

YOUTH SUICIDE PREVENTION PLAN FOR TASMANIA (2016-2020)



Acknowledgements

We acknowledge all of the young people in Tasmania who have direct experience of suicidal thinking and suicidal behaviour, and people of all ages across Tasmania, including families, who have been affected by the suicide of a young person. The voice of lived experience is essential in developing and implementing this Tasmanian youth suicide prevention plan and the overarching suicide prevention strategy. These voices are valued and supported by all involved in this work.

Thank you to the many organisations, service providers and community members in Tasmania who shared their views, their knowledge and expertise, and their stories to help shape the *Youth Suicide Prevention Plan for Tasmania (2016-2020)*. In particular, we would like to thank the young people who shared their personal experiences as part of the development of this Plan, and the Youth Network of Tasmania (YNOT) for their vital coordinating role.

We would also like to acknowledge the work of these key organisations that assisted the Government in the development of this Plan and associated documents: the Hunter Institute of Mental Health; Orygen, The National Centre for Excellence in Youth Mental Health, University of Melbourne and University of Tasmania.

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Need help?

A life threatening emergency – dial 000

For young people

Kids Helpline: 1800 55 1800 (24/7 crisis support)

www.kidshelp.com.au

headspace: 1800 650 890

www.headspace.org.au (direct clinical services)

National 24/7 crisis services (telephone and online)

Lifeline: 13 11 14

www.lifeline.org.au

Suicide Call Back Service: 1300 659 467

www.suicidecallbackservice.org.au

beyondblue: 1300 22 4636

www.beyondblue.org.au

MensLine Australia: 1300 78 99 78

www.mensline.org.au

Other local and national resources:

Tasmanian Suicide Prevention Community Network

www.suicidepreventiontas.org.au

Sudden Loss Support Kit Tasmania

www.dhhs.tas.gov.au/mentalhealth

Lifelink Samaritans Tasmania Inc 1300 364 566 (Statewide)

Healthcaredirect (24/7 healthcare advice) 1800 022 222

www.healthdirect.gov.au

Conversations Matter

www.conversationsmatter.com.au

Message from the Minister for Health

The impact of suicide is felt deeply by individual Tasmanians, their families and our community. Sadly, it's the source of significant pain, thoughts of "what if" and "if only", and of course the loss of someone special from our lives.

This is why the Tasmanian Government is taking action and providing \$3m in additional funding for targeted suicide prevention initiatives. How these initiatives should be delivered, with focus on the whole community, our youth and developing our workforce have been thoroughly consulted. The result of this collaboration is the documents you are holding now.

From the outset, on behalf of the Government, I sincerely thank the many people who have contributed. Thanks especially to those who generously shared with us their difficult personal stories of loss. I believe that the lived experiences together with our comprehensive review of research literature puts us in an excellent position to move forward with well-designed suicide prevention initiatives which will save lives.

It is very important to remember that we are all in a position to help those around us: ready to listen, brave to ask the question and empowered to offer hope.

I look forward to working with all Tasmanians on this important issue.

Together we can build a supportive community which values and affirms life.



Hon Michael Ferguson MP

Minister for Health



Hon Michael Ferguson MP
Minister for Health

Message from the Commissioner for Children



Mark Morrissey
Commissioner for
Children Tasmania

As a community we must do all we can to prevent youth suicide.

By giving our children, young people and families the services they need more promptly and more effectively, we can prevent and reduce the personal and social costs of young lives lost too early. It's the right thing to do, and the right time to do it.

The Youth Suicide Prevention Plan for Tasmania was developed in response to community concerns about the health and wellbeing of our young people. This Plan will play an important part in more effectively responding to the factors that contribute to the loss of young people who end their own life. The focus on timely responses, early intervention and suicide prevention activities that emphasise resilience and wellbeing from the first years of a child's life, is to be commended. Importantly, the views of young people have informed the actions described in this Plan.

By acting together, we can transform services to ensure all young Tasmanians have timely access to better integrated and coordinated mental health services. We will achieve our goals through strong commitment, leadership and accountability from within and outside government.

As Commissioner for Children, I take an active interest in all plans and activities that contribute to improved mental health outcomes for Tasmanian children and young people.

This important five year plan has my full support.

A handwritten signature in black ink, appearing to read 'M Morrissey', enclosed within a large, loopy oval flourish.

Mark Morrissey
Commissioner for Children Tasmania

Introduction

The loss of a young person to suicide is an unimaginable tragedy that can cause deep personal anguish for family, friends and the broader Tasmanian community.

Taking action to reduce youth suicide and suicide more broadly is a priority of the Tasmanian Government with an additional \$3 million provided for targeted suicide prevention initiatives, including the development of the Youth Suicide Prevention Plan.

The *Youth Suicide Prevention Plan for Tasmania (2016-2020)* takes an evidence-based approach to achieving this goal. That goal is to reduce suicide, suicidal behaviour and the impact on young people in Tasmania.

The Plan identifies five priority action areas:

1. Start early.
2. Empower young people, families and communities.
3. Build the capacity of schools.
4. Develop the capacity of the service system.
5. Respond effectively to the suicide of a young person.

The Youth Network of Tasmania (YNOT) was a key partner in the development of the *Youth Suicide Prevention Plan for Tasmania (2016-2020)*. Through this partnership we heard firsthand the thoughts and ideas of Tasmania's young people on the importance of mental health and wellbeing and of the actions we could take to reduce suicidal behaviour.

