

Submission to National Children's Commissioner on How Children and Young People Can be Better Protected from Intentional Self-Harm and Suicidal Behaviour

Persons Making Submission

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Summary of Main Points

- Family and friends are preferred sources of help for young people if they are feeling suicidal. If family and friends are to play a useful helping role, they need to be approachable, open about mental health issues and accepting of the young person. They should not show any negative attitudes or reactions that could lead to the young person feeling embarrassed about seeking their help.
- Knowledge of how best to assist a young person with a mental health problem is deficient both in parents and peers. In particular, both parents and peers commonly believe that it is harmful to ask a young person about suicidal feelings.
- Knowledge and skills in how to assist a person who is suicidal or self-harming can be improved with training. We have developed a set of Mental Health First Aid training courses for this purpose, including a course aimed at adolescents assisting adolescents and one aimed at adolescents assisting peers. Evaluations of these courses show improvements in knowledge, attitudes and behaviour. The strong evidence base of this training has been recognized internationally and it has spread to over 20 other countries.
- A parliamentary inquiry in Victoria recommended that all high school teachers receive Mental Health First Aid training, but this remains to be implemented. There have been similar recommendations in the USA and Canada.
- In recognition of the higher risk of Indigenous Australians, we have developed an Aboriginal and Torres Strait Islander Mental Health First Aid course, which has been widely disseminated. We are currently developing more adolescent-focussed training in this area.
- We believe that Mental Health First Aid training of parents, teachers and adolescents themselves needs to be widely disseminated in Australia, so that there is a supportive community available which can assist adolescents who are suicidal or self-harming, and can prevent mental health problems developing to the point of a suicidal crisis.

Relevance of the Submission to the Terms of Reference

Our submission is relevant to the following terms of reference:

3. The barriers which prevent children and young people from seeking help.
7. The types of programs and practices that effectively target and support children and young people who are engaging in the range of intentional self-harm and suicidal behaviours.
8. The feasibility and effectiveness of conducting public education campaigns aimed at reducing the number of children who engage in intentional self-harm and suicidal behaviour.

Barriers to Seeking Help

In 2011 a national survey of mental health literacy was carried out with young Australians aged 15-25 years [1]. This survey presented the participants with a description of someone their own age who was depressed and suicidal. The young people were asked whether they would go for help if they had a problem like the person described, where would they go for help, and what might stop them seeking help.

The most commonly mentioned source of help was family, followed by GPs and friends. Other sources of professional help like counsellors and mental health professionals were mentioned less frequently. These findings show the importance of informal sources of help, like family and friends. Family and friends were found to be relatively more important for adolescents than for young adults.

When young people reported on what would stop them from seeking help, the two most common reasons were feelings of embarrassment and concern about a negative reaction from the helper.

The implications of this research are that: (1) family and friends could play an important role in helping a young person who is suicidal, and (2) for family and friends to play this role, they need to be: approachable, open about mental health issues and accepting of the person, not show any negative attitudes or reactions that could lead to the young person feeling embarrassed to seek their help, and to have the knowledge and skills to offer help.

The Need for Mental Health First Aid Skills

If family and friends are to support young people who are suicidal or self-harming, they need mental health first aid knowledge and skills. We have defined mental health first aid as “the help offered to a person developing a mental health problem or experiencing a mental health crisis. The first aid is given until appropriate professional help is received or until the crisis resolves” [2]. Crises include suicidal thoughts and actions, and non-suicidal self-injury.

However, data from a national survey young people and their parents show deficiencies in mental health first aid knowledge [3]. Compared to health professionals, young people and their parents were less likely to believe that asking about suicidal feelings would be helpful and more likely to believe it would be harmful. They were also less likely to believe in the harmfulness of talking to the young person firmly.

The Mental Health First Aid Training Program

Mental health first aid skills can be improved through training. We developed the world's first Mental Health First Aid (MHFA) training course in 2001 [4]. This training is run by Mental Health First Aid Australia, a not-for-profit charity. There are now over 220,000 Australians who have received MHFA training and the course has spread from Australia to over 20 other countries where it is run by local mental health organizations. Many evaluations for MHFA training have been carried out showing that it improves knowledge of how to assist, reduces stigmatizing attitudes, improves confidence in assisting and actual assistance provided [4]. In view of this evidence for its effectiveness, MHFA training has been listed on the SAMHSA National Registry of Evidence-based Programs and Practices run by the US Government.

Initially the MHFA course was designed for adults to assist other adults, but we have since developed *Youth MHFA* for adults to assist adolescents and, more recently, *teen MHFA* for adolescents to help their peers.

