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# National Snapshot of Child & Youth Suicide Risk

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- **Confidentiality of the information**
- **Sensitivity of the information**
- **Safety of the group**

# Tonight's conversation:

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- To explore the existing and emerging mental health and suicide risk in the area
- Understanding real time risk and contemporary suicide language
- Key considerations for the GP network
- Identify strengths, capacity, priority needs, and gaps
- Consider a way to raise and escalate concern
- Discuss action and collaboration going forward

## TALKING ABOUT SUICIDE

| Stigmatising terminology | Appropriate terminology |
| --- | --- |
| Committed suicide | Died by suicide |
| Successful suicide | Suicided |
| Completed suicide | Ended his/her life<br>Took his/her own life |
| Failed attempt at suicide | Non-fatal attempt at suicide |
| Unsuccessful suicide | Attempt to end his/her life |

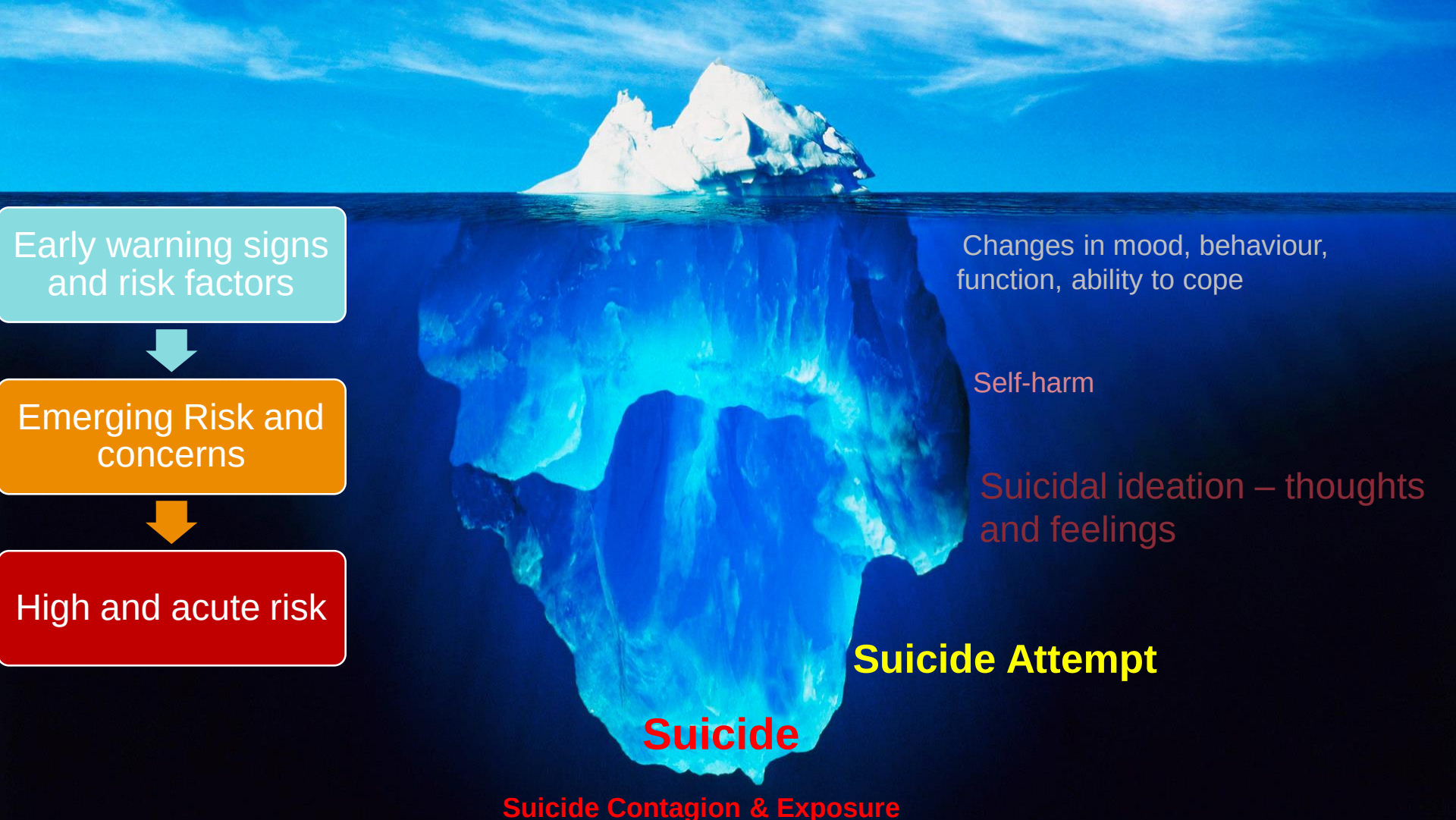

Early warning signs and risk factors
Emerging Risk and concerns
High and acute risk
Changes in mood, behaviour, function, ability to cope
Self-harm
Suicidal ideation – thoughts and feelings
Suicide Attempt
Suicide
Suicide Contagion & Exposure

FIGURE 3: Examples of typical triggers and precipitating events to suicide.

