Appendix 2

Youth suicide prevention workshop

Orygen Youth Advisory Council and Youth Research Council

On Saturday 16 April 2016, a workshop was conducted with the members of Orygen's Youth Advisory Council and Youth Reference Council to discuss how youth suicide prevention could be incorporated into a number of the Australian Government's recently announced mental health reforms. This is a write-up of what they said.

National leadership

Young people need to be included in the conversation at a national level. Diversity and at-risk groups need to be reflected which include:

- Rural and regional young people
- Aboriginal and Torres Strait Islander young people
- LGBTIQ
- CALD
- Refugees
- Variety of ages

Mechanisms: National and regional (Primary Health Network (PHN) based) youth suicide prevention advisory councils are required. Two–three representatives from the national council would also sit on the Australian Suicide Prevention Advisory Council to ensure a youth agenda is heard.

Principle/s

Genuine: There needs to be a genuine desire by government to form partnerships with young people. This needs to be embedded across all levels of policy development. Young people should also be included in all stages of the research process and agenda.

Inclusive: Focus groups or flexible ways to engage with key groups at increased risk:

- Aboriginal and Torres Strait Islanders
- LGBTIQ
- Refugees
- Survivors of Trauma
- Children and young people who have lost parents/family members to suicide

Suicide can be prevented: Ensure policy considers a true 'prevention' attitude that targets young people at risk even before suicidal thoughts arise

Whole of community approach: Training a youth workforce to support young people. For example teachers/sport coaches/ leaders.

Aboriginal and Torres Strait Islander focus: There should be a specific Aboriginal and Torres Strait Islander Youth Advisory Council dedicated to advocating for the needs of this population group. There is a need for:

- A culturally sensitive approach – including training, resources and policy to Aboriginal and Torres Strait Islander young people through a culturally acceptable social and emotional wellbeing approach.
- Increased engagement with elders and leaders to reinforce key youth suicide prevention plans.
- Building better connections with Aboriginal and Torres Strait Islander communities.
- Consideration for the diversity of all cultural groups across Australia.

PHNs and a regional approach

What do the PHNs need to do to improve suicide prevention responses for young people?

Information and service mapping

- Map what is currently happening in youth mental health to inform service provision and direction. How do service pathways work beyond catchments?
- Collect data: This includes identifying services who are doing good things but are 'outside the tent'. ALSO engage young people and develop youth friendly survey methods.
- Consider establishing PHN Youth Advisory Councils.
- Evidence-based commissioning require evaluation of programs and interventions. The diversity of PHNs provides cool opportunities to find out what works in different contexts.
- Processes for PHNs to share knowledge about what works are needed.
- Need to ensure sustainability for the services and programs that do get funded.

Community partnerships

- An integrated approach is needed to enable step-down care post-discharge and team care follow-up arrangements (including service providers AND education settings/vocational settings).
- Within PHNs suicide prevention shouldn't just be seen as the responsibility only for youth mental health services.
- PHNs should link into schools/community groups/ VET/Universities.

Community skills

- We need skilled people in suicide prevention within all services (gatekeepers EVERYWHERE).
- Consistent training/education need to be provided to the workforce to ensure base-level competency – NO WRONG DOOR for young people.

Post-discharge follow-up and care

Post-discharge care is really bad at the moment (high relapse rate) so almost anything is better. Affordable, accessible solutions needed NOW.

First step: PHNs to lead development of packaged care plans involving a range of medical and allied health and other youth mental health related services.

Then: Ensure open communication and involve young people.

Then: Check-in plans established and agreed upon prior to discharge with support staff all on the same page.

Then: Face-to-face check-ins in formal and informal settings as well as via phone calls and skype etc. (young people at the centre – both as the focus of support and in autonomy to determine what will work best for them).

Then: Step down approach, i.e. slowly reduce check-ins over time (but with a safety plan/ emergency plan communicated to all).

Then: post program feedback to all, especially PHNs.

Then: Education and service improvement and mapping.

