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Tasmanian Government

WITS No.: 81773

Ms Megan Mitchell
National Children's Commissioner
Australian Human Rights Commission
Email: nccsubmissions@humanrights.gov.au

Dear Ms Mitchell

Thank you for your correspondence of 8 May 2014 inviting submission to the National Children's Commissioner's Examination of Intentional Self-Harm and Suicidal Behaviour in Children.

I note with both interest and concern the issue and the background information that you have identified in your Call for Submissions.

The Tasmanian Department of Health and Human Services (DHHS) will be represented at the Hobart roundtable on Friday, 20 June 2014 to discuss the range of issues that are in the scope of this investigation. However I felt it would be valuable to provide an overview of the Tasmanian context and also draw your attention to some specific issues that have relevance to your examination of this area.

1. The Tasmanian Mental Health Service System

The Tasmanian mental health service system comprises State delivered specialist treatment services and State and Commonwealth-funded community sector mental health services. The State provides specialist clinical mental health services across Tasmania targeted to reach the estimated three per cent of the Tasmanian community experiencing a severe mental illness. These services are primarily focused on secondary and tertiary level care for people with serious mental disorders.

Community mental health services comprising three service streams providing specialist services for people with severe and complex mental illness and mental disorders: Child and adolescent mental health services (CAMHS) in Tasmania is a specialised service for children and young people between the ages of 0 and 18 years who have a severe and complex mental illness or disorder that causes functional impairment, which may ultimately have an adverse effect on the social and emotional development of the young person; the Adult Community Mental Health Service: and Older Persons Mental Health Services.

Inpatient and Extended Treatment Mental Health Services provide 24 hour care and treatment with acute care inpatient units located at the three public hospitals, and specialist adult extended treatment facilities are located in the South.

The Mental Health Services Helpline is a 24 /7 statewide telephone triage service. This service provides a single point of contact for advice, referral and intake for the Tasmanian community and over 7 000 calls are made to the service each year.

Tasmania's Forensic Health Service has three delivery units: Community Forensic Mental Health Services; inpatient forensic mental health services provided through the Wilfred Lopes Centre; and Correctional Primary Health. These services work closely in the care of clients with often complex needs especially in relation to severe mental illness; medical and mental state assessments; suicide and self-harm risk; and a range of other existing conditions including drug and alcohol issues.

Primary healthcare plays a key role in delivering mental health services, primarily for higher prevalence mental illnesses particularly through GPs and private psychologists and psychiatrists; and the State also funds community sector organisations to deliver a range of mental health services and initiatives.

2. Recent Mental Health Initiatives and Young People

In recent years, there has been a strong national focus on the provision of services for children and young people aged 12 to 25 years. An extensive network of headspace services has been developed, with two sites now delivering services in Tasmania, one each in the North and South of the State, with the Northern service providing outreach services to the North West coast. The development of a strong interface between this service and CAMHS statewide is an important feature of an integrated, seamless approach to mental healthcare for children and young people.

A more recent national focus on the unmet mental health needs of adolescents and young people in Australia has also highlighted the need for early psychosis prevention and intervention services (EPPIC). It has recently been announced that an EPPIC model will be delivered in Tasmania through an enhanced headspace service and it is hoped that this will lead to the earlier identification, treatment and management of children and young people at risk of developing psychosis. The EPPIC service model highlights the importance of adolescence and youth for early intervention as these are life stages when the vast majority of mental disorders first emerge. It also acknowledges the impact of mental illness on the life trajectory, including engagement in education and employment, known protective factors for positive mental health. Integration and coordination of care across these services for children and young people is therefore an important consideration.

The Commonwealth provided $325 million to address challenges facing Tasmania's health system, through the Tasmanian Health Assistance Package. One of the key components of the package is the delivery of individualised community-based, flexible support packages for young people aged 12 to 18 years experiencing (or at risk of) serious mental illness. While the service is very much in its infancy, it will deliver time-limited packages which adopt an assertive model of outreach and are delivered to clients of CAMHS and/or Forensic Mental Health Services (FMHS) and their families, who require additional therapeutic support to implement a range of strategies to assist in their recovery and/or ongoing management of their illness. The service has an increased focus on prevention and early intervention and facilitating positive client outcomes. The impact of this program will be closely monitored over time.

3. Suicide Data and Policy in Tasmania

The Policy Direction

The Department of Health and Human Services, through the Mental Health, Alcohol and Drug Directorate (the Directorate) leads suicide prevention policy and planning in Tasmania. The Directorate has administrative responsibility for, and chairs, the Tasmanian Suicide Prevention Committee, an interdepartmental committee with membership also from the community sector and the Tasmanian Suicide Prevention Community Network. The Committee meets quarterly to collectively drive suicide prevention activity across government agencies and the broader community. Suicide prevention services are also delivered in the non-government and private sectors.