Young people told us that:

- families have an important role in suicide prevention
- technology is important for accessing information and connecting young people to services
- training teachers and support staff in school is important
- services need to be responsive to the needs of young people
- they could help if they knew what to say and how to encourage their peers to access support.

The *Youth Suicide Prevention Plan for Tasmania 2016-2020* is a companion document to the *Tasmanian Suicide Prevention Strategy 2016-2020* and the *Suicide Prevention Workforce Development and Training Plan for Tasmania 2016-2020*. Together these documents outline this Government's plan for reducing suicide in Tasmania.

Other targeted and proactive suicide prevention activities include:

- assisting communities to develop and implement suicide prevention community action plans
- installing suicide prevention measures at locations known for repeat suicides
- establishing a new model to facilitate early intervention referral pathways following attempted suicide and/or self-harm
- establishing a new Tasmanian Suicide Register.

Taking action to reduce suicide is also part of the Government's commitment to improve the mental health and wellbeing of Tasmanians with an additional investment of \$8.7 million into mental health in Tasmania.

This has included additional funding to:

- increase staffing for child and adolescent mental health services
- increase advocacy support for people living with mental illness
- extend mental health support in rural communities
- provide grassroots mental health support through Neighbourhood Houses
- deliver men's mental health and wellbeing through Men's Sheds
- increase targeted and proactive suicide prevention strategies.

Rethink Mental Health Plan 2015-2025 was released last year.

This sets a vision for the Tasmanian community where all people have the best possible mental health and wellbeing. It also outlines a plan to deliver a co-ordinated and integrated mental health system.

The State Government is also reforming Tasmania's health system through the One State, One Health System, Better Outcomes process by developing a single health system with facilities and people networked to achieve high quality, safe and efficient services. Through the Healthy Tasmania initiative there is a concerted effort to promote good health and prevent chronic disease.

Taken together, all of these initiatives will make a significant contribution to the goal of making Tasmania the healthiest population in Australia by 2025.

The Plan at a Glance

Suicide, in particular the suicide of a young person, has a profound effect on individuals and communities. Young people can be particularly affected by the death of a peer or another young person to whom they are connected through school, family and other community networks, including online.

For all Tasmanians to have the best possible mental health and wellbeing, we must start early and support our young people. This includes ensuring that fewer young people are distressed by suicidal thoughts and behaviours.

Over the past decade much work has seen modest reductions in rates of youth suicide. The Tasmanian Government supports further specific and coordinated action to improve services for young people, which is the focus of this Plan.

Preventing suicidal behaviour and supporting those affected by suicidal behaviour is a priority for the Tasmanian Government. *Tasmanian Suicide Prevention Strategy (2016-2020)* sets out the priorities for suicide prevention in Tasmania for the next five years and will assist with coordinating and monitoring suicide prevention activities across the State.

In response to community concerns about the mental health and wellbeing of our young people, a *Youth Suicide Prevention Plan for Tasmania (2016-2020)* (the Youth Plan) was developed alongside the overarching Strategy to ensure a dedicated focus on young people for the next five years.

For the purposes of this document 'youth' and 'young people' are used to describe young people aged 12-25 years.

While the suicide rate for children and young people is lower than older age groups, suicide is a leading cause of death in this age group and its impacts can be felt throughout the community.

Our goal

To reduce suicide, suicidal behaviour and the impact on young people in Tasmania.

Key actions

To support the priorities set under *Tasmanian Suicide Prevention Strategy (2016-2020)*, the following key actions for youth suicide prevention have been set for the period 2016-2020:

- 1 Start early by focusing on the resilience, mental health and wellbeing of children, parents and families.
- 2 Empower young people, families and wider community networks to talk about suicide and respond to young people at risk of suicide.
- 3 Build the capacity of schools and other educational settings to support young people who may be at risk of suicide or impacted by suicide.
- 4 Develop the capacity of the service system to support young people experiencing suicidal thoughts and behaviours.
- 5 Respond in a timely and effective way to the suicide of a young person to minimise the impact on other young people in Tasmania.

Implementing the Plan

Preventing youth suicide and suicidal behaviour is a priority for the Tasmanian Government. The Youth Plan provides evidence-based guidance on the priority areas for the next five calendar years.

The five Key Actions and supporting activities have been identified as immediate to short-term priorities (within 1 year); medium-term priorities (within 2-3 years) and opportunities for further consideration in the longer-term (within 4-5 years) and are outlined in the Plan (pp 18-27).

The Youth Plan includes a range of activities that have been prioritised for implementation including supporting Child Safe Organisations (through the Commissioner for Children) to prevent and detect all forms of abuse against children; ensuring young people who have attempted suicide have a personalised comprehensive plan for ongoing management and support; and focusing on children in out-of-home care and their carers to ensure they have access to programs that build skills and resilience.

The Tasmanian Government will evaluate and monitor progress during the term of the Plan to determine whether the actions we are taking are delivering the desired outcomes. We will continue to adapt and improve our actions, taking into account any lessons learned through the monitoring and evaluation process. As a result, the medium to long term actions outlined in the Plan may need to be revised, in the context of evaluation outcomes and future investment priorities.

