

## Raising the bar for youth suicide prevention

In 2015 more young Australians aged 15-24 years died by suicide than any other means. Over the past 10 years, rather than making in-roads into reducing the number of young lives lost to suicide, rates have increased. We cannot afford for this to continue.



### KEY ISSUES

For both young men and women aged between 15 and 24 years the suicide rates are at their highest in 10 years.

A third of all deaths among young men aged 15-24 years are due to suicide, while twice as many young women aged 15-19 years died by suicide in 2015 compared to 2005. This has mirrored high rates of self-harm among young people, with one in four young women aged 16-17 years having self-harmed in their lifetime.

In particular, Aboriginal and Torres Strait Islander young people, LGBTIQ young people and young people with serious and complex experiences of mental ill-health (who are currently unable to access the youth-focused specialist services they need) are at high risk.

We also know youth suicide is more likely to be part of a cluster than an adult suicide.

Help-seeking rates are low among all young people experiencing suicidal thoughts or behaviours, but in particular for young men, with many citing stigma, fear and embarrassment as barriers to seeking support.

As a result, those at risk of, or considering, suicide often have a wish to remain anonymous, hence the value and importance of technology-based prevention programs including TeleWeb services, directed online self-help, mobile apps, and online counselling.

Family and friends also appear to be an important first point of call for seeking support. However, they are often reported by young people as being less helpful than they could be.

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### Need for a new approach

Researchers, sector experts and young people themselves have suggested that responding to suicide among young people requires a different approach than for other age groups.

Young people have identified the need for a more direct approach to talking about suicide. They also want to be involved in the development of policy, service and program responses.

An analysis of current suicide prevention policies across the country identified gaps in the delivery of evidence-based and young person appropriate, accessible and acceptable programs and services.

However, there are new and emerging opportunities to develop innovative approaches to youth suicide prevention, partnering with young people in the process.

**“** We need to start the conversations that really matter and empower young people to reach out for support early before it gets to crisis point.

Young person



## KEY RESPONSES

### Provide national leadership and coordination through:

Developing a separate National Youth Suicide Prevention Implementation Plan and embedding youth advisory mechanisms and processes to support the Australian Government and Primary Health Networks (PHNs) design and evaluate youth suicide prevention activities.

Integrating suicide prevention policy and programs across other levels of government and outside of health (for example education, justice, and family services).

Developing and improving access to the evidence base through a better practice register and a national evaluation framework which ensures youth-related outcomes are collected.

### Build a system of youth mental health care that responds early and effectively to suicide risk among young people which includes:

Providing national coverage of headspace so that all young people in Australia have access.

Resourcing specialist youth mental health services within enhanced regional primary care systems to support those young people who present with more severe and complex mental ill-health.

Trialling an approach in ten headspace centres of responses specifically for young people who self-harm or have attempted suicide (including the provision of outreach to high risk groups).

### Develop regional responses that meet the needs of young people.

PHNs and community leaders should prioritise work with state/territory based local health networks to explore co-commissioning of post-discharge responses for young people.

Regional systems-based models trialled by the PHNs should ensure: a) activities are evidence-based, appropriate, accessible and acceptable to young people (including postvention), and b) that an adequate proportion of suicide prevention funding is allocated to youth-specific activities.

### Prioritise a commitment to using technology in a proactive way through:

Ongoing support and resourcing for existing critical national crisis services, as well as additional investment in eheadspace to bring it to a scale that will meet demand.

Only developing online platforms that add value to young people's engagement with support services and not present an additional step/barrier to accessing help.

### Reflect emerging evidence that suicide prevention programs can be delivered safely to students in education settings.

All government funded mental health education programs should include the delivery of evidence-based suicide prevention activities and extend these programs to tertiary education settings.

The Australian Government should continue to fund school-based postvention program(s) for young people, tied to a robust evaluation of the program(s) to build the evidence base.

### Address the significant gaps and barriers in youth suicide prevention research through:

Future targeted suicide prevention research funding with a focus on young people and using participatory youth friendly research and data collection methods.

To read the full paper, visit [orygen.org.au](http://orygen.org.au)