The first Suicide Prevention Strategy for Tasmania was released in 2010 and expires in December 2014. Plans are underway to review lessons from the implementation of the Strategy which will go on to inform the next direction for suicide prevention in Tasmania. Consistent with the Strategy, in 2012, the Tasmanian Suicide Prevention Community Network (the Network) was established to act as a focal point for community driven suicide prevention planning. The Network has statewide membership and is administered by Relationships Australia (Tasmania).
Two representatives from the Network sit on the Tasmanian Suicide Prevention Committee.

The Tasmanian Government is committed to implementing new targeted and proactive suicide prevention initiatives. These initiatives include the development of a youth suicide strategy for Tasmania, as well as implementation of community suicide prevention plans and early intervention referral pathways.

Future investment in suicide prevention will be guided by the outcomes of the Rethink Mental Health review, an independent analysis of Tasmania's Mental Health system. This analysis will be undertaken over the next 18 months, and will aim to develop an integrated mental health system and focus resources onto frontline services and support.

Suicide Data

Tasmania's age-standardised suicide rate has been the second highest in the nation, behind the Northern Territory, for some time. The moving five-year average has indicated a slight downward trend in the suicide rate for Tasmania, however the rate at 14.1 per 100 000 remains above the national average and requires ongoing and collective action. The following table shows the number of deaths from suicide by age group and state or territory of usual residence for the 2008–2012 period:

Table 5.2 Suicide, Number of deaths by age group and state or territory of usual residence, 2008-2012(a)(b)(c)

Age group (years)	New South Wales no.	Victoria no.	Queensland no.	South Australia no.	Western Australia no.	Tasmania no.	Northern Territory no.	Aust. Capital Territory no.	Australia(d) no.
5-14	12	14	14	2	7	3	4	1	57
15-24	326	330	394	120	237	38	65	19	1 529
25-34	552	491	522	161	298	58	54	31	2 167
35-44	681	579	637	224	340	70	41	40	2 612
45-54	670	559	540	193	299	79	26	28	2 395
55-64	432	354	366	131	190	50	9	24	1 556
65-74	262	182	191	64	93	24	10	10	836
75-84	204	143	132	54	71	23	2	11	641
85 and over	91	54	67	17	32	15	0	3	279
All ages (e)	3 230	2 706	2 864	966	1 567	360	212	166	12 073

http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3303.02012?OpenDocument

4. Initiatives and Issues in Tasmania Specifically Relevant to the Commissioner's Examination

a. Barriers which prevent children and young people from seeking help.

One of the challenges facing any regional, rural or remote area is the availability of services close to home. In planning for a new roadmap for mental health in Tasmania, consideration of new technologies in the delivery of services will be an important area of work as it will enable children, young people and their families the ability to receive services in their own home at a time that is convenient to them. There is growing evidence that suggests accessing appropriate and evidence-based online services, sometimes in addition to face-to-face services, is a useful way of reducing the stigma that is often experienced by children and young people accessing mental healthcare facilities; and in addition, this is a preferred medium for this demographic.

b. The types of programs that effectively target and support children and young people who are engaging in the range of intentional self-harm and suicidal behaviours.

There is a range of programs that can be delivered to support children and young people. The following programs, including the research component of *iCare*, are useful to examine in the context of this investigation.

iCARE is a brief, solution focused program which builds upon individual and collective strengths to foster resilience and to reduce the prevalence of self-harm. It has been implemented successfully in response to the identification of intentional self-harm as an issue within a local secondary school. The program was delivered by CAMHS in partnership with the Department of Education in Tasmania. More recently, the Department of Health and Human Services entered into a research partnership with the University of Tasmania, and other collaborators (Central Queensland University) to determine what impact an extended iCARE will have on the resilience and wellbeing of students, teachers and the school environment using a multi-faceted mental health intervention. The research project is expected to conclude on 30 June 2015 and will be of particular interest to health and education providers.

Headspace School Support (HSS) is a national initiative funded under the *Taking Action to Tackle Suicide* funding commitment of the former Federal Government. HSS is a national suicide prevention and postvention support service for secondary schools that is delivered through a national network of HSS teams located at headspace, with access to a range of evidence-based online resources, including the *Suicide Postvention Toolkit – A guide for secondary schools.*' The toolkit is designed to assist secondary schools in planning and managing their response to a completed, attempted or suspected suicide in the school community. It provides a coordinated and informed postvention response which can help schools address the needs of students and staff following suicide, which can in turn assist in reducing the risk of further suicides occurring.'

