

## **Submission Response**

**From**

**Youth Affairs Network of Queensland (YANQ)**

## **National Action Plan for Suicide Prevention**

## **Consultation Draft**

Prepared by Carolyn Grant  
YANQ Policy and Network Officer  
April 1999

## **ABOUT THE YOUTH AFFAIRS NETWORK OF QUEENSLAND**

The Youth Affairs Network of Queensland (YANQ) Inc. is the peak community youth affairs organisation in Queensland. Representing approximately 400 individuals and organisations from Queensland's youth sector, we promote the interests and well being of young people across the state. YANQ advocates for and with young people, especially disadvantaged young people, to government and the community. Further, YANQ encourages and participates in the development of policies, programs, projects and research that are responsive to the needs of young people.

YANQ also supports and promotes cultural diversity in Queensland. As such, YANQ in partnership and collaboration with the non-English speaking background (NESB) Youth issues Network (NESBYIN), have continued to sustain the NESB Policy and Network Officer position for the previous four years as well as the YANQ Policy and Network Officer.

## **INTRODUCTION**

YANQ welcomes the opportunity to input into the National Action Plan for Suicide Prevention, Consultation Draft, December 1998 (referred to herein as the Plan).

Preparation for this response included consultation with YANQ membership consisting of a specific consultation session held at the YANQ offices where interested members were invited to attend in order to discuss their responses to the Plan. Further, over recent months YANQ staff including the Policy and Network Officer and NESB Policy and Network Officer undertook visits to a number of regions across Queensland. These regional visits afforded opportunities to discuss aspects of the Plan with regional members.

The YANQ Policy and Network Officer also participated in the Brisbane workshop coordinated by the Keys Young Consultants on 7<sup>th</sup> April 1999.

## OUR RESPONSE

### Background

As the community youth sector peak for Queensland, YANQ's immediate concerns relate specifically to the Plan as it effects young people and workers working with young people.

Suicide is now the leading cause of death of young people in Australia. (Youthspeak 98).

The suicide rate for Australian young people – between 15 and 24 years old is 16 per 100,000 – one of the highest suicide rates in the world. And for every completed suicide, there are many more attempted suicides. (Australian Institute for Suicide Research and Prevention, 1997. Suicide in Australia – Epidemiology and Impact)

As the peak body for youth affairs in Queensland, YANQ has been monitoring and responding to issues around suicide prevention (including youth participation) for some time. During 1998 YANQ employed a project officer through funds made available by the Department of Families Youth and Community Care (DFYCC) to develop an information kit (*Participation's Worth It*, YANQ, 1998) outlining processes enabling young people to participate safely and productively in suicide prevention strategies. The kit explores policies, strategies, networks and resources that enhance young people's participation in youth suicide prevention generally and the Queensland Governments Youth Suicide Prevention Strategy (QGYSPS) specifically. The recommendations from the kit are included in the appendix.

In 1997 the Queensland State Cabinet endorsed the QGYSPS. It's goal is "to prevent deliberate self-harming behaviour, particularly suicide, and to reduce the impact of youth suicide on individuals, families and communities through coordinated and integrated life affirming strategies which enhance the quality of life for young people, their families and their communities" (Queensland Health, 1997, p1).

This strategy stems from a recognition that Australia has one of the highest rates of youth suicide in the world which can only be addressed through a coordinated preventive response from government bodies and groups in the community working in close collaboration. It is essential that there is a whole of government approach and necessary to avoid medicalisation of the issues. These principles must be mirrored in a National Plan and approach as suicide and self harm are much broader than health issues. The National policy has identified that "it is important that Government and non-Government activity is integrated at Commonwealth, State and local levels if young people are to have access to an appropriate range of services and information."

There is a broader context against which youth suicide sits, a broader context of social, political, economic and cultural issues that impact on young people in an increasingly complex world. These issues include unemployment, family and relationship issues, poverty, poor access to life opportunities, racism, physical and sexual violence, homophobia, and gender issues.

In dealing with youth suicide it is particularly important to consider the needs of population groups who have been identified as being “at risk”,

- young men
- young people in custody
- young indigenous people
- young people with mental illnesses particularly depression
- young people engaging in substance misuse
- young people in rural or remote areas
- homeless young people
- young people from culturally or linguistically diverse backgrounds
- gay, lesbian, bisexual and transgender (GLBT) young people

Not all the above groups have been highlighted sufficiently in the Plan as “at risk” and there is a need with regard to a number of these groups, e.g. GLBT young people and NESB young people, for more research and pilot responses to be trialled in a range of community settings including urban, rural and remote communities.