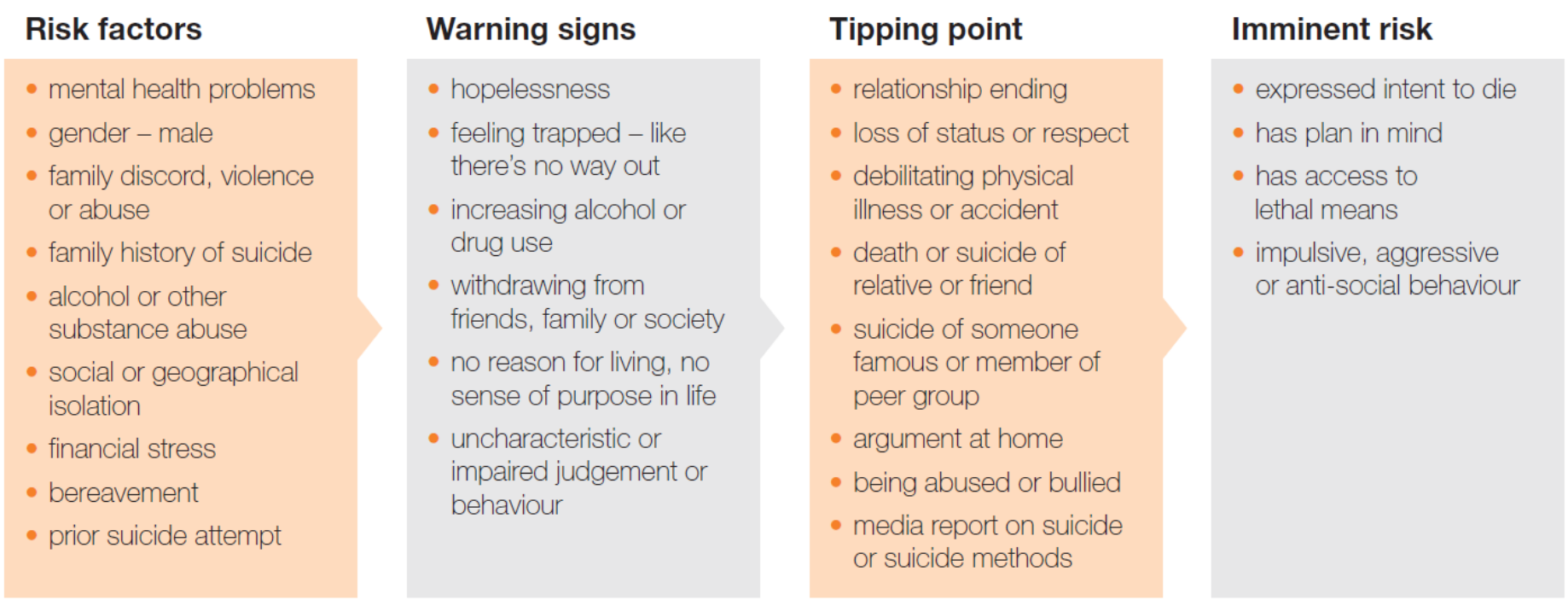
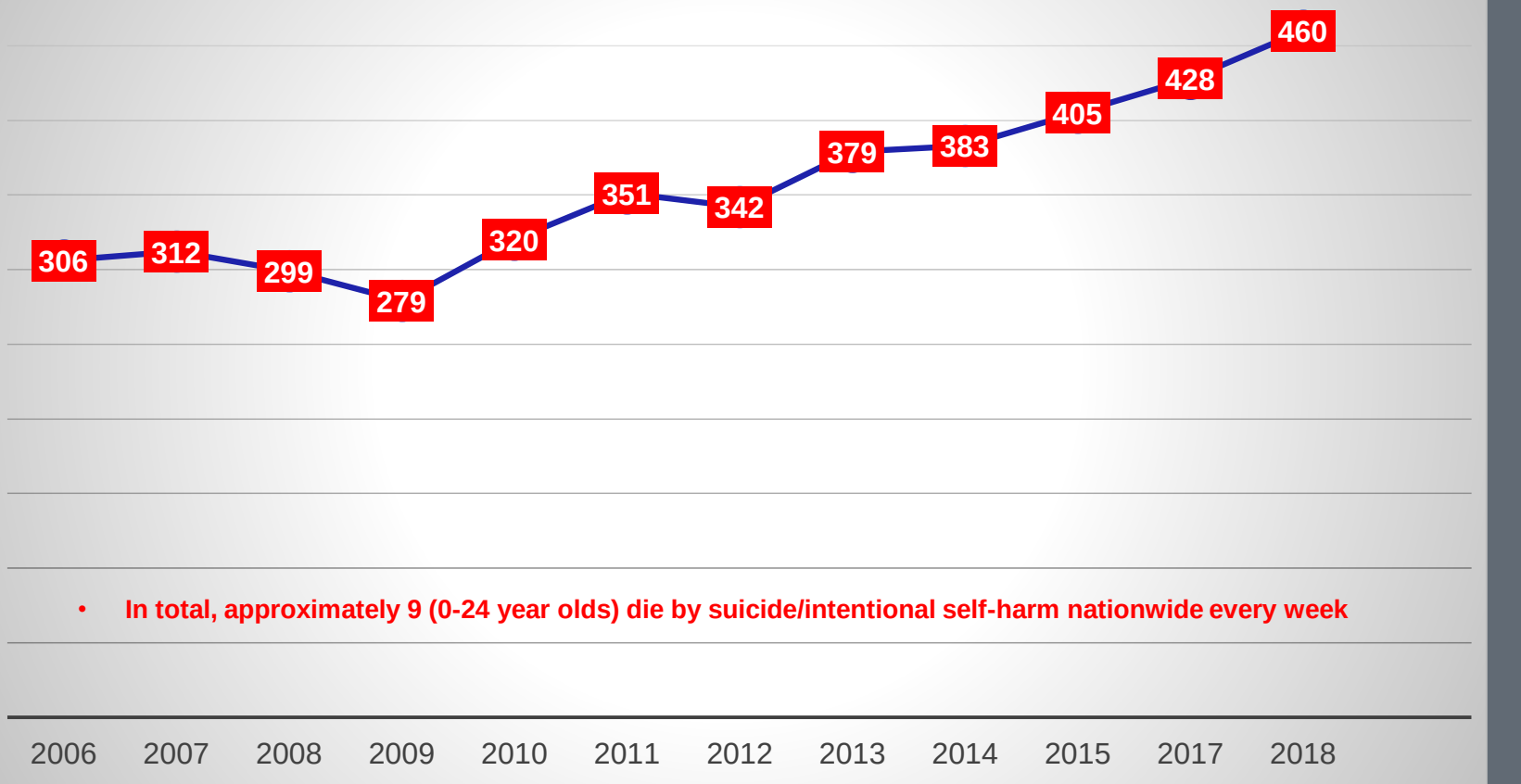


