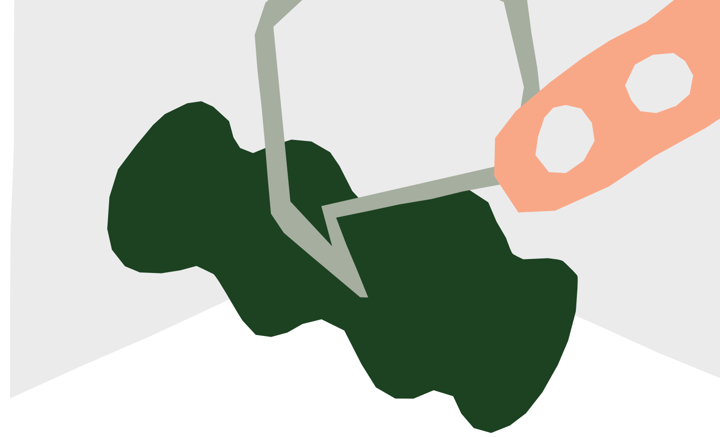


Young people, self-harm and suicide prevention

POLICY BRIEF UPDATE

This brief reviews Orygen's previous policy reports on self-harm and suicide prevention and identifies what has been achieved in the intervening period and provides updated policy solutions informed by the latest evidence.

Issues and solutions

Government policy still does not reflect the needs of young people. While there have been steps forward in policies addressing self-harm and suicide, they do not adequately address the unique needs and situations of young people with experiences of self-harm and suicidal behaviour.

POLICY SOLUTION

Creation of a national policy agenda for young people, self-harm and suicide, which requires a coordinated response from all Australian governments.

Data on self-harm and suicide could be improved. The Australian Institute of Health and Welfare (AIHW) have successfully worked towards the development of cohesive and timely data on self-harm and suicides. However, there is still scope for further improvement in the collection and use of data. The data that is collected primarily focuses on emergency presentations/hospitalisation, and does not capture self-harm and suicidal behaviour presentations in the community. The data provided to the AIHW and Welfare's database should also easily allow for reporting on specific cohorts of interest, for example young women, where we have seen an increase in the number of suicides and episodes of self-harm over the past 10 years.

DATA SOLUTION

Increase opportunities to collect data for self-harm and suicidal behaviours that do not lead to an emergency presentation.

Collection of demographic data to enable focused responses to self-harm and suicide.

A need to strengthen the alignment of self-harm and suicide prevention research priorities with national data and policy implementation. With the development of the AIHW suicide and self-harm monitoring system there is an opportunity to more strategically align funded self-harm and suicide prevention research. Orygen believes there is a need to continue investment in a specific suicide prevention research program and to target research to existing gaps in youth specific interventions and programs.

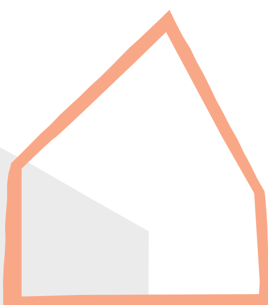
RESEARCH SOLUTION

A strategic approach to research based on national self-harm and suicide data which promotes prevention, early intervention and postvention for self-harm and suicide among young people.

Between 2016 and 2017, Orygen released two policy reports Looking the other way and Raising the bar, which examined self-harm among young people and youth suicide prevention respectively.

The years following the release of these reports have seen significant changes in the policy landscape in how self-harm and suicide prevention are addressed. The past five years have also seen the development of further evidence on the impact that self-harm and suicide can have for an individual and the community, as well as, the development of new and innovative approaches designed to meet the needs and help-seeking preferences of young people.

While previously Orygen addressed self-harm and suicide prevention in separate reports, this brief jointly examines these two issues to recognise that self-harming behaviours are a risk factor for future suicidal behaviour. However, it is important to note that not all self-harming behaviours are characterised by suicidal thinking or an attempt at suicide and every person's experiences are unique.