During worker forums for the *Participation's Worth* It project a number of YANQ members suggested that young people in care and young women should also be included in risk groups, especially when consideration is given to self harming behaviour. Young women are at far greater risk of attempting suicide and self harming than young men. It should be noted also that increasing numbers of young women are coming into contact with the Juvenile Justice system in Queensland, particularly since changes to the Juvenile Justice Act 1992 which have resulted in a shift from a “welfare model” to “justice model” of juvenile justice. (What About The Girls DFYCC 1998).



## Issues/Concerns

### ➤ The document/consultation

Feedback was received from a number of YANQ members. They felt that the document was not easy to read, given also that it is a large document. Many workers working directly with young people have a multitude of practice experience with young people and it is this expertise that enables them to provide valuable feedback on a Plan such as the National Action Plan. Given the workloads of direct service workers and those working in under resourced non-government organizations it is imperative that these types of documents are accessible. Realistic consultation time lines and opportunities for face to face consultation are required to enable meaningful opportunities for workers to input. The one consultation session in Brisbane was following the closing date for receipt of submissions.

### ➤ Lack of practical strategies.

Many of the responses received by YANQ with regard to the Plan related to concerns regarding implementation. There is recognition that the Plan is the equivalent of a lead policy document, however members of YANQ in the majority, raised issues as to what level of resources would be allocated across the priority areas identified in the plan. The plan also failed to detail initiatives that work or to guide the reader as to what type of initiatives work, particularly at the primary prevention and secondary intervention levels.

Responses from the community raised concerns about the implementation phase of the plan. There is a need for increased resources, particularly in a State the size of Queensland where the population is so decentralised. The plan does not pick up on issues such as the varying demographics/local issues of the States and the individualised responses required as a result.

Service providers were also concerned about the sustainability of responses, particularly those labelled pilots. Barriers with regard to this issue were experienced by the Commonwealth funded Prime Ministerial Youth Homeless Taskforce Pilots. (CDFCS, 1998)

### ➤ Feedback on 'layout' of document

The format presented in the *Mental Health Promotion and Prevention National Action Plan* (CDHAC, 1998) details 'Communities of Interest' and 'Settings' critical to achieving the priority mental health targets. This document is concerned with the mental health of society and indicates areas for increased focus from which service providers can extrapolate a range of possible implementation programs.

For example in the section which explores issues for young people 12 -17 years risk exposures are highlighted:-

- violence and family discord
- a sense of love and affection
- coercive parenting styles
- poor monitoring and supervision in home and school settings
- low student/teacher attachment
- harsh punitive and or inconsistent behavior management in the school setting
- poor peer relations
- alienation from school, and
- poor body image

Protective factors are identified such as:-

- a positive relationship with at least one parent
- a cohesive and nonviolent school environment
- sense of self worth
- self-efficacy in problem solving, coping skills and social skills
- experiences of achievement
- a sense of social connectedness
- having a personal confidante, a role model or mentor
- belonging to a positive peer group
- an active lifestyle
- and an internal locus of control

The above provides the reader with some indication of the type of responses that might be appropriate for the implementation phase of this plan.

Discussion of the evidence base in the abovementioned document includes detailing what works, and an analysis of where the gaps are currently at a programmatic level, e.g. *"specific programs are needed for homeless or other high risk populations such as those from rural and remote area, Aboriginal peoples and Torres Strait Islanders, people from diverse cultural and linguistic backgrounds and young people in juvenile justice settings"*. This is as relevant to the National Action Plan Suicide Prevention as to Mental Health Promotion and Prevention.

Key research questions are also posed. All the above provides clearly for the reader an indication of the direction this particular plan is taking at the 'ground level'.

Further, the above document highlights numerous times the critical factor - ***connectedness*** with community, whichever community may be important at a particular stage of life. This theme of connectedness has been neglected in the National Action Plan Suicide Prevention.

➤ **The Plan needs to recognise the broader social, political and economic context.**

Levels of income support for young people have been inadequate for many years. Criteria for receiving entitlements have been tightened and 'obligations' increased. Low payment levels leave many young people, particularly those living away from their families, in poverty and facing difficulties securing the basics required for daily life.