Overall responsibility for implementing and monitoring this Plan and the supporting key actions rests with the Department of Health and Human Services (DHHS), with strategic advice provided through two forums:

- The Tasmanian Suicide Prevention Committee (TSPC); and the
- Tasmanian Suicide Prevention Community Network (TSPCN).

The membership of the TSPC will be reviewed and re-established to ensure it aligns with the new strategic direction for suicide prevention in Tasmania. The TSPC will provide for the formation of time-limited working groups to support implementation of the Youth Plan.

Primary Health Tasmania (PHT) will have a key role as a member of the TSPC to ensure that Tasmania can leverage national mental health and suicide prevention reforms and available resources to complement regional approaches to youth suicide prevention.

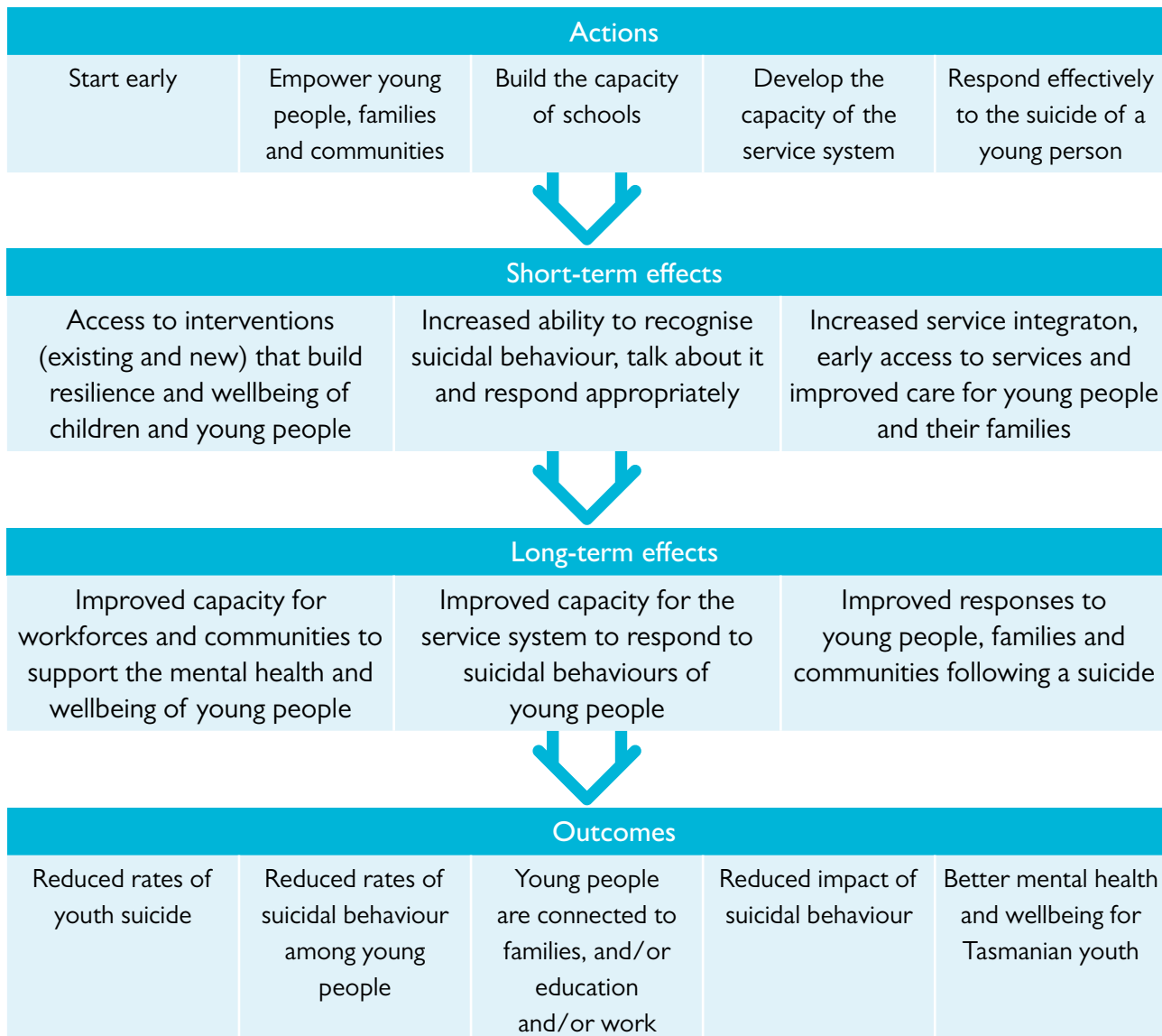
The Youth Network of Tasmania (YNOT) is well-placed to provide ongoing strategic advice on the implementation of the actions outlined in the Youth Plan with input from young people a key feature of this advice.

The TSPCN is a community network open to all Tasmanians with an interest in building the capacity of communities to respond to suicide and to work proactively to prevent suicide.

DHHS will provide an annual report to the Minister for Health on progress against the key actions outlined in the Youth Plan.

Evaluating the Plan

The *Tasmanian Suicide Prevention Strategy (2016-2020)* outlines our approach to evaluation which will be used to assess the overall appropriateness, effectiveness and impact of the Strategy as a whole, the supporting Plans and also of individual priorities. Below is a representation of the evaluation framework for youth actions in this Plan.