National leadership and policy

The past five years has seen an increasingly strong focus on self-harm and suicide prevention among governments in Australia. In 2019 the Federal Government appointed a National Suicide Prevention Adviser. The Adviser has since released three separate reports on suicide prevention, with the final report, *Shifting the focus*, outlining a model for a whole-of-government approach to suicide prevention. The work of the National Suicide Prevention Adviser builds upon the Fifth National Mental Health and Suicide Prevention Plan (the National Plan) released by COAG in 2017. The National Plan provided a series of agreed priority areas and actions for governments. In particular, the National Plan provided for a systems-based approach to suicide prevention and self-harm.

During the year leading up to, and following the release of the National Plan, all states and territories developed and launched their own suicide prevention policies:

- **New South Wales:** Strategic Framework for Suicide Prevention in NSW 2018-2023
- **Northern Territory:** Suicide Prevention Strategic Framework 2018-2023
- **Queensland:** Every life – The Queensland Suicide Prevention Plan 2019-2029
- **South Australia:** Suicide Prevention Plan 2017-2021
- **Tasmania:** Tasmanian Suicide Prevention Strategy (2016-2020)
- **Victoria:** Victorian Suicide Prevention Framework 2016-2025
- **Western Australia:** Suicide Prevention Framework 2025

As welcome as these changes are, the limitation with the aforementioned approaches is that governments across Australia are still responding to suicide and self-harm with an all-ages perspective.

Why do young people need a specific approach?

1. **They have high rates of self-harm and suicidal ideation:** Young people in Australia are a cohort which have elevated rates of self-harm and suicide. Suicide is the leading cause of death among young Australians.(1) 3.4 per cent of Australians aged 16 to 24 years have reported serious suicidal ideation over a 12 month period, and up to 8 per cent of those aged 15 to 24 years report having self-harmed. (2, 3)

2. **Suicide rates among young people are increasing:** The rates of suicide and self-harm are increasing among young women in particular. Rates of ambulance attendances and hospitalisations for self-harm are consistently higher among females across the age range, and most notably in young people. Indeed, rates of ambulance attendances for suicide attempt were highest among females aged 15 to 19 years with more than 1500 attendances during 2020. (1) The COVID-19 pandemic in Australia has further increased the rates of self-harm and suicidal behaviours. In both New South Wales and Victoria, there were increases of 30 to 33 per cent in the number of young people presenting to emergency departments for self-harm and suicidal behaviours.
3. **Young people as a cohort also face different stressors when compared to older adults that can lead to self-harm and suicide:** Young people are more likely to experience suicidal behaviours due to social risk-factors, such as bullying and isolation; academic factors; substance-use; intoxication; or family issues. (1,4)
4. Evidence for early intervention: Across a variety of domains, it has been shown that policy, service responses and programs focused on early intervention and prevention present the best opportunity to change the course of a given issue. Suicidal behaviour and self-harm are known risk factors for suicide and other forms of premature death.(5) As such, it is important to focus on early detection and intervention of these behaviours in young people.(6)

Policy direction

To best support early detection of suicidal behaviour and self-harm among young people, there is a need for a specific cross-governmental policy framework which reflects the unique needs of young peoples' developmental trajectory. Across Australia, most governments have not provided for a youth-focused policy approach to suicide and self-harm prevention. The one exception is Tasmania, which in 2016 instituted the Youth Suicide Prevention Plan for Tasmania. As welcome as that is, Tasmania should not be alone in providing a youth-focused response to suicide and self-harm.

For a youth-focused self-harm and suicide prevention plan to be most effective, it needs to reflect the range of settings which can support mental health and wellbeing among young people – particularly in education settings, workplaces, health settings and the online/digital environment. It is considered that this plan should be driven by the National Suicide Prevention Office in consultation with relevant federal, state and territory government departments.

In addition, there is a need for young people to be provided dedicated positions within the National Suicide Prevention Office, to co-lead the development of a youth focused national plan, as well as, support the office in their advisory mechanisms and the delivery of all aspects of its work, ensuring the views and experiences of young people are included.