Figure 2: Indicates the increased suicide and risk from ages 20 years -24 years

| | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2017 | 2018 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **0-14** | 8 | 12 | 11 | 3 | 13 | 16 | 16 | 22 | 21 | 14 | 24 | 22 |
| **15-19** | 110 | 116 | 98 | 105 | 117 | 117 | 131 | 152 | 130 | 145 | 156 | 184 |
| **20-24** | 188 | 184 | 190 | 171 | 190 | 218 | 195 | 205 | 232 | 246 | 248 | 254 |
| **Total** | **306** | **312** | **299** | **279** | **320** | **351** | **342** | **379** | **383** | **405** | **428** | **460** |

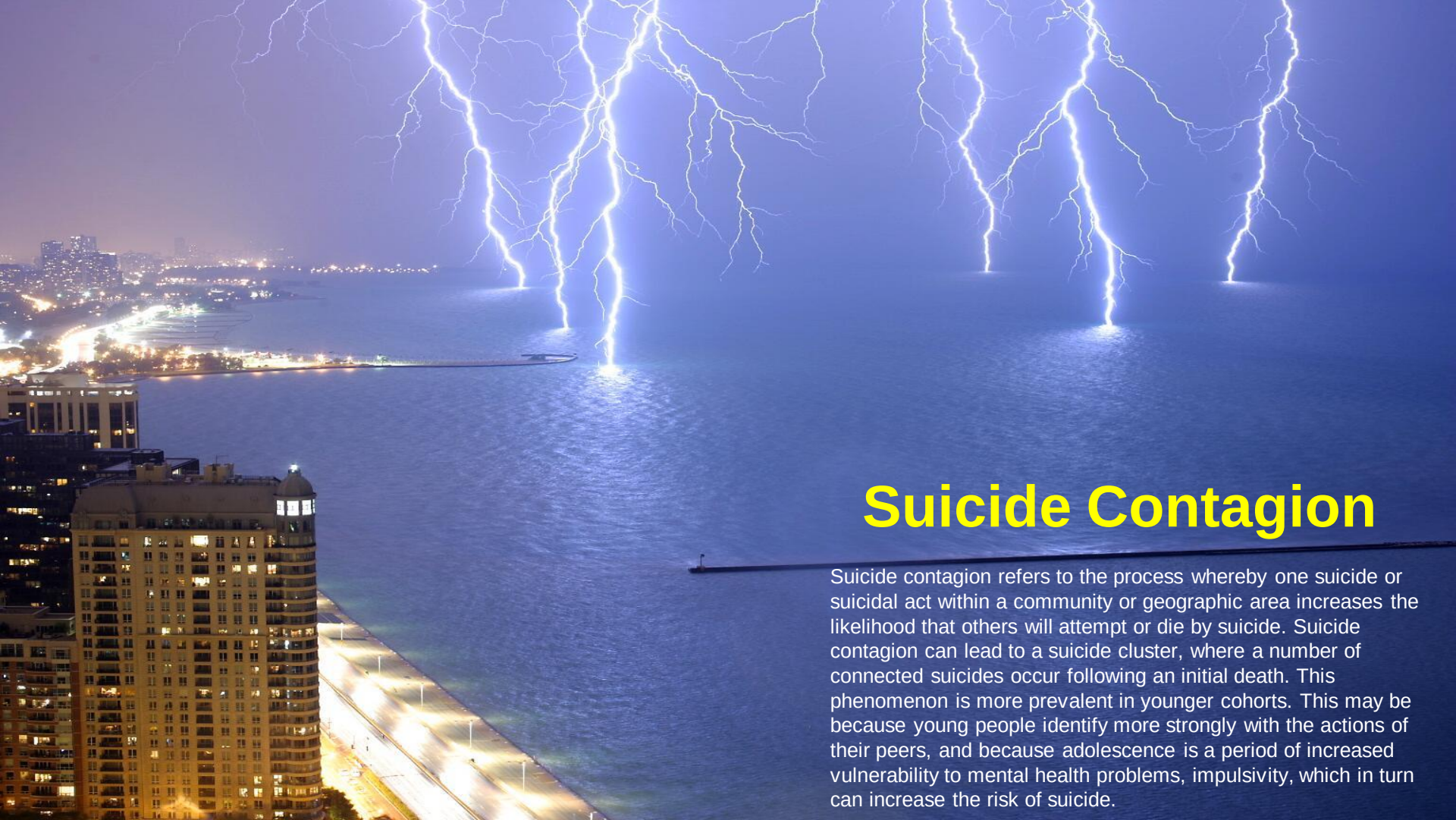
# ABS 0-25 Suicide Rate 2006 - 2018




- **In total, approximately 9 (0-24 year olds) die by suicide/intentional self-harm nationwide every week**

# Supporting schools and services experiencing heightened suicide risk:

- improving protective factors, coping, wellbeing, resilience
- reducing exposure
- Intensified risk detection and monitoring (after hours particularly)
- Urgent suicide risk assessment profiles and processes
- Suicide risk monitoring capacity of parents and families, young people (risk detection)
- Changeability of suicide risk status
- Risk and warnings signs information
- Gatekeeper training
- providing individuals who are feeling suicidal with access to a range of support - from the family and community, in the workplace, from professional carers and health services
- identifying the individual's particular needs and providing the right support, in the right place, at the right time
- improving community understanding of the needs of those who are mentally ill, grieving, profoundly distressed or traumatised
- education for the immediate family, friends, schools, social networks, the local doctor, front line services
- improving service provision and access to help and services
- Immediately strengthen collaboration and interagency activation
- Safe and contained sharing of real time intelligence and data
- Understand and respond to suicidal ideation and language
- Ascertain capacity of agencies and services to enhance services and strengthen referral pathways
- Activate targeted awareness campaigns around help seeking and mental health literacy
- Activate targeted training of educators, teams, parents/carers, students
- Create opportunities for students to have agency, lead strategies, one actions
- Develop and guide the implementation of targeted action plan (Term 3 and Term 4) inclusive of capacity building, suicide prevention, health promotion
- Contain and guide media/social media



# Suicide Contagion

Suicide contagion refers to the process whereby one suicide or suicidal act within a community or geographic area increases the likelihood that others will attempt or die by suicide. Suicide contagion can lead to a suicide cluster, where a number of connected suicides occur following an initial death. This phenomenon is more prevalent in younger cohorts. This may be because young people identify more strongly with the actions of their peers, and because adolescence is a period of increased vulnerability to mental health problems, impulsivity, which in turn can increase the risk of suicide.