The Tasmanian Context

Youth suicide and its impacts

Preliminary data from 2013 indicates that the rate of suicide of young people aged between 15 and 24 years in Tasmania was 13.8 per 100 000, compared to 11.2 per 100 000 nationally.⁽¹⁾

Suicide rates for children and young people 5-17 years were investigated for the first time in 2015. Data indicate that for the period 2009-2013, the suicide rate for Tasmanian children and young people aged between 5 and 17 years was 3.1 per 100,000 compared to 2.1 nationally for the same period (1).

Suicide remains the leading cause of death for young people in Australia, however it is important to acknowledge that national youth suicide rates have been declining since the late 1990s (see Figure 1).

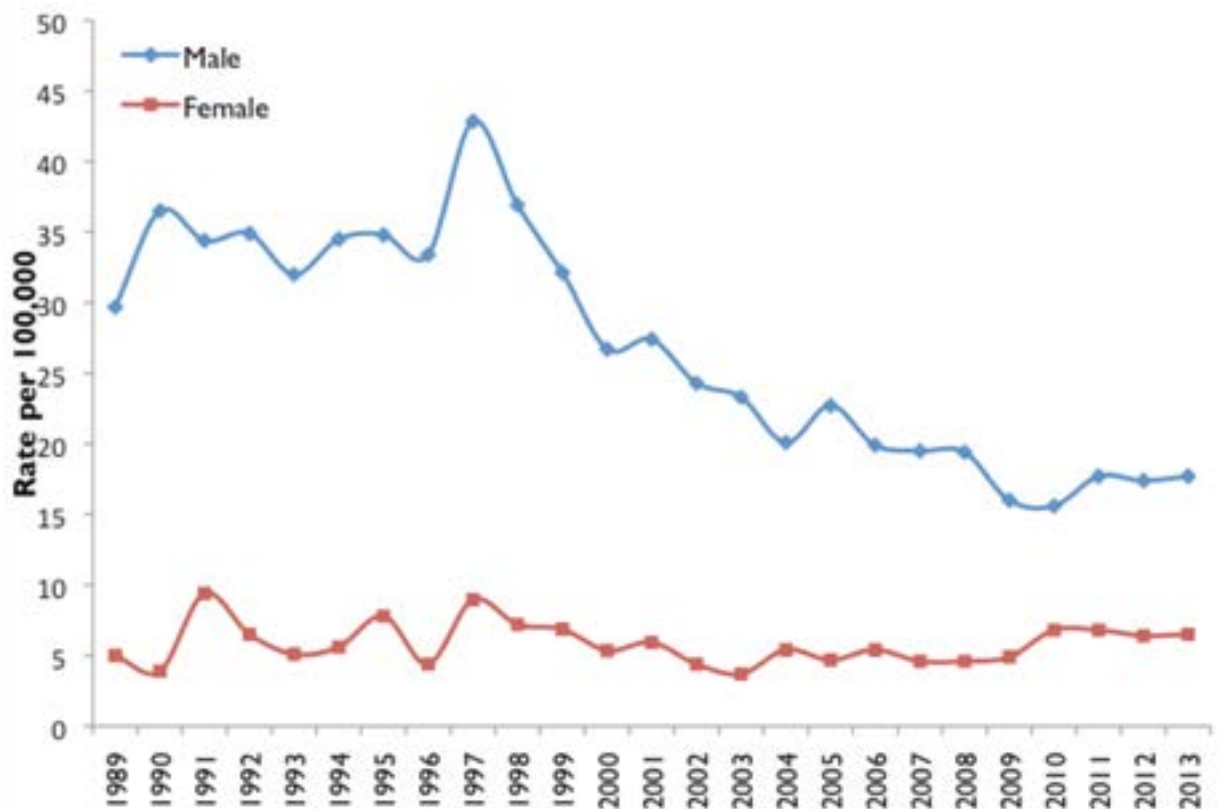


Figure 1: Age-standardised National Suicide Rates 1989-2013 (15-24 year olds)

¹ Preliminary data refers to the process completed by the Australian Bureau of Statistics when collecting the data on suicide deaths. Since 2007 coronial data collected by the ABS has been revised over a two year period, following the release of preliminary data, to allow for additional time for cases to be investigated and cause of death to be determined.

“Children are more resilient than we give them credit for.”

Young person

“Young people approach those they identify as most supportive... not necessarily health professionals.”

Young person

“Schools need to be proactive...we need to focus on young people’s wellbeing.”

Launceston stakeholder

“The challenges related to youth suicide are very specific to youth and need to be separated from adult and older person groups. The end result is the same – keeping people safe and alive.”

Hobart stakeholder

There is currently no data available regarding rates of suicide attempt or self-harm hospitalisation (how suicide attempts are often recorded and analysed) specific to young people in Tasmania. The Australian Institute of Health and Welfare (2) did however report that hospitalisation due to intentional self-harm was highest in younger age groups (15-19 years of age) and increased more than other age groups between 1999-2000 and 2011-2012. It is important to note that many suicide attempts do not result in hospitalisation or are not captured in hospital data so all rates should be interpreted with caution.

What Tasmanians said

The Tasmanian Youth Forum (TYF), an initiative of the Youth Network of Tasmania (YNOT) identified the views and ideas of young people through the *Mental Health Matters* Statewide Youth Forum and accompanying *Mental Health Matters* online survey. The Forum and Survey were conducted to provide young people with the opportunity to discuss mental health and wellbeing in a solutions focused manner.