A National Youth Suicide Prevention Plan

There is a need for a national youth suicide prevention plan centred on young people and suicide and self-harm which recognises youth suicide and self-harm as a matter requiring a coordinated response from all Australian governments.

In this respect, the National Suicide Prevention Office should be tasked with developing a national plan on self-harm and suicide prevention for young people. This national plan should then be supported by the states and territories through the development of their own policies and procedures to prevent self-harm and suicide among young people. All plans should be informed by research, evidence and consultation with young people.

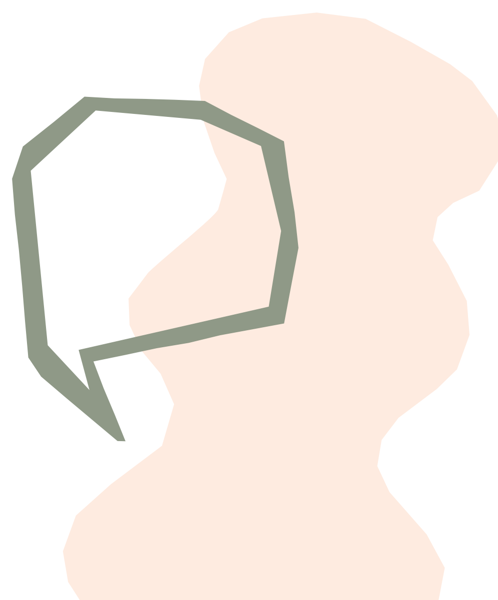
WHO

The national plan, providing the broad framework for a youth focus on self-harm and suicide prevention, should be released by mid-2023. State and territory governments will then be provided with three years to develop their own supporting strategies, policies and procedures and will be required to report to the National Cabinet every 12 months on their progress.

WHEN

The National Suicide Prevention Office include roles specifically for young people across advisory functions, program development, implementation, research and evaluation.

YOUNG PEOPLE



Data-collection and monitoring

Readily-available and useful data are required to inform policy, service and program responses to suicide and self-harm in Australia. Without practical data, understanding how many people are impacted, why self-harm and suicide occurs, and what can be done to prevent it will remain unclear.

At the time of the release of the *Looking the other way* and *Raising the bar* reports, Australia had limited means of collecting information and data on cases of self-harm and suicide. Furthermore, even where data was collected there was a clear indication that there was an underreporting of the prevalence of self-harm.(7)

Since then, there have been clear steps taken to improve the quality, availability and timeliness of data for self-harm, suicidal behaviours, and suicides. Of particular note, is the work of AIHW in establishing the Suicide & Self-harm Monitoring Project in 2019. The key deliverable of this project was the creation of a web-based data repository which would provide publicly-available morbidity and mortality data. This website was released for the public in September 2020. The second key focus of this project is improving the quality of data being provided to the central repository.

The AIHW has done strong work in working towards an equitable national approach to data on suicide registers. AIHW have been in conversations with all jurisdictions about obtaining up-to-date data on suicides, and so far, have received data from Victoria, New South Wales, South Australia, Australia Capital Territory, Tasmania and Queensland. To ensure that AIHW are enabled to continue with this vital work, they must be provided with long-term support and funding.

In order to support the Suicide & Self-harm Monitoring Project, the AIHW, supported by Turning Point, instituted the National Ambulance Surveillance System (NASS) in 2020. NASS provides for the collection of self-harm and suicidal behaviour data from paramedic electronic care records provided by each state and territory's ambulance service.

Orygen are also developing a state-based self-harm monitoring system in Victoria that uses machine learning to identify episodes of self-harm in Victorian emergency departments.(8) The value of this approach is that it can lead to more robust data collection than traditional reporting methods. There is value in the Victorian approach informing the work that AIHW is doing with other states and territories.