The introduction of the Youth Allowance has been one of the most significant youth policy changes made by the Federal Government in recent years. The application of a harsh parental means test for unemployed 18 – 20 year olds has raised the age of dependence to 21. This means test applies to students up to the age of 25 years. Unemployment benefits have been abolished for 16 and 17 year olds. These initiatives have resulted in 45, 000 young people aged 18 – 20 having payments reduced or cancelled.

With some exceptions, unemployed young people aged 16 and 17 who have not completed year twelve are now required to undertake full-time education or training, or lose their benefits altogether. The 1998 Budget Papers showed that cuts to benefits for unemployed young people will save \$428.1 million over a four year period. Add to these cuts the introduction of punitive measures such as the *Dole Diary* and compulsory *Work for the Dole* schemes and it becomes apparent that many young people are at risk as a result of the above changes. Outcomes include poverty, family stress and conflict, role confusion and young people confused about their status – dependant/independent?... **Further consequences of some of these outcomes include depression and mental health issues, loss of self esteem, disconnection from family and community, “anti-social” behaviours, offending and substance misuse.**

This is one example of the lack of congruence with regard to the broader context and government policy affecting this context. It is from this premise that YANQ members raise concerns for the young people with whom they work. It is this context that places many young people in a state of confusion with regard to their place in community/society, causing young people to reflect on their lack of opportunities for active citizenship.

#### ➤ **Emphasis on Mental Health.**

Concerns were raised by YANQ members with regard to the emphasis on mental health in the Plan. There is recognition that it is certainly an element of the issue, however, if one takes the view that youth suicide occurs within a broad context which includes the need to look at early intervention and prevention strategies then many of those early intervention and prevention strategies/programs may not at first glance appear to relate to youth suicide. They may however have a number of positive outcomes including youth suicide prevention.

Further, one analysis would view a legal aerosol art project or wilderness camp or young parents program as a youth suicide strategy given that any one of these strategies may assist the prevention of youth suicide for a range of reasons, not the least of which would be the resulting **connectedness** to peers, community, service providers and others. It is these types of responses more often than not through services provided by the non-government sector that need to be valued and recognised for the work currently being done, albeit often unrecognised. These service delivery responses are rarely funded as suicide prevention programs. They are funded as responses to homelessness, substance abuse, crime prevention, unplanned pregnancy, alternative education needs etc. Hence the need for a more integrated, coordinated response to

planning and funding by government and less compartmentalising of the issues e.g. emphasis on mental health.

It is concerning that many mental health professionals and services are focussed on interventions at the treatment and maintenance end of the mental health intervention spectrum. However, it is clear that if suicide prevention outcomes are to be improved, mental health professionals must expand their focus beyond treatment to encompass public health issues such as the promotion of suicide prevention and mental health literacy, education and advocacy for “mentally healthy lifestyles”. This must include the identification of and early response to suicidal and self harming behaviours, mental health problems and disorders. (CDHAC, 1998).

YANQ recognises that there is a slow shift away from emphasis on the treatment end of the spectrum in Mental Health and supports the refocussing on early intervention and primary prevention. YANQ encourages this shift in emphasis and suggests continuing moves away from “treatment” responses, and added support and resources towards creative/innovative primary responses.

## RECOMMENDATIONS

### ➤ Media

Media is an integral part of our society, conveying information and influencing community attitudes and perceptions of social norms. Media coverage and reporting is thus critical to forming and influencing community attitudes. Media publicity also influences suicidal behavior in the community.

Education and raising awareness within the media about suicide and self harming behaviors may improve accuracy and balance in reporting and assist in promoting a more informed understanding of issues related to suicide in the general Australian community. In addition, collaboration between media representatives and workers in the area of youth suicide may help identify means by which the media can discourage rather than affirm suicidal behaviour.

The media needs to be challenged with regard to ethical, responsible reporting about suicide.

Work with the media will need to include opportunities to work together, cross sectorally, such as professional development, conferences etc.

We still have a long way to go with regard to positive relationships with the media. Resources required to assist the community to input realistic, positive views of the issues affecting young people, especially in relation to youth suicide are basically non-existent. Resources need to be made available for Peak Bodies to input the community youth sector's perspectives in the media.