Findings from the *Tasmanian Youth Forum Mental Health Matters Forum: What Young People Said Report* (The Report) (3) indicated that young people are thinking about the influences and issues in their lives that impact their mental health and wellbeing. The Report also found that young people are using a combination of self-care techniques and professional supports for assistance with their mental health. Young people were able to identify a range of services and organisations that support their mental health, and also suggested areas that could be expanded or improved to support their wellbeing.

Young people had some creative ideas on what they would like to see put in place in the future. Many of these ideas did not involve the development of new resources, but the expansion and further utilisation of resources already in place.

The Report suggested that young people were not aware of some resources and services that are already available. This indicates the need for more information about the availability and location of existing resources, and encouragement to access these resources.

To inform the development of the *Tasmanian Suicide Prevention Strategy (2016-2020)* and the Youth Plan, a series of consultations were conducted in Tasmania including an online survey, stakeholder workshops, key informant interviews and community focus groups across the North, North West and Southern regions of Tasmania.

Consultation participants included young people, carers, members of the culturally and linguistically diverse (CALD) community, members of the lesbian, gay, bisexual, transgender and intersex (LGBTI) community and members of the Aboriginal and Torres Strait Islander (ATSI) community, representatives from organisations or service providers involved in the delivery of suicide prevention, crisis intervention and/or bereavement work, working in mental health, health administration, corrections, emergency services, child and youth services, community services, education, research organisations and other relevant sectors across government and non-government.

Hearing from Tasmanian young people and from the people who live with, work with and support young people helped inform the actions and approaches outlined in this Youth Plan.

Key recommendations from the service sector

- ✓ Support the education system to play a central role in suicide prevention.
- ✓ Invest in technology for providing services and connecting young people to services.
- ✓ Ensure continuity of care between child, youth and adult support systems.
- ✓ Empower young people to be leaders through meaningful inclusion, collaboration and joint decision-making.

Key recommendations from young people

- ✓ Focus on early intervention for mental health, not just access to services in a crisis.
- ✓ Support young people through periods of development and transition (such as leaving school, graduating from high school to college, transitioning from school to workforce, college to university) as they are risk periods for young people.
- ✓ Support young people to access services, both online services and face-to-face.
- ✓ Deliver age appropriate education in schools to support young people to make healthy choices to protect and promote their mental health.
- ✓ Encourage families, parents and teachers to build their understanding of both mental health and suicide prevention.

A Youth-Focused Approach

The evidence

An evidence review was conducted to inform the development of this Plan (4, 5). It provided a comprehensive review of the latest research, both published and underway, in the field of suicide prevention as it relates to young people.

Overall, the review supported the need for a multi-faceted approach with a range of complementary actions that further build the capacity of young people and their families and those who work with them; educational and awareness programs; and the availability of evidence-based services to intervene with those experiencing suicidal thoughts and behaviours.

The Tasmanian Government has underpinned the actions, approaches and interventions in this Plan with existing and emerging evidence including:

- Multi-modal approaches combining awareness programs for young people, gatekeeper training and enhanced treatment and referral;
- Education and awareness programs in schools focused on building skills and resilience;
- Gatekeeper training programs for settings where young people learn, work and interact with others as well as training programs for GPs and other health providers (as provided for in the *Suicide Prevention Workforce Development and Training Plan for Tasmania (2016-2020)*);
- Individual interventions for those at risk including cognitive behaviour therapy and dialectical behaviour therapy approaches;
- Online and social-media platforms for interventions;
- Interventions to reduce the risk of suicide clusters.

The policy context

Recent reports addressing the mental health and wellbeing of children and young people highlighted the need to work across sectors and the need for early intervention to ensure happy and healthy children and young people now as well as happy and healthy adults in the future (6-8).

The Youth Plan covers young people aged 12-25 years. Whilst there is considerable evidence relating to suicide prevention in young people, there is growing recognition of the need to consider suicide prevention activities, focusing on resilience and wellbeing, from the first years of a child's life. Early intervention and suicide prevention across the lifecycle is a focus of the Youth Plan.

The Youth Plan sets out actions that focus on young people and their families and those who work with young people. It sits alongside the overarching strategy, *Tasmanian Suicide Prevention Strategy (2016-2020)* and includes actions from the Rethink Plan.

The Fifth National Mental Health Plan (including suicide prevention) will be released during 2016. If necessary the *Tasmanian Suicide Prevention Strategy (2016-2020)* and the Youth Plan will be adapted to reflect the new national direction.

Our approach to preventing youth suicide

Youth suicide is a public health issue that requires coordinated and combined efforts from all levels of government, health care systems, frontline health and community workers, workplaces, schools and other educational settings, community groups, the media, as well as individuals, families and communities.