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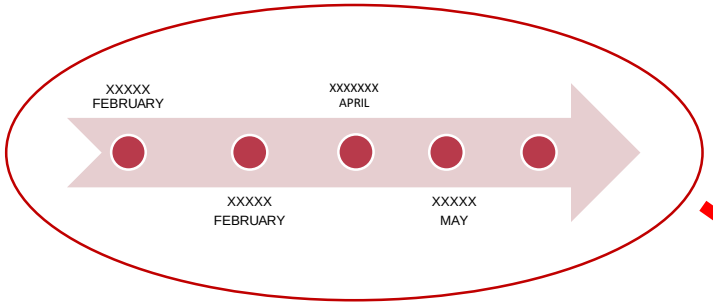
# Suicide exposure

After a suicide/ attempt some people are likely to have an increased risk of vulnerability, mental ill health or suicide. Exposure to a suicide or a suicide attempt can lead to suicide contagion.




A **“typical”** increase of suicide risk when an emerging cluster exists

Increased suicide exposure now across a greater number schools and broader community

Significant increases to potential suicide ideation

suicide attempts

suicide

# The impact of suicide exposure for children and young people

| | Suicidal Ideation % | | Suicide Attempts % | |
|---|---|---|---|---|
| | **Unexposed** (in previous year) | **Exposed** (in previous year) | **Unexposed** (in previous year) | **Exposed** (in previous year) |
| **12-13 yrs** | 3.4 | 15.3 | 1.7 | 7.5 |
| **14-15** | 5.3 | 14.2 | 2.3 | 8.6 |
| **16-17** | 7.4 | 15.1 | 2.7 | 8.1 |

"Association between exposure to suicide and suicidality outcomes in youth"
Sonja A. Swanson & Ian Colman
*Canadian Medical Association Journal, July 9, 2013, 185(10)*

# Risk detection, monitoring, and escalation

## Immediate considerations

- Intensified risk detection and monitoring (after hours particularly)
- Urgent suicide risk assessment profiles and processes
- Suicide risk monitoring capacity of parents and families, young people (risk detection)
- Reduction of access to means (intent and lethality)
- 3 step risk escalation for parents, families, and young people (after hours particularly)
- Social media monitoring strategies
- Immediate school notification protocol
- Changeability of suicide risk status
- Risk and warnings signs information
- Current suicidal behaviour: thoughts, actions, plans, means
- Risk assessment and Gatekeeper training

# Broader “cluster” recommendations for local services

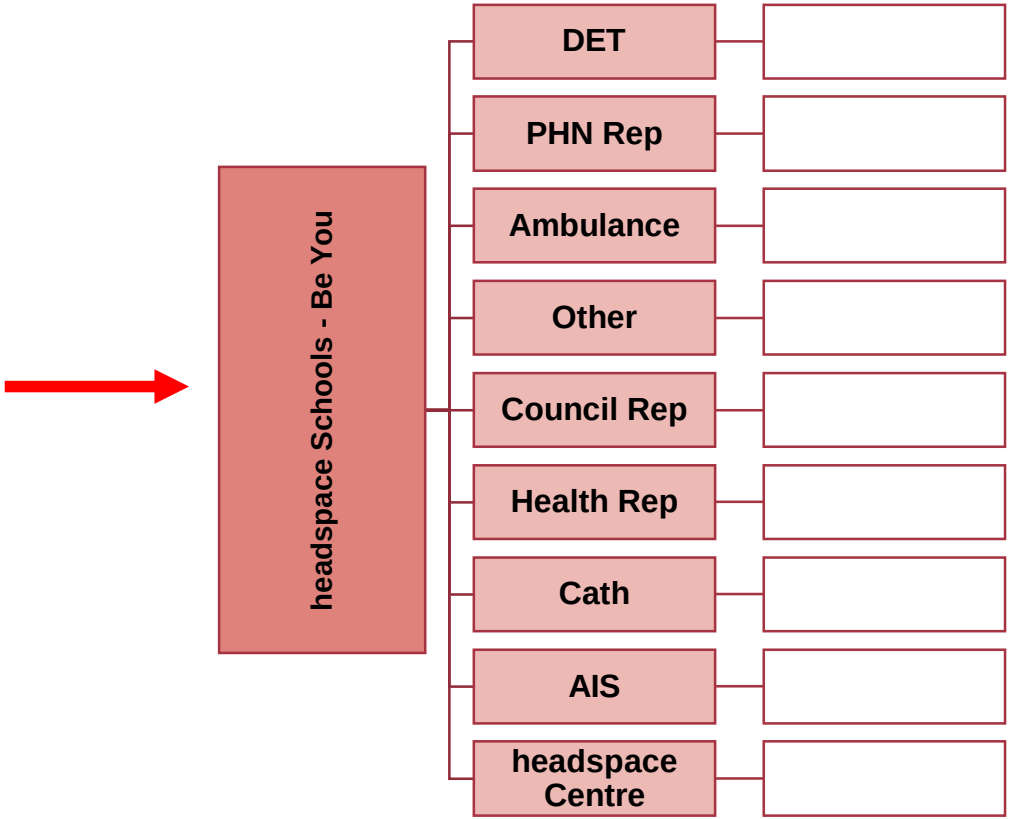
1. Immediately strengthen collaboration and interagency activation and collaboration
2. Safe and contained sharing of real time intelligence and data
3. Establish a local communication and response protocol for deaths and near misses
4. Ascertain capacity of agencies and services to enhance services and strengthen referral pathways
5. Activate localised awareness campaigns around help seeking and mental health literacy
6. Activate localised training of relevant workforces
7. Develop and guide the implementation of a local action plan inclusive of capacity building, suicide prevention, health promotion
8. Contain and guide media
9. Monitor the situation using national principles learnt in other risk areas