End-to-end school programme

What needs to be included in a government funded school-based youth mental health and suicide prevention program that would be effective, acceptable and appropriate for young people?

Training:

- Workshops/training for high school teachers in mental health/suicide/self-harm should be made compulsory.
- Extend school-based mental health programs to VCAL, Vocational Education and Training providers and universities.
- Young people should be involved in the development of suicide prevention training in schools. Training should include a person-centred approach not just motivated by risk-management.
- Suicide is okay to talk about with young people. Young people should also be provided with training so that they can talk to other students.

Talk about it:

- Mental ill-health/suicide among high-risk groups (including LGBTIQ young people) must be directly discussed. For example, do not stop funding Safe Schools.
- More talk about mental health in 'health' units at schools as a way to embed these discussions in school curriculum and regular classes. This might include weekly workshops/training to young people in educational settings.

Services in schools:

- Provide actual psychologists in schools. Not just provide them via a locum 'on-demand' type arrangement but actually physically locate them in schools.
- Need more post-suicide support in schools.
- Increase the sense that schools are a safe place/environment for students who are struggling. For example, provide chill-out rooms. Teachers/lecturers could also mention that services are available during lectures and classes, or just reassure students that this is a safe space for them.

Links to services outside schools:

- Expand quota on visits by mental health professionals to schools and improve referral pathways from school staff (counsellors, teachers) to local mental health services.
- If students go missing (for example frequent or long periods of absenteeism) then follow-up assertively. There is also a need to increase access to information and support for home schooled children and young people in out-of-home care.
- Child and Adolescent Mental Health Services should be working closer with schools and students. For example a CAT team member could come to talk to schools.
- Need to provide accessible, free mental health and suicide prevention services to students because often very limited in terms of budget.

University settings

Services:

- Need to increase the numbers of high level of experienced clinical psychologists available for university students in universities.
- Need to develop structured processes around how universities deal with mental health and better integrate with external services and professionals.
- Small institutions such as colleges, RTOs, TAFEs and VCAL often neglected and need support in formalising processes around dealing with mental health and around educational support.

Awareness raising:

- Need to raise awareness about the mental health services available to students on and off campus.
- Need to raise level of support (via awareness) around exam time. For example, posters, email communications, announcements in classes/ workshops, stalls improve exposure of mental health days.
- Direct communication at universities. For example, adverts such as 'Are you feeling suicidal? Seek help here xxxxx'.

Training:

- Tertiary staff need to be trained around mental health. More staff need to be encouraged to safely open up a conversation in class around university stress, providing both a safe space to talk and empathy.
- Need to provide mindfulness/stress management training at universities for staff and students.

Digital gateway

What does the government's new digital gateway to mental health care need to include or consider to make sure it provides an effective suicide prevention response for young people?

Reflect equity and diversity

- Diverse groups of young people should be consulted on design and content.
- Online materials and programs need to be developed for different age groups (what a 12 year old will understand and respond to, will be different than a 21 year old).

What it should/could provide?

- Provide a different interface for young people.
- Ensure connection is easily made to face-to-face care/telephone support.
- Facilitate referral processes to primary care where they may be existing barriers for young people. For example address the low rates of help seeking by young people through a GP by providing online screening and referrals for Better Access.
- Facilitate the sharing of information with your doctor. The gateway could include an option to share your info anonymously to researchers (to participate in building the evidence base).
- Online account can be created if you want through which:
  - Doctor can direct you online to compete modules/wellness plans in between sessions.
  - Other feedback can be provided.

How it could be promoted to young people?

- Education and awareness of gateway through school. This can reduce barriers to access for young people.
- Incorporate general health and wellness information and resources to encourage traffic, and to address stigma that might be associated with mental ill-health which might stop a young person visiting the gateway.
- Collaborate with youth mental health organisations to promote website/online tools on awareness days/weeks. For example on RUOK day.

Social media:

- Gateway website and apps should connect with social media and use these existing popular platforms to deliver information to those who may be at risk. For example, like the Facebook report function.