This Youth Plan requires an all-of-government, all-of-service system and whole-of-community approach to the prevention of suicide. This includes (but is not limited to):

- ✓ Young people in Tasmania, including young people with lived experience of suicidal thoughts and behaviours;
- ✓ Families and friends of young people who have direct experience of suicide;
- ✓ The Youth Network of Tasmania (YNOT);
- ✓ Child and adolescent health and mental health services as well as alcohol and other drug services;
- ✓ Community sector organisations providing youth services, youth mental health services and a range of other support services;
- ✓ The primary health sector providing services through general practitioners, mental health nurses, occupational therapists, private psychologists and psychiatrists;
- ✓ The education sector in Tasmania – including early childhood education and care services, primary schools, secondary schools, vocational education and training, the tertiary sector and other Registered Training Organisations (RTOs);
- ✓ Services which interact with young people who may be at risk, for example, youth and adult (for young people over 18 years) justice, child protection, family violence services, out-of-home care providers, youth homelessness services, ATSI, CALD and LGBTI services supporting young people, Legal Aid, courts and victim support services;
- ✓ Private hospitals and private providers;
- ✓ The business community in Tasmania, especially those who employ young people;
- ✓ National partners who can support implementation of the Youth Plan in Tasmania.

Taking Action

Key Action I

I

Start early by focusing on the resilience, mental health and wellbeing of children, parents and families.

Why has this been prioritised?

- ✓ Childhood is regarded as one of the best times to focus on building resilience and preventing mental health, drug and alcohol, and other problems including suicidal behaviour in young people and adults (7,8).
- ✓ Interventions targeted at infants, children and their families have been shown to have a positive impact on health and wellbeing across a person's lifetime and provide a good return on investment (8).
- ✓ Strategies to improve the mental health and wellbeing of children and families have been prioritised under the Rethink Plan in Tasmania.



Young people identified the important role of families in suicide prevention and the broader promotion of wellbeing for children and young people.

Both young people and service providers discussed the need to provide better support and education to families and the broader community, including increasing the dissemination of information about suicide prevention providers.

Activities

Key Action 1: Start early by focusing on the resilience, mental health and wellbeing of children, parents and families.		Timeframe
1.1	Support Child Safe Organisations (through the Commissioner for Children) to prevent and detect all forms of abuse against children – including physical, sexual and emotional abuse.	Immediate to short-term
1.2	Focus on children in out-of-home care and their carers to ensure they have access to programs that build skills and resilience.	Immediate to short-term
1.3	Explore opportunities for children in out-of-home care to have priority access to mental health and health services.	Medium-term
1.4	Develop clear referral pathways and service maps for children and families where a child has an emerging behavioural, conduct or developmental problem to facilitate early intervention by specialist services.	Medium-term
1.5	Support the implementation of the Australian Government’s reform initiative, ‘Joined up Support for Child Mental Health’. ²	Medium-term
1.6	Implement and evaluate programs to support children of parents with a mental illness and siblings of children with mental health and behavioural problems.	Medium-term
1.7	Implement and evaluate resilience programs that support children, families and new parents in adverse circumstances; for example childhood illness, sudden death - including suicide and family breakdown.	Medium-term

2 Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services, November 2015

Key Action 2

2

Empower young people, families and wider community networks to talk about suicide and respond to young people at risk of suicide.

Why has this been prioritised?

- ✓ Peers, families and communities have a role in suicide prevention, but often people are unsure about how to talk about suicide safely (9).
- ✓ The use of technology as a way of “talking” and connecting is ever increasing. It is important that suicide prevention activities include the use of social media, particularly when supporting young people to talk about suicide (4,5).
- ✓ Evidence is emerging that suggests online platforms, including social media, hold potential in treating and responding to suicidal ideation (4,5). The Report of the National Review of Mental Health Programmes and Services (6) strongly recommended integrating and using technology as a preventative and treatment option.



Both young people and service providers highlighted the need for greater use of technology in suicide prevention activities and when connecting young people to services.

Taking suicide prevention work to the places young people go (including online) was highlighted as a priority by young people and those who work with them.

Young people reported wanting to play a greater role in suicide prevention, particularly with their peers.

Activities

Key Action 2: Empower young people, families and wider community networks to talk about suicide and respond to young people at risk of suicide.		Timeframe
2.1	Develop messages to support the prevention of youth suicide as part of the new Tasmanian Mental Health and Suicide Prevention Communications Charter, with the involvement of Tasmanian youth. (See Action 9.2 of the <i>Tasmanian Suicide Prevention Strategy (2016-2020)</i>).	Immediate to short-term
2.2	Disseminate evidence-based information on talking to young people about suicide through educational settings, community services, family networks and other community settings. This activity should use existing networks such as the Tasmanian Suicide Prevention Community Network (TSPCN) and YNOT.	Medium-term
2.3	Develop (or disseminate) resources for young people to understand how to talk about suicide with each other – with a focus on supporting safe discussion following a suicide death, including guidelines for online discussion and memorials. This needs to engage young people and link with youth networks and postvention services.	Medium-term
2.4	Develop and test suicide prevention messages that could form part of an online campaign implemented by young people to support each other when they see concerning posts online. These messages need to engage young people and link with youth networks and support services.	Longer-term
2.5	Implement approaches to engage and support young people who are disconnected or at risk of becoming disconnected from family, school or work through partnerships with 'Youth at Risk' and homelessness services, and investigate the development of an online youth mentoring program connecting community leaders and young people.	Longer-term

Key Action 3

3

Build the capacity of schools and other educational settings to support young people who may be at risk of suicide or impacted by suicide.

Why has this been prioritised?