The combined effect of the AIHW's work has been to greatly improve the publicly available data on self-harm and suicides. Yet, there are still opportunities to further improve data collection, and the use of data, in Australia.

Policy direction

Non-emergency attendances/ community-based presentations

The focus to date with respect to data collection has primarily been on hospital admissions, emergency departments and ambulance attendances. The limitation with this focus is that it only captures those cases of self-harm and suicidal behaviour that lead to a serious enough physical injury to warrant emergency presentation or ambulance attendance.(9, 10)

There is an opportunity to consider how to capture cases of suicidal behaviour and self-harm that do not lead to hospital admission, emergency presentation or ambulance attendance. The below-mentioned work within educational settings will provide one such opportunity, but other potential sources of data include general practitioner visits or attendances with mental health professionals (such as psychologists, psychiatrists or therapists). Alternatively, researchers in 2010 completed a computer assisted telephone interview of over 12,000 Australians to understand the rates of self-injury in Australia.(11)

Orygen notes that the Australian Bureau of Statistics have included survey items on self-harm in the recently conducted National Mental Health and Wellbeing Survey. This will provide important point in time information on the instance of self-harm in the community, however the survey is unlikely to be conducted again for a number of years. Therefore, it is proposed that AIHW could leverage their existing work to complete an analysis of alternative information streams that could capture self-harm and suicidal

behaviour which does not lead to a hospital or emergency presentation. As part of this analysis, AIHW should consider how information is routinely collected from young people who may have self-harmed or experienced suicidal behaviour. To ensure that data is accurate and comprehensive, it is vital for communication to be appropriate, respectful and without allocating fault or guilt.(6)

Specific population data

A further option to improve suicide and self-harm data is to provide more extensive demographic information on the young people who experience self-harm and suicidal behaviours. There are certain cohorts of young people which are at an increased risk of self-harm and suicide, including but not limited to, Aboriginal and Torres Strait Islander young people, LGBTIQA+ young people, and culturally and linguistically diverse young people.(4, 6)

Of the various at-risk groups, the AIHW currently only provide population-level data for Aboriginal and Torres Strait Islander people. In order to provide tailored policy responses for other at-risk cohorts, there is a need for fine-grain demographic data.

As outlined above, the AIHW have been working with the states and territories to improve the quality of data being provided to the central repository. To date, this work has been successful in supporting the development of a suicide and self-harm monitoring databank. It is proposed that the AIHW be funded to work with the states and territories in providing detailed demographic data for particular at-risk cohorts.

An additional option to capture better demographic data is to utilise the update of the National Survey of Mental Health and Wellbeing. The Survey previously collected self-reported data on self-harm and suicidal behaviours. The value of this self-reported data is that it can potentially capture episodes of self-harm and suicidal behaviours which may not have led to an emergency presentation. By capturing this data, it can assist with early intervention and prevention efforts for young people at risk of suicide and self-harm.

Utilising self-harm and suicide data

Due to the work of AIHW, Australia is now relatively well-served for data on self-harm and suicides. While there are areas for improvement, as outlined above, the current data enables directed government responses to the risk of suicide and self-harm.

To ensure that there are sufficient responses to the risk of suicide and self-harm, it is proposed that the National Suicide Prevention Office, under the ambit of the National Mental Health Commission, be allocated the responsibility of enacting policy change based on AIHW data and existing scientific research.

To support this responsibility, National Suicide Prevention Office would be required to publish an annual report outlining suicide and self-harm trends in Australia from the available data sets and a list of recommendations which respond to this information for action by the relevant government departments.

For example, if AIHW data outlined a heightened risk of self-harm among Aboriginal and Torres Strait Islander young people, the Office could table this in parliament with an action requiring the National Indigenous Australians Agency (for example) to outline responses to this issue and to table a response within the next year.

The implementation of such an approach will provide for a clear link between data and policy and help have a genuine impact on the number of people at risk of self-harm and suicide.