# Local Incident Communication Protocol Group (Tier 1)

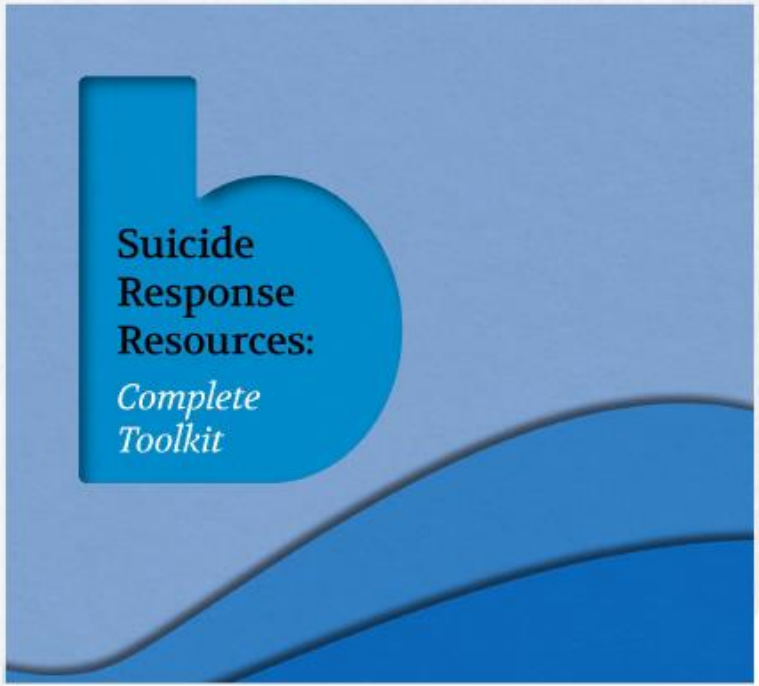
This protocol covers incidents that are likely to impact people and groups in the region.

The protocol will be activated if one of the following incidents (involving a young person aged between 0- 25 years or adult with children in this age group) occurs:

- **Death or suspected death by suicide**
- **Serious suicide attempt or suicide risk:** An incident that had the potential to cause harm but didn't.