- ✓ There is growing evidence to suggest that the delivery of education and awareness programs in schools (that are appropriate for the whole school population) can be effective and are safe to deliver (4).
- ✓ The Australian Government recently announced the 'Joined up Support for Child Mental Health' initiative to achieve a single integrated school-based mental health program and create more effective interventions for child mental health from early years to adolescence.³
- ✓ It is important for Tasmania to align with the national reform agenda and develop an agreed plan for the coverage of mental health and suicide prevention in Tasmanian primary and secondary schools, colleges and tertiary settings that is evidence-based and fits within both the nationally endorsed curriculum and the role of schools in supporting the mental health and wellbeing of students.



Both young people and service providers across Tasmania strongly advocated for an increased role for schools in suicide prevention. The need to train and support teachers and other support staff was also highlighted.

The opportunity for school sectors to work in partnership to support suicide prevention was viewed as an important component of a more proactive suicide prevention program.

3 Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services, November 2015

Activities

Key Action 3: Build the capacity of schools and other educational settings to support young people who may be at risk of suicide or impacted by suicide.		Timeframe
3.1	Review membership of the Tasmanian Mental Health in Schools Reference Group and support its capacity to have an active role in advising and overseeing actions to support suicide prevention in Tasmanian schools (with linkages to the TSPCN).	Immediate to short-term
3.2	Develop (or review) a framework for Tasmania that lists a range of endorsed programs and approaches for primary schools and secondary schools that line up with the research evidence, the nationally endorsed curriculum, and the Commonwealth-funded mental health and schools program. This framework will outline the role of education, school health nurses, health and other service providers and the connections between these services.	Immediate to short-term
3.3	Establish a process for the endorsement of suicide prevention or postvention programs and content in schools consistent with education curriculum requirements and evidence (existing and emerging).	Immediate to short-term
3.4	Support local implementation of nationally funded school mental health programs across Tasmanian schools including the new Australian Government approach to school-based mental health initiatives currently under development as part of the 'Joined Up Support for Child Mental Health' initiative announced in response to the national Mental Health Commission Review (links with action 3.2).	Medium-term
3.5	Engage and support the vocational education and training and tertiary sectors to identify ways to support students through effective policies, programs and support services. This should follow the schools approach and integrate mental health, suicide prevention and suicide postvention.	Medium-term
3.6	Explore opportunities to integrate online programs and therapies into student learning support systems in secondary schools, vocational education and training and tertiary sectors.	Longer-term

4

Develop the capacity of the service system to support young people experiencing suicidal thoughts and behaviours.

Why has this been prioritised?

- ✓ Youth suicide prevention should not occur in isolation. It is a key component of mental health reform more broadly and needs to link with other statewide strategies, including the overarching *Tasmanian Suicide Prevention Strategy (2016-2020)*.
- ✓ Any suicide prevention plan needs to prioritise cost-effective and evidence-based approaches that focus on intervening as early as possible, as well as approaches that address risk and protective factors for young people (4,5).
- ✓ The establishment of the Tasmanian Health Service presents an opportunity to establish a single statewide public mental health system with linkages among health, mental health, alcohol and other drugs, and the primary care services. It also provides an opportunity to strengthen the capacity of child and youth services and processes for working with young people who are at risk of suicide.



Service providers identified that there was a shortage of appropriate services for young people who may be at risk of suicide or experiencing suicidal behaviour. The need to ensure continuity of care between child and adult systems (including health, justice and housing) was also discussed as a priority.

Young people suggested that services needed to be more responsive to the needs of young people and provide support in the format or place a young person wanted it.

Activities

Key Action 4: Develop the capacity of the service system to support young people experiencing suicidal thoughts and behaviours.		Timeframe
4.1	Develop and promote an updated register of GPs and private psychologists with specific skills and interest in youth mental health and suicide prevention.	Immediate to short-term
4.2	Ensure young people who have attempted suicide have a personalised comprehensive plan for ongoing management and support that includes the role of health services, family, friends, school or workplaces, and other agencies and community supports.	Immediate to short-term
4.3	Develop a specific youth suicide prevention <i>Pathway</i> (as part of the <i>Tasmanian Health Pathways Primary Health Tasmania</i> initiative) for Tasmania that considers the diversity of young people and connects primary care services to specialist child and youth mental health services, other community supports and effective online treatment and support options.	Medium-term
4.4	Identify e-health and e-therapy options to be included in service delivery approaches for young people in Tasmania and pilot their integration into the service system – including a focus on e-therapies for depression, anxiety, self-harm and substance use, and technologies that can support protective factors such as sleep, exercise and nutrition.	Longer-term
4.5	Investigate the implementation of shared data, data systems and communication protocols across health and other government settings to ensure better documentation, and the ongoing management and support of young people at risk of suicide.	Longer-term
4.6	Consider the feasibility of redeveloping the child and adolescent mental health service system (in line with Rethink Plan) to include dedicated service streams for 0-11 years and 12-25 years.	Longer-term
4.7	Support services to implement best-practice guidelines and provide advice, in conjunction with key partners, on training for all services working with young people to ensure competence in creating and maintaining a youth-friendly approach.	Longer-term

Key Action 5

5

Respond in a timely and effective way to the suicide of a young person to minimise the impact on other young people in Tasmania.

Why has this been prioritised?

- ✓ Research suggests that those who have been exposed to the suicide death of another person can be at increased risk of suicidal behaviour, generally termed 'imitation suicide' or 'copycat suicide'. Young people may be particularly at-risk following the death of a family member, peer or person they see in the media (10,11).
- ✓ Youth suicide was the focus of a coronial inquest in Tasmania. A range of recommendations to better support the mental health of young people came out of the inquest, including suggested measures to reduce the risk of future suicides occurring following the death of a young person.
- ✓ Postvention activities with young people need further research and evaluation, but are considered an important part of a comprehensive response to suicide (4,5).



