Relevant initiatives are summarised below.

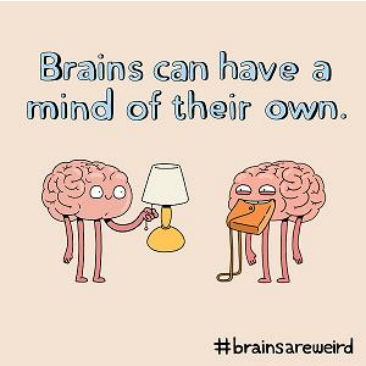
Suicide prevention

- **The *beyondblue* Support Service** – 1300 22 4636 - www.beyondblue.org.au/getsupport - this Service provides immediate, short-term, solutions-focused support and referral services via a 24/7 telephone service, web chat service from 3pm to midnight, and an email response service.
- **The *beyondblue* Way Back Support Service** – this new, innovative suicide prevention service has been developed to save the lives of one of the population groups most at-risk of suicide – those people who have attempted suicide. The Way Back Support Service delivers person-centred, non-clinical care and practical support after a suicide attempt. Support Coordinators link people who have been discharged from hospital following a suicide attempt into existing health and community-based services and informal supports. This Service is currently being trialled in the Northern Territory, with a second trial site commencing in New South Wales in early 2016 and a third site currently being established in the ACT with the support of the ACT Government.
- **The BeyondNow safety planning app** – this intervention enables people to create a digital safety plan, that includes concrete strategies to use to decrease their risk of acting on suicidal thoughts and harming themselves. This app was launched in early 2016.
- **Have the Conversation resources** – videos and written resources have been developed to help people have a conversation with someone they are concerned about, including people who are worried that someone may be thinking about suicide. These resources are currently available in Victoria. More information is available at: www.beyondblue.org.au/resources/have-the-converation
- **Family guide to youth suicide prevention** - this guide supports parents of young people who may be at-risk of suicide. It includes information and videos on the warning signs and risk factors of suicide; how to support a young person, including getting help from a health professional; and supporting young people to be resilient. The guide is available at: www.beyondblue.org.au/resources/family-and-friends/parents-and-guardians/family-guide-to-youth-suicide-prevention

Mental health literacy, stigma and help seeking

- **youthbeyondblue** – www.youthbeyondblue.com – *beyondblue*'s website for young Australians aged 12 to 25 includes information on depression, anxiety, bullying, alcohol, self-harm and suicide. A new youthbeyondblue campaign was launched in late May 2015 on digital and social media channels, to encourage young people to find out more about depression and anxiety, reduce stigma, and encourage help seeking through completing a Brain Quiz online.

Brains can have a mind of their own – youthbeyondblue campaign – case study



The primary goal of the *beyondblue* Brains campaign was to prompt young Australians (aged 13 – 17) to act on their mental health by visiting youthbeyondblue.com to access information and resources to support their recovery. Research conducted prior to the campaign suggested that four out of five Australian teenagers think people their age may not seek support for depression or anxiety because they're afraid of what others will think of them. The brain aimed to show teenagers that experiencing depression or anxiety doesn't mean they are weak or weird, it simply means that their mind is giving them a hard time, and there's something they can do about it. The campaign not only aimed to de-stigmatised mental health, but also convert symptoms into compelling reasons to seek help.

The five animations – built around five different symptoms of depression or anxiety – depict a world where teenagers are constantly disrupted, harassed and provoked by their own brains. Producing something that was genuinely entertaining would encourage young people to own and share the content. The aim wasn't to scare people into action – nor was it to trivialise mental health conditions – but to normalise the issue, giving youth permission to investigate their symptoms.

Paid channels utilised for the campaign included YouTube, mobile advertising, XBOX video, Facebook, Twitter and Snapchat – making *beyondblue* the first not-for-profit organisation in Australia to advertise via that channel. To support the campaign, *beyondblue* created social media accounts for The Brain himself. This amplified The Brain's subversive, cheeky character and provided content that young people could relate to and wouldn't feel threatened to engage with.