# Suicide Prevention and Response

# Postvention Planning: Why plan for a suicide?

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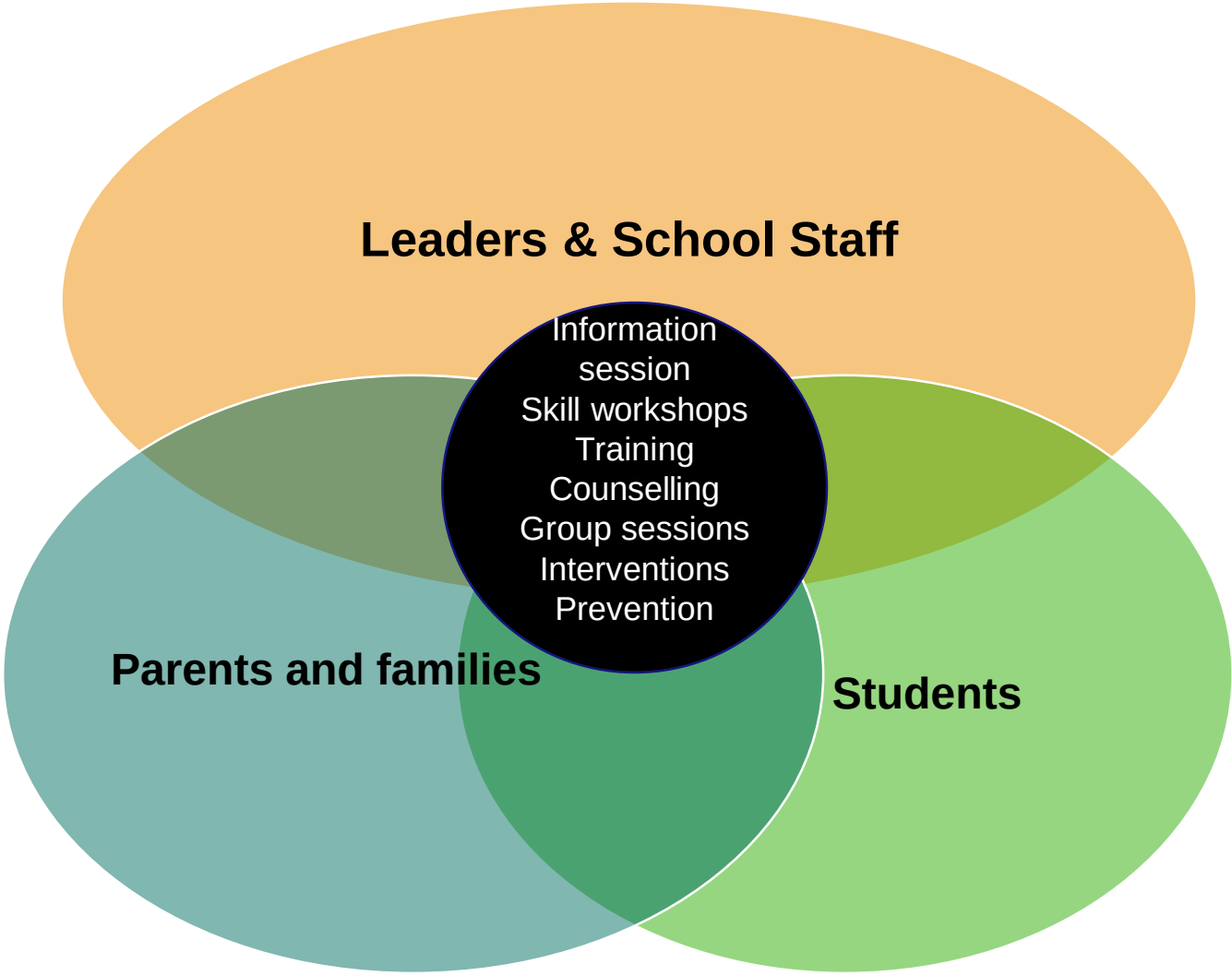
Text

- School postvention is an intervention conducted after a suicide
- Postvention planning and training is the greatest predictor of effective response and recovery.
- The more prepared schools are, the more clinically robust and sound response is
- Improve capacity / confidence to manage the emergency response, strategically and psychologically, consider possible scenarios
- Reduce the impact of grief and trauma on the school community (short, mid and long term), reduce suicide exposure and contagion – reduction of further mental ill health and trauma,