### ➤ Professional Development/Education

Training is an essential aspect of suicide prevention. Training must be available that will enable the different sectors working with the issues to come together e.g. mental health workers / youth workers / police. An example of such a program is the *Mind Your Head* training program developed by the Youth Sector Training Council – Queensland. Much of the work needed is values based and this needs to be tackled across the sectors. Values based work in the area of suicide prevention is as important as training in referral, risk assessment, how to work with a suicidal young person etc.

Community Education is another aspect of education/training that was raised by members of YANQ. Many non- government organisations operate with the valuable assistance of volunteers and provide training programs which are designed to facilitate the work of these volunteers and enhance the knowledge of the general community. It is essential that community education around the issue of suicide prevention is readily available, and appropriate organisations need to be resourced to provide this. Community organisations also need to be supported to avail themselves of relevant training.

➤ **Coordinated approach**

A coordinated response to youth suicide prevention is essential. Given that a whole of government approach is required to respond to this issue, it is necessary that responses are coordinated and mechanisms put in place which enable information sharing, transparent and open processes and collaboration at a range of levels. This needs to occur between government departments at both State and Commonwealth levels and between government, community youth peak's and non-government organizations.

➤ **Underlying values**

It was noted that the underlying values of the Plan should be stated e.g. *valuing of youth participation in projects which affect young people*. Once articulated it is then possible to use these values as practice guides.

➤ **Indigenous Communities**

Aboriginal peoples and Torres Strait Islanders are seriously disadvantaged in comparison with the general Australian population, experiencing markedly poorer health, poorer nutrition, lower standards of housing and facilities, lower levels of education, greater poverty and higher levels of unemployment, imprisonment, racism and discrimination.

It is not possible to understand issues such as suicide for Indigenous people without recognising the impact of historical events, the ongoing trauma and loss and the high levels of disadvantage in Indigenous communities. The current levels of loss, trauma, premature death, family breakdown and separation of children from their families, racism, and social disadvantage are among the effects of colonisation that have contributed to the present high levels of stress, grief, depression and suicide in Aboriginal and Torres Strait Islander communities. (Swan & Raphael 1997)

Community control is central to developing suitable prevention strategies for Aboriginal peoples and Torres Strait Islanders. Community control is 'a process which allows the local Aboriginal community to be involved in its affairs in accordance with whatever protocols or procedures are determined by the Community' (NACCHO 1997). If this principle is not followed, community participation is unlikely and benefits will be minimal (National Aboriginal Health Strategy 1989).

Indigenous communities must be resourced and supported to effect community control.

➤ **People from Diverse Cultural and Linguistic Backgrounds**

Australian's from non-English speaking backgrounds comprise approximately 20 per cent of the national population. They represent a diverse range of cultures and are characterised by different needs, issues, and understandings of suicide and self harming

behaviours. There is a paucity of information about, and understanding of people from culturally and linguistically diverse backgrounds and issues such as suicide and self harming behaviours. There is a need to develop an evidence base for effective suicide prevention strategies for different cultural groups, taking into account various risk, protective, language and cultural issues.

It is clear that certain factors associated with the migration process may increase the risk of suicide. These factors include a drop in socioeconomic status following migration, inability to speak the language of the host country, separation from family, prejudice and discrimination in the host society, lack of recognition of professional qualifications, isolation from others of a similar cultural background, traumatic experiences or prolonged stress before or during immigration (as in the case of refugees, particularly for adolescents or the elderly during the time of migration, and extent of acculturation.)

Barriers to effective prevention activities include language and cultural factors, culturally specific beliefs and understanding of suicide and self harming behaviours and their causes, and stigmatising attitudes to suicide within the families and culturally diverse communities.

It may be valuable to explore why it is that so many young migrants and refugees don't suicide given the trauma that many have experienced. There may be something we can learn from asking this question and add to the body of knowledge with regard to factors affecting suicide and self harm.

Currently YANQ is conducting a project ***Mental Health Needs Assessment Among NESB Young People*** which has employed a research coordinator in an attempt to identify what the needs of NESB young people may be, to assist the development of appropriate protocols for effective youth suicide prevention. Of particular concern to the project is the relationship between poor mental health and suicide among young NESB people. The project will look at the importance of understanding mental health issues within a broad sociocultural context, looking also at the psychological impact of cultural adaptation and biculturalism. Stressors related to a new language and culture, separation from extended family and friends, loss of security and home as well as experiences of trauma in the home country are seen as important insights into better understanding the needs of NESB young people.