Localised data, suicide clusters, and postvention support

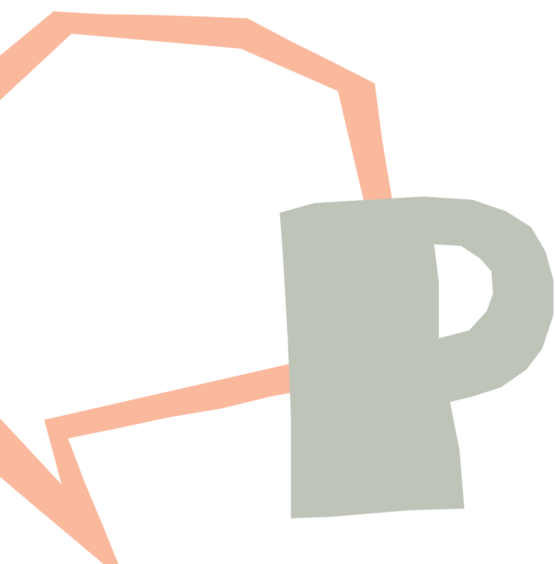
For self-harm and suicide data to be utilised effectively, it has to lead towards directed responses for geographic regions which are seeing a greater-than-expected number of cases of self-harm or suicide. Where there are such suicide or self-harm clusters occurring in a community, there must be plans and procedures in place to promote postvention supports for those impacted by self-harm and suicide, as well as others in that community who may be at risk.

AIHW's data on suicides can be broken down by either the Primary Health Network (PHN) or local government areas. This provides a measure of granularity for where episodes of self-harm and suicidal behaviours occur. In the event that a given PHN or local government area is seeing evidence of a suicide or self-harm cluster, the PHN should be able to mobilise postvention support.

There are innovative examples of postvention support being developed by health departments and PHNs. For example, the WA Primary Health Alliance and Victorian Department of Health have preplanned social media messages ready for deployment in response to potential suicide clusters. Another example is the Murray PHN which has been working on place-based suicide strategies in partnership with the Victorian Government. Postvention support requires a tiered response strategy that will meet multiple levels of need for those impacted by suicide:

1. A preplanned social media campaign to rapidly respond to young people's immediate need for information or support.
2. Information including leaflets, books, booklets, factsheets, posters and online information (this service level is sufficient for most who experience a normal level of distress following a bereavement).
3. Assistance including support services, support groups, self-help groups, helplines, community support, educational support (moderate grief reactions).
4. Counselling (severe grief reactions).
5. Psychotherapy (mental health and complicated grief reactions).

The majority of the 31 PHNs do not provide for a publicly accessible plan for mitigating against potential suicide clusters. Developing and publishing such a postvention plan will assist in the minimisation of suicide clusters among young Australians.



Improving data collection and monitoring

The AIHW receive long-term funding and support to implement and manage the National Suicide and Self-Harm Monitoring Project and the National Ambulance Surveillance System.

The AIHW complete a review of earlier data collection opportunities. This review is to be informed through consultation with medical professionals and people with lived experience. → WHO

Particular consideration should be given to how to safely and respectfully collect data from people who may have self-harmed or experienced suicidal behaviour.

The National Suicide Prevention Office is allocated responsibility to annual reports on trends and direction in data and research. These reports may choose to allocate actions which respond to the data to responsible Australian Government departments and agencies. → WHAT

All PHNs develop postvention plans and social media strategies by the end of 2023. These plans are to be developed in consultation with mental health providers and people with lived experience of self-harm and suicidal behaviours. → WHEN

Research

Both the *Looking the other way* and *Raising the bar* reports recognised that research is vital in the development of an evidence base to help identify which young people are particularly at risk of self-harm and suicide, as well as understanding what supports are most relevant for at-risk young people.

Both reports identified a number of specific research gaps for young people including research on:

- Innovative online suicide prevention interventions, including those targeting young people.
- Suicide-related outcomes in interventions targeting other mental health concerns, for example anxiety, depression, and borderline personality disorder.