- Planned and co-ordinated support from Education Department(s) and mental health services,
- Minimise interruption and restore the routine of the school back to normal as soon as possible, minimise impact / risk to learning, absenteeism, diminished staff morale and reputation risk
- Shorten the period of recovery and restore wellbeing

During short, medium, and longer term postvention response headspace (and other key stakeholders) work with the school to develop targeted and clinically sound strategies for the WHOLE school community

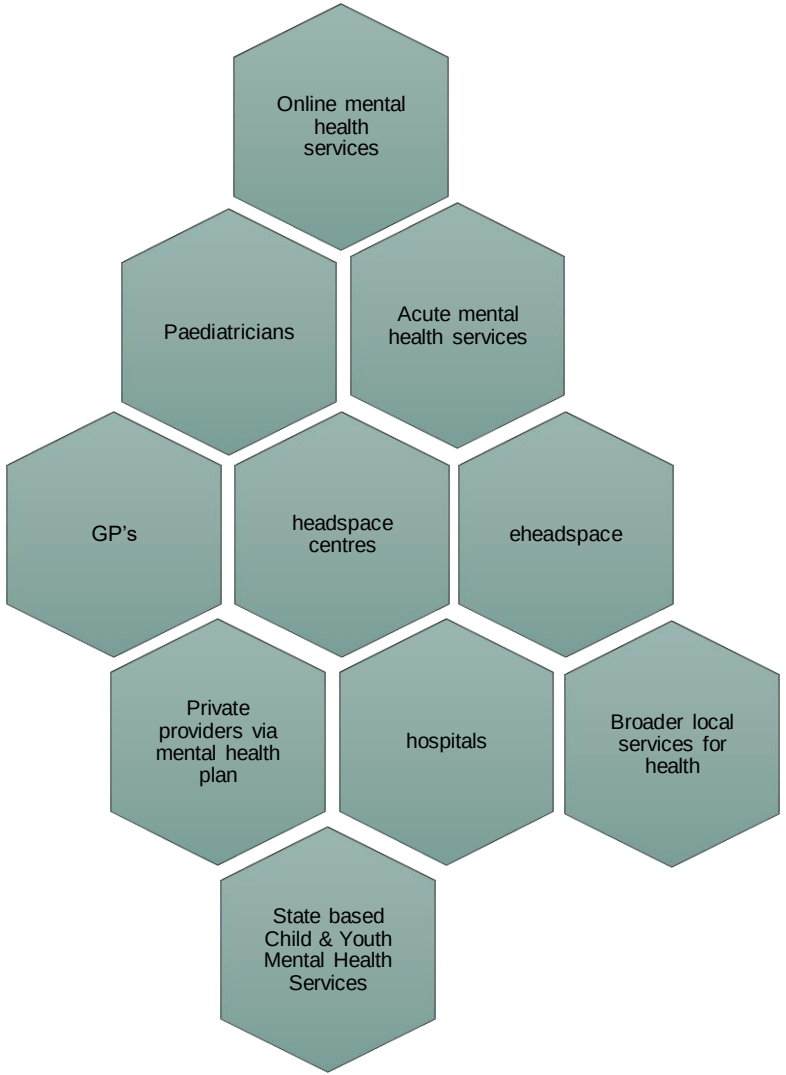
These strategies are built on international evidence, aimed at reducing harm and risk, building capacity, getting back to function and resilience