It will be beneficial to monitor the progress and findings of the above project with regard to future work in the area of NESB young people and suicide and self harming behaviours.

## ➤ The Community Youth Sector

Many community support and advocacy agencies have been actively involved in providing programs and activities relevant to suicide prevention although not necessarily under the banner of suicide prevention (as stated earlier). Many groups have expertise and knowledge in the areas of prevention and promotion strategies and community development programs. Continued ownership and development by these groups is essential and their participation should be seen as a priority.

Examples of programs that work, currently being coordinated by program workers in the community sector in Queensland to enhance connectedness for young people are:

- Health Services for Disadvantaged Young People
- Innovative Health Services for Homeless Youth
- Youth Support Coordinators (YSC) Program
- Youth and Community Combined Action (YACCA) Program
- Alternative Education Programs e.g. Centre Education, Albert Park Flexi School, Southside Education Centre

Although these programs are not funded as Youth Suicide Prevention programs they contribute greatly to addressing many needs and issues of young people which if not addressed add to the risk of young people suiciding or self harming. There are many other community based organisations providing counselling, support, accommodation, life skills training and other programs that are working towards empowering young people and connecting them to their peers, family and community.

Current Queensland Government Programs which are supported by YANQ include the Young People At Risk (YPAR) Program which uses a community development approach to improve the mental health and well-being of young people through improving the community's and health system's response to young people at risk of self-harm and suicidal behaviours.

#### ➤ **Rural and Remote Young People**

Queensland has a high decentralisation rate. 54% of Queensland's 12–25 year olds live outside the Brisbane Statistical division, 36.8% of Queensland's young people live outside the Brisbane and Moreton Statistical divisions. (Carr, 1997)

YANQ appreciates the recognition that young people from rural and remote areas are an “at risk” group, however, very few resources go into addressing issues for young people in communities with populations of 200 – 5000. It is therefore essential to investigate community needs and establish a community plan, particularly in areas with low population density. This would identify where services for young people would be best located and guarantee funding for programs designed to meet the most significant community supported needs of young people.

Research and anecdotal evidence suggests that cross-departmental funding is an efficient way to deliver services in small communities. The broad range of community sector programs and responses impacting on risk factors related to youth suicide receive funding from a variety of sources including a number of different State and Commonwealth government departments e.g. Education, Health, Housing, Family and Community Services, Office of Women's Policy, etc. Cross-departmental responses would enable more efficient, effective delivery of services to rural and remote young people, particularly in small communities.



### **What Government Needs To Do (extract from **Youthspeak 98**)**

- **Develop holistic and inclusive strategies to engage young people in community life to prevent youth suicide. Responses must acknowledge and understand the range of issues that impact on the well-being of young people. These include employment, school and work environments, home and family life, social networks, interpersonal relationships, leisure, community involvement, and access to public transport.**
- **Involve young people in developing strategies to prevent suicide, planning intervention and treatment services.**
- **Develop new, and use existing, community networks especially Peak Bodies to address suicide prevention strategies. These networks must communicate and work with other groups in the community, and must be adequately resourced to coordinate services and strategies for young people.**
- **Develop an adequate protocol for professionals working with young people in hospitals and health services. Community based youth workers must be included in this process of developing the protocol, to ensure their knowledge and expertise in identifying young people 'at risk' is recognised.**
- **Provide awareness education and training for young people in schools. This training must include peer support programs.**

## **Bibliography**

- Carr, P., 1997, A Proposal to Address the Needs of Young People in Rural and Isolated Areas Of Queensland, Youth Affairs Network Of Queensland.
- Commonwealth Department of Family and Community Services, 1998, Putting Families in the Picture
- Commonwealth Department of Health and Aged Care, 1998, Mental Health Promotion and Prevention National Action Plan.
- Department of Families, Youth and Community Care, 1998, What About The Girls, DFYCC, QLD.
- Finn, J., 1998, Participation's Worth It, Youth Affairs Network of Queensland.
- National Aboriginal Community Controlled Health Organization (NACCHO) 1997 Memorandum and Articles of Association.
- Raphael B and Swan P, 1997, The Mental Health of Aboriginal and Torres Strait Islander People, International Journal of Mental Health , vol 26 (3), pp 9 - 22.
- YANQ, 1998, Youthspeak 98 Kit, Youth Affairs Network Of Queensland

## APPENDIX

**Recommendations from Participation's Worth It, approved by Management Committee of Youth Affairs Network of Queensland.**

**Extract from Youth Speak 98 – Suicide and Young People**

# Recommendations

The following recommendations have been identified through consultation and research for this project and approved by the Youth Affairs Network Coordinating Committee. They are intended to address issues identified through this project and to maximise appropriate participation of young people in the QGYSPS.