Overall, the campaign resulted in significant and positive results. There was a 231 per cent increase in web traffic to youthbeyondblue.com in June 2015, and there were 23,675 Brain Quiz (K-10 checklist) completions in June, meaning almost one in four visitors to the site completed the quiz. Feedback from the target audience has also been positive, with young people openly commenting that they relate to the brain situations depicted and are using the videos to explain to friends and family what they're going through.

The Brains campaign demonstrates how *beyondblue* not only increases awareness and understanding of depression and anxiety, but also reduces the stigma associated with these conditions, and gives people the tools to learn more and most importantly, take action to get the help they need.

- **Information and resources** – *beyondblue* has an extensive range of free resources which focus on improving the mental health of every person, at every stage of life. These resources aim to increase awareness and understanding of depression and anxiety, and give people the confidence and skills to talk about these conditions**. Tailored resources for parents are available**, which includes information to support pregnancy and early parenthood; how to support healthy child development and respond effectively to children experiencing emotional or behavioural difficulties; managing relationship breakdowns and separation; and a guide to support parents of young people who may be at-risk of suicide. Further information is available at: www.beyondblue.org.au/resources/family-and-friends/parents-and-guardians
- **Davo's Man Therapy campaign** – this campaign encourages blue-collar males in regional areas of Australia to take action against depression and anxiety. At www.mantherapy.org.au men can assess their wellbeing, get answers to frequently asked questions about mental health and receive action-oriented advice on dealing with depression and anxiety.
- **The STRIDE project** – *beyondblue*, with funding from The Movember Foundation, has commissioned six research partnerships to demonstrate the impact of digital interventions to reduce the stigma of anxiety,

depression, and/or suicide in Australian men aged 30 to 64 years. More information is available at: https://www.beyondblue.org.au/about-us/programs/mens-program/program-activities/reducing-stigma-in-men

Intervention and recovery support

- **SenseAblity** – this strengths-based resilience program is designed for those working with young Australians aged 12 – 18 years. It includes a suite of modules developed to enhance and maintain emotional and psychological resilience. To date, approximately 1,820 secondary schools have ordered the SenseAbility program, which represents approximately 66 per cent of all schools nationally.
- **The Brave Program** – https://brave4you.psy.uq.edu.au – the BRAVE Program is a free, online evidence-based program that helps prevent and treat anxiety in young people aged between eight and 17 years. The program is made up of 10 interactive sessions which use cognitive behaviour therapy techniques to teach young people and their parents how to manage anxiety. The program was developed by the University of Queensland, with funding from *beyondblue*.
- **Online forums** – www.beyondblue.org.au/connect-with-others/online-forums - *beyondblue's* online forums provide an opportunity to receive peer support. There are over 30,000 members of *beyondblue's* forums and an average of 40,000 visitors per month. Research on the impact of the forums has demonstrated that the forums help people to feel less depressed or anxious, encourage people to contact a health professional, and support people to make positive lifestyle changes.
- **Self-management tools and resources** – through the **youthbeyondblue website** young people can learn about depression and anxiety, complete an online depression and anxiety checklist (K-10), and be directed to information and support to help them in their recovery.
- **Low and brief-intensity interventions** – the ***beyondblue* Support Service** provides immediate, short-term, solutions-focused support and referral services via a 24/7 telephone service, web chat service from 3pm to midnight, and an email response service. The *beyondblue* pilot **NewAccess program** is helping people with mild to moderate depression or anxiety to lead their own recovery, prevent their problems from getting worse, and stay out of the health system. It is also creating a new workforce of mental health coaches that can take the pressure off GPs, psychologists and allied mental health workers. Services such as NewAccess will be fundamental in transforming our mental health system, as they will prevent the onset and escalation of mental health conditions, and reduce the burden on higher intensity services. NewAccess is currently being piloted and evaluated in three regions across Australia – Canberra, metropolitan Adelaide, and North Coast New South Wales.

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