A range of sectors identified the importance of responding to the death of a young person in a considered and coordinated way. Accurate data and processes for working across agencies are needed, as well as guidance for monitoring and managing online communication.

Young people discussed the impact that suicide can have on other young people, as well as the potential role they could play with their peers to support young people to access help.

Activities

Key Action 5: Respond in a timely and effective way to the suicide of a young person to minimise the impact on other young people in Tasmania.		Timeframe
5.1	In partnership with the Office of the Chief Psychiatrist, establish a collaborative cross-agency and community approach that is well-positioned to identify and respond to potential or emerging suicide clusters, including suicide memorials, if and when required.	Immediate to short-term
5.2	Work with national agencies to support the implementation of guidelines for managing online content following suicide deaths – including the management of memorial pages for young people and other online activity generated from Tasmania and impacting on Tasmanian communities.	Medium-term
5.3	Ensure evidence-based, support services and programs for young people affected by suicide, appropriate for the developmental stage, are available to build resilience and support grief and loss.	Medium-term

Appendix I: Key Terms

Key terms

There is some inconsistency of terms used to describe suicide, suicidal thinking and suicidal behaviour across the literature and other policy documents. Below is a list of key terms and their definitions as they apply to this Plan (12).

Suicide	The act of purposely ending one's life
Suicidal thinking	Thoughts about attempting or completing suicide
Suicidal behaviour	A range of behaviours or actions which are related to suicide including: suicidal thinking, self-harming behaviours aimed at causing death, and/or suicide attempts
Suicide attempt	Any non-fatal suicidal behaviour
Postvention	Intervention after a suicide to support individuals, families and communities
Lived experience	The personal experience of suicide including suicide attempts, suicidal thinking and behaviour and those who are bereaved by suicide

Preferred language

Certain language can stigmatise people who have attempted suicide and people bereaved by suicide, as well as present inaccuracies about suicide or health care. This document adopts nationally recognised suicide prevention language. Examples of preferred suicide prevention language when having conversations about suicide are shown in the table below (11).

Do say ✓	Don't say ✗	Why?
'non-fatal' or 'made an attempt on his/her life'	'unsuccessful suicide'	to avoid presenting suicide as a desired outcome or glamourising a suicide attempt
'took their own life', 'died by suicide' or 'ended their own life'	'successful suicide'	to avoid presenting suicide as a desired outcome
'died by suicide' or 'ended his/her own life'	'committed' or 'commit suicide'	to avoid association between suicide and 'crime' or 'sin' that may alienate some people
'concerning rates of suicide'	'suicide epidemic'	to avoid sensationalism and inaccuracy

Source: Mindframe National Media Initiative, 2015

References

1. Australian Bureau of Statistics. (2015). Causes of Death, Australia, 2013. Catalogue No. 3303.0. Belconnen, ACT: Commonwealth of Australia. <http://www.abs.gov.au/ausstats/abs@.nsf/mf/3303.0?OpenDocument>
2. Australian Institute of Health and Welfare (2014) Suicide and hospitalised self-harm in Australia: trends and analysis. Injury research and statistics series no. 93. Cat. no. INJCAT 169. Canberra: AIHW.
3. Youth Network of Tasmania (2015) Tasmanian Youth Forum Mental Health Matters Forum: What Young People Said Report. http://www.dpac.tas.gov.au/__data/assets/pdf_file/0007/261538/FINAL_TYF_Mental_Health_Matters_What_You_Said_June_2015.pdf
4. Robinson J, Bailey E, Hetrick S, et al. (2015). Informing the development of Tasmania's Suicide Prevention Strategy: A review of policy documents and related literature. Melbourne, Australia. Unpublished work.
5. Robinson J, Bailey E, Hetrick S, et al. (2015). Developing a suicide prevention strategy for Tasmania: a review of the literature. Melbourne, Australia. Unpublished work.
6. National Mental Health Commission (2013) The National Review of Mental Health Programmes and Services. Sydney: NMHC. <http://www.mentalhealthcommission.gov.au/our-reports/our-national-report-cards/2013-report-card/preventing-suicide/what-works-in-suicide-prevention.aspx>
7. Lawrence D, Johnson S, Hafekost J, Boterhoven De Haan K, Sawyer M, Ainley J, Zubrick SR (2015) The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Department of Health, Canberra.
8. Hunter Institute of Mental Health (2015). Prevention First: A Prevention and Promotion Framework for Mental Health, p.19. Newcastle, Australia.
9. Hunter Institute of Mental Health. (2012). Community needs and views about discussing suicide: Focus groups report. Newcastle, Australia.
10. Beautrais, A. L. (2000), Risk factors for suicide and attempted suicide among young people. Australian and New Zealand Journal of Psychiatry, 34: 420–436. doi: 10.1046/j.1440-1614.2000.00691.x
11. Mindframe (2015). Mindframe National Media Initiative. <http://www.mindframe-media.info>.
12. Commonwealth Department of Health and Ageing (2007). Living is For Everyone (LiFE) Framework. Canberra. <http://www.livingisforeveryone.com.au/life-framework.html>

Notes