## State Government

1. To provide funding for non-government infrastructure and support to ensure a partnership between government and community organisations.
2. To include the level of youth participation as a measure of success in the brief for the external evaluator of the Government's Strategy.

## Federal Government and the National Youth Suicide Prevention Strategy

3. To include youth participation as a measure of success in providing feedback to the State strategies in 1999.
4. To provide regular updates to each of the District Steering Committees on progress of the National Strategy.

## Independent Evaluator of the QGYSPS

5. To include young people as key stakeholders in reference groups and consultations for program evaluation.
6. To present information about the evaluation and its results to young people in appropriate formats through existing youth networks.

## District Steering Committees and Community Networks for the QGYSPS

7. To keep youth participation as a permanent agenda item for discussion.
8. To set measurable objectives for youth participation strategies.
9. To be prepared to acknowledge and respond appropriately to the personal dimensions of the experiences of young people who are involved in participatory processes.
10. To recognise and compensate young people for their participation.
11. To use the expertise of existing local youth organisations and inter-agencies in developing and implementing participatory strategies.

## Queensland Youth Future Focus Network

12. To aim for a minimum of 10% of its statewide membership to people under 25 and to incorporate appropriate support mechanisms for this group to participate in decision making.
13. To include a regular section on good practice in regard to participatory processes in the statewide newsletter for the Strategy.



## Members of YANQ

14. To provide information to the local District Steering Committee and Community Networks on existing initiatives addressing youth suicide and youth participation.
15. To ensure young people connected to their own organisations are briefed on the QGYSPS.
16. To continue to provide direction to YANQ on best practice regarding participation and suicide prevention.

## Interagency Groups

17. To monitor the local District Steering Committee and Community Networks under the QGYSPS to ensure existing responsibilities of interagency groups are not duplicated.
18. To brief interagency membership on the Queensland Youth Suicide Prevention Strategy.

## Youth Sector Training Council

19. To include information about participation in existing accredited and non-accredited training being delivered in the youth sector.
20. To develop and deliver a half day professional development briefing workshop on the information in this kit.

## YANQ

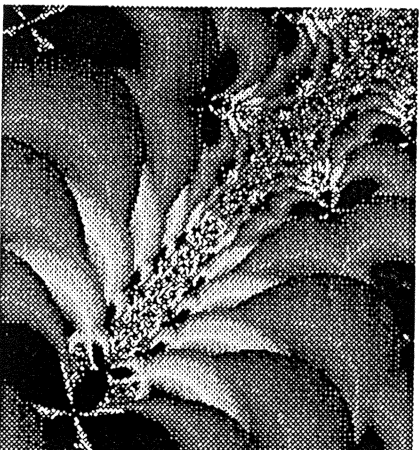
21. To distribute and promote this kit to the District Steering Committees, Government Departments, YANQ members and other key stakeholders.

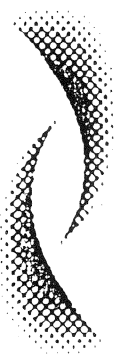
22. To collate feedback information in the kit questionnaire on participatory strategies and distribute to key stakeholders 6 months after distribution of the kit.

23. To highlight the information and issues from this project at the State Youth Affairs Conference in Townsville in November 1998.

## All Parties

24. To respond to the feedback form accompanying this kit so that YANQ can document progress of youth participation in the Youth Suicide Prevention Strategy.
25. To advocate for inclusive participatory processes that creatively involve young people in organisations and projects that affect them.





Y o u t h

a f f a i r s   n e t w o r k   q l d  
y o u t h s p e a k   9 8

i n f o r m a t i o n   s h e e t

## Suicide and young people

Suicide is now the leading cause of death of young people in Australia.