These strategies are age and stage developmentally targeted



Primary Schools (Children and families)

Secondary Schools
(Young people and families)



# Parent Twilight and local Panel

**Kristen Douglas – National Manager headspace Schools**

**Tony Gadd – Director Educational Leadership**

**Sue McKenzie– Senior Psychologist Education**

**Debbie Beckwith – Networked Specialist Facilitator**

**Felicity Scott – Centre Manager, Maitland headspace**

**Dr John Goswell - General Practitioner**

**Barbara Critchley - Specialist clinical manager (Samaritans Care Navigators Program)**

**Fiona McCallum - General Manager, Good Grief**

**Will Nesbitt (Counselling services manager) and Julie Wicks (Regional General Manager HNECC) - Lifeline HNECC**

**Joyce Tam (Clinical Lead) and Rachel Jewell (NSW/ACT Manager)- Be You/headspace Schools**

***Chantal Tana (Aboriginal Support Officer – Maitland High School) will be doing the Acknowledgement of Country.***

# NSW support Services

**NSW Mental Health Line, The Mental Health Line is available to everyone in NSW and operates 24 hours a day, 7 days a week**

# Mental Health Services and Support

## Beyond Blue

24/7 mental health support service

**1300 22 4636**
beyondblue.org.au

## headspace

Online support and counselling to young people aged 12 to 25

**1800 650 890** (9am-1am daily)
For webchat, visit: headspace.org.au/eheadspace

## Kids Helpline

24/7 crisis support and suicide prevention services for children and young people aged 5 to 25

**1800 55 1800**
kidshelpline.com.au

## 1800RESPECT

24/7 support for people impacted by sexual assault, domestic violence and abuse

**1800 737 732**
1800respect.org.au

## Lifeline

24/7 crisis support and suicide prevention services

**13 11 14**
lifeline.org.au

## Suicide Call Back

24/7 crisis support and counselling service for people affected by suicide

**1300 659 467**
suicidecallbackservice.org.au

## Mensline

24/7 counselling service for men

**1300 78 99 78**
mensline.org.au

## QLife

LGBTI peer support and referral

**1800 184 527** (6pm-10pm daily)
qlife.org.au (online chat 3pm-12am daily)

**If you are concerned about someone at risk of immediate harm, call 000 or go to your nearest hospital emergency department.**

be you | Beyond Blue

With delivery partners: Early Childhood Australia, headspace

Funded by: Australian Government Department of Health

# Considerations for the GP Network

- Develop a communication network protocol for emerging suicide risk and emerging clusters
- Enhance understanding of school wellbeing teams and school referral processes
- Develop a consistent flyer and communication strategy for services numbers for parents and young people
- GP to promote parenting support strategies and tips for improving mental health literacy (tuning in to teens)
- Implementation of gate keeper training or refresher courses for GP's
- Strengthen skills around risk and warning signs of suicide risk
- Consistent approaches to suicide risk assessment
- Developing skills in suicide language and understanding risk online eg social media resources (Chat Safe)
- Provide all schools and services with a list of youth friendly GPs who are willing to see young people impacted by recent deaths, and to prioritise appointments for them
- Parents will need information on how to find GP-number to call /or website. This could perhaps be sent out from school, or use email list from parent sessions
- Refresh grief information and training for GPs
- Consistent referral pathways for those young people needing extra support:
- Provide parents with what to do in the afterhours circumstances
- Health pathways reminder
- Direct number for GPs to call to access CAMHS and acute mental health services
- List of clinicians available for suicide stream so that GP has options (who to refer to)
- Continuity of care so all services to communicate back to referring GP
    - a, when referral has been received and accepted and
    - b, when contact has been made with the young person
    - c, when sessions have concluded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