- Effective prevention and early intervention programs for self-harming behaviours, including a greater understanding of protective factors and issues relating to contagion, and a focus on cohorts which are over-represented in suicide-related statistics, such as Aboriginal and Torres Strait Islander peoples.

In 2018 researchers at Orygen and the University of Melbourne published a systematic review which highlighted the gaps in the evidence-base specific to interventions, programs and service responses for young people. These included a lack of studies conducted in primary care, universities and workplaces, on demographic groups known to be at higher risk, and in online settings. The review found there was still a need to test new approaches for young people, informed by the way in which they want to interact with health services and supports.(12)

In 2017 the Australian Government committed $12 million in seed funding over three years to establish Australia's first Suicide Prevention Research Fund. The Fund has been managed by Suicide Prevention Australia with advice from leading experts from research, service delivery and the lived experience community. This has been a welcome investment through which a number of targeted grants as well as post-doctoral fellowships and PhD scholarships have been funded.

Orygen recommends that a dedicated, well-resourced research fund for suicide prevention continue into the future and that a strategic approach to identifying current gaps in research and priority areas of focus is described, communicated and actioned.

One opportunity for future research recognises the influence that high quality research can have on driving policy and practice change. A 2020 systematic review of trends in suicide prevention research found there was a need to prioritise research where there is high population level risk identified. This information on at-risk groups can be obtained via the collection of timely, nationally consistent data, for example, through the AIHW system.(13)

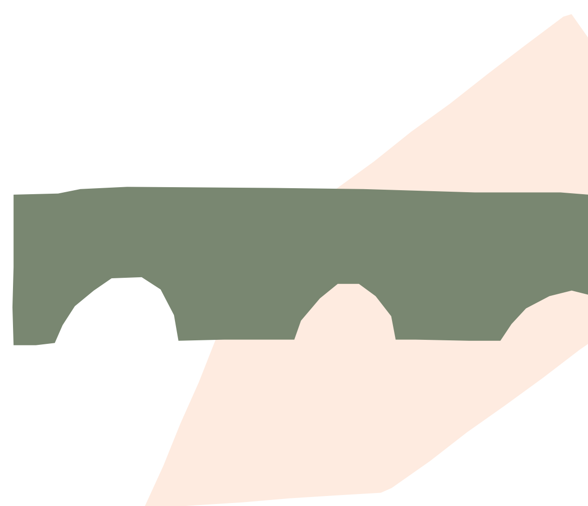
A second opportunity exists to direct research to address gaps in our understanding of how interventions tested in research trial environments are then implemented in a 'real world' context and what the impact of these interventions are outside a trial environment. An example of this in youth suicide prevention is the delivery of suicide prevention programs in educational settings. This is an area that has been relatively well researched, however a major gap exists in terms of implementation; that is, we still do not know how effective these interventions are when delivered at scale and in the real-world.

Finally, there is a need for research priorities to reflect the broader focus of social determinants and the interrelated socio-political-economic factors on suicide risk and behaviours as described in the final advice from the National Suicide Prevention Adviser in the report *Shifting the Focus: Supporting a comprehensive whole of governments approach to suicide prevention.* For young people these factors may include understanding experiences of discrimination and harassment based on gender and sexual identity, economic insecurity, gender-based violence and racism on suicide and self-harm risk and then delivering interventions at a policy and program level – including outside of health and mental health portfolios – that can mitigate these risks.

Strategic research direction

To enable a strategic approach to research which utilises national datasets and strengthens policy responses, Orygen recommends:

- Data collected and published by the AIHW are utilised in a proactive way to identify the questions emerging from the self-harm and suicide trends to be answered → HOW by targeted research, as well as, emerging priority population groups and geographic locations where further research funding should be directed.
- A targeted research round every year → WHAT which is dedicated to prevention, early intervention and postvention for young people. Decisions made regarding the research priorities and assessment of applications within this must include input from young people.



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