The HSS team has played a significant role in supporting schools and their communities to respond effectively to these critical incidents and to continue building resilience and solidifying internal structures and supports in the relevant school. One of the key features of the HSS approach is the delivery of training and the provision of advice during and following a critical incident.

The team actively engages with school leadership and critical incident teams to cover:

- drafting a school-specific suicide crisis response plan
- information sessions for all staff, student support staff, students and parents
- linking schools with other services in their community, and

- advice around how to word letters to parents; how to respond to social media; how to engage with their parent community; how to liaise with service providers including CAMHS; and how to manage student grief reactions.

One of the key achievements of the HSS team's activity in Hobart has been the strong relationships that have been developed with the education sector. For example, Tasmania was the first state to host a headspace School Support Reference Group focusing only on postvention suicide issues in schools. The reference group includes representatives from the various education sectors, mental health and alcohol and drug policy area and CAMHS.

Tasmania was also the first state to have a Letter of Intent signed between the Minister for Education, the Minister for Health, and the CEO of headspace. The Letter of Intent was also signed between the Director of the Office of Catholic Education Tasmania and the Director of Independent Schools Tasmania. These relationships are important and build trust between the various sectors, an important foundation for a positive working relationship in times of crises.

The other key aim of this cross sectoral reference group is to work together to develop a consistent and safe response to suicide and attempted suicide across secondary schools.

The Tasmanian Government is also involved in *Turning Point*, the *National Surveillance System for Overdose and Suicidal Behaviour (the Project)* which aims to develop, pilot and implement a population level acute mental illness and drug-related harm case monitoring system that records ambulance attendances for self-harm, suicidal ideation, suicidal intent and attempts with and without concurrent alcohol and other drug use/overdose. This project recognises that heavy substance use can double the risk of self-harm and suicide.

The methodology involves receiving ambulance records for all mental health, alcohol and other drugs and self-harm attendances by ambulances which are reviewed by *Turning Point* staff and then coded. The system provides timely data, gathers data from a range of sources, such as coroner's reports, and can be used to inform and assist with evaluating evidence based policy. The aim is that by July 2014 all states and territories will be participating in the national surveillance system. The surveillance system enables mapping clusters of harm, evaluation of policy and educational changes and linkage to other data sources such as hospital emergency department attendance and hospital admission data. The outcomes of this work will provide valuable data to inform suicide prevention interventions in Tasmania.

c. Standardised reporting of suicide data

There has been ongoing discussion at a national and state level regarding standardised reporting of suicide data, and the collection, collation and reporting of attempted suicide data. The National Suicide Prevention Strategy and the former Australian Government's response to *The Hidden Toll Report* (2010) both contain objectives and/or recommendations regarding the national standardised reporting of suicide.

Tasmania is a member of the National Committee for Standardised Reporting of Suicide (the Committee), convened by Suicide Prevention Australia (SPA), and with representation from all states and territories and the Commonwealth. The Committee has not met as a national committee for some time but SPA has been working closely with the Victorian Coronial Council on the issue of standardised reporting. This work may be of interest to the Commissioner.

d. Suicide and the media

According to the National Mindframe Media Initiative, 'there is strong support for the relationship between media reporting of suicide deaths and increases in completed and attempted suicide rates.' This is a critical issue, especially since the advent of online media and the 24/7 nature of the

media cycle. In Tasmania, the Headspace School Support (HSS) Reference Group has developed social media guidelines for managing social media following suspected, non-fatal attempted suicide or student suicide. While these guidelines are currently in draft form, it is a pro-active measure designed to assist, support and guide schools when managing issues concerning online social media.

A further issue which confronts key stakeholders, schools and families following a youth suicide is the media's ongoing management of the issue and the intended and unintended consequences that may follow. It is suggested that the media be encouraged to seek advice from key stakeholders including health professionals, education leadership teams, the relevant Coroner's office and the National Mindframe Media Initiative, to minimise the occurrence of unintended consequences.

In closing, I would like to note the ongoing commitment from agencies, community sector organisations, and the Tasmanian community regarding suicide prevention. This work can be extremely difficult and emotionally demanding, yet is such important work for the future of our young people and the health of our community.

I thank you once again for the opportunity to make a submission to this examination of a complex and difficult issue and I look forward to hearing the outcomes of the examination in due course.

Yours sincerely

Michael Ferguson MP
Minister for Health