The suicide rate for Australian young people – between 15 and 24 years old is 16 per 100,000 – is one of the *highest suicide rates in the world*. And for every completed suicide, there are many more attempted suicides (Australian Institute for Suicide Research and Prevention, 1997. *Suicide in Australia – Epidemiology and Impact*).

---

**Factors linked to youth suicide are numerous and complex. While young people with mental illness are vulnerable to suicide, youth suicide needs to be seen in the broader context of social issues that impact on young people.**

---

### We have a problem

- ▶ Suicide rates for young men and women in Queensland have been consistently higher than other states for the past 15 years. Currently, the Queensland rate for young people is approximately 20% higher than other states. (See *Suicide in Australia – Epidemiology and Impact*, and *Queensland Government Youth Suicide Prevention Strategy*, 1997.)
- ▶ Indications are that there may be as many as 30 or 40 suicide attempts for every completed suicide among young people in Australia.
- ▶ The completed suicide rate of young people, especially males, has increased during the past two decades even though the suicide rate in adults has remained relatively static (Scouts Australia, 1996. *Youth suicide prevention, a parents guide*).

- ▶ Young men complete suicide at a higher rate than young women. Young women attempt suicide at a greater rate than young men, but young women usually use less lethal means.
- ▶ Approximately 25 to 40 % of gay, lesbian, bisexual, and transgender young people have attempted suicide. These young people experience a unique set of barriers to getting support from parents, peers, teachers, and youth service professionals.
- ▶ Suicide among young Aboriginal and Torres Strait Islander people is particularly high. It is difficult to give accurate statistics due to cultural issues around disclosure, and reporting difficulties because of the complexities of Aboriginal health issues.

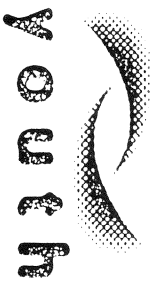
### Understanding the broader context

Factors linked to youth suicide are numerous and complex. While young people with mental illness are vulnerable to suicide, youth suicide needs to be seen in the broader context of social issues that impact on young people.

These issues include unemployment, family and relationship issues, poverty, poor access to life opportunities, racism, physical and sexual violence, homophobia, and gender issues.

As a general guide, some groups are more likely to be at risk of self-harm or suicide than the general community. Risk is compounded if identified with more than one of the following groups:

- ▶ young men between 15 - 24 years
- ▶ young people in custody/detention
- ▶ young indigenous people
- ▶ gay, lesbian, bisexual, and transgender young people
- ▶ young people who struggle with depression



# youth affairs network qld youthspeak 98

- ▶ young people dealing with mental illness
- ▶ young people engaging in substance abuse
- ▶ homeless young people
- ▶ young people from non-English speaking backgrounds, and
- ▶ young people in rural/remote areas.

The risk of a young person committing suicide is sometimes heightened if they have tried previously, engage in other self-harming behaviour, struggle with mental illness, or are grieving the loss of someone else who has suicided.

## **Preventing suicide: More needs to be done**

In recent years, public health strategies have been effective in reducing the incidence of death from motor vehicle and other accidents amongst young people. However, suicide prevention programs have yet to show the same effectiveness in reducing suicide deaths (Commonwealth Department of Health and Family Services, 1997. *Youth Suicide in Australia: A Background Monograph*, 2nd ed.).

For example, the number of young men between 15 and 24 who died from motor vehicle accidents has dropped from 965 in 1982 to nearly half that in 1995. But annual suicide deaths have increased from 250 in 1982 to almost 400 in 1995.

## **What the Queensland Government should do**

- ▶ Develop holistic and inclusive strategies to engage young people in community life to prevent youth suicide. Responses must acknowledge and understand the range of issues that impact on the well-being of young people. These include employment, school and work environments, home and family life, social networks, interpersonal relationships, leisure, community involvement, and even access to public transport.
- ▶ Involve young people in developing strategies to prevent suicide, planning intervention and treatment services.
- ▶ Develop new, and use existing, community networks to address suicide prevention strategies. These networks must communicate and work with other groups in the community, and must be *adequately* resourced to coordinate services and strategies for young people.
- ▶ Develop an adequate protocol for professionals working with young people in hospitals and health services. Community-based youth workers must be included in this process of developing the protocol, to ensure their knowledge and expertise in identifying young people 'at risk' is recognised.
- ▶ Provide awareness education and training for young people in schools. This training must include peer support programs.