Youth Mental Health First Aid

Youth MHFA is a 14-hour training course covering how to assist an adolescent developing a range of disorders (depression, anxiety problems, eating disorders, psychosis, substance use problems) or in a range of crisis situations (suicidal thoughts and behaviours, non-suicidal self-injury, panic attacks, following a traumatic event, severe psychotic states, severe effects of alcohol or drug use, aggressive behaviours). We believe it is important to teach adults how to support adolescents early, before a suicidal crisis develops, hence the emphasis on both developing mental health problems and crises. Youth MHFA training teaches the use of an action plan to assist:

- Approach the young person, assess and assist with any crisis
- Listen non-judgmentally
- Give support and information
- Encourage the young person to get appropriate professional help
- Encourage other supports

This action plan is based on a series of mental health first aid guidelines developed using Delphi expert consensus studies, including panels of consumer advocates and professionals: <https://mhfa.com.au/cms/guidelines#mhfaesc>. We have recently re-done the expert consensus first aid guidelines on how to assist a person who is suicidal or engaging in non-suicidal self-injury [5,6].

An evaluation of Youth MHFA showed that participants had greater confidence in offering help, stigmatising attitudes reduced, and knowledge about adolescent mental health problems and application of the Mental Health First Aid action plan improved [7].

As well as parents, Youth MHFA is appropriate for teachers, sports coaches, youth workers and other adults who work or interact with adolescents. Relevant to teachers specifically, The *"Inquiry into Workplace Participation By People With Mental Illness"* carried out by a Victorian Parliamentary Committee proposed that MHFA training be incorporated as part of teacher training [8]. Although we have carried out a randomized trial showing the benefits of Youth MHFA training of teachers [9], this recommendation remains to be implemented. Similar recommendations have been made by governments in both the USA [10] and Canada [11].

teen Mental Health First Aid

More recently we have developed teen MHFA to train adolescents on how to better support their peers, including peers who may be suicidal. The teen MHFA course is 3.5 hours long and is taught in high schools. This course conveys key messages that are appropriate to the maturity of an adolescent. These messages were ascertained by a Delphi expert consensus study with panels of youth mental health consumer advocates and Youth MHFA Instructors [12]. This work led to the development of a teen MHFA action plan:

- Look for warning signs
- Ask how they are
- Listen up
- Help them connect to an adult
- Your friendship is important

The films shown during this course include MATES, made by MHFA Australia:

<https://vimeo.com/77010562> showing a teenager very effectively using this action plan to help a peer who is very depressed and suicidal. An important message is that the young person should seek the help of an adult and should not take on responsibility for a peer's problem. Because the adult whose help is sought also needs to have relevant skills, teen MHFA is always taught as a part of a package, where Youth MHFA training is also offered to teachers and parents.

A pilot evaluation carried out in 2013 in 4 high schools showed that adolescents became more confident in assisting peers, more open in talking about mental health problems, stigma was reduced, and the mental health of participants improved. We are currently carrying out a randomized controlled trial with funding from Australian Rotary Health to further evaluate the course.

Aboriginal and Torres Strait Islander MHFA

In recognition of the higher risk that Indigenous Australians have of mental health problems and suicidal actions, we have also developed a 14-hour Aboriginal and Torres Strait Islander MHFA course [13]. This content of this course is based on guidelines:

<https://mhfa.com.au/cms/guidelines#mhfaatsi> developed using the expert consensus of a panel of Aboriginal mental health workers [14]. The course is taught entirely by Aboriginal Instructors. Over 14,000 people have received the course.

We have had feedback from Instructors of the need for training specifically in how to assist Aboriginal and Torres Strait Islander adolescents. Following this feedback, we have recently developed expert consensus guidelines:

https://mhfa.com.au/sites/mhfa.com.au/files/ATSI_AdolecentHelp_eversion_2014.pdf : on how an adult can give culturally-appropriate mental health first aid to an Aboriginal or Torres Strait Islander adolescent [15]. Our aim is to also develop a suicide gatekeeper intervention based on these guidelines, but this is dependent on a current application for funding.

Our Recommendations to the Commissioner

1. Mental Health First Aid training needs to be made available to all tertiary students training to be high school teachers, so that they acquire early in their teaching career the knowledge and skills to assist students who are suicidal or self-harming.

2. Teen Mental Health First Aid training needs to be made widely available in high schools, so that adolescents can support their peers who are suicidal or self-harming.
3. Adults who are in regular contact with Aboriginal or Torres Strait Islander adolescents need to have appropriate training in how to provide culturally-appropriate assistance to Indigenous adolescents who are suicidal or self-harming.
4. There needs to be population monitoring by regular community surveys of (a) the suicide first aid knowledge and attitudes of adults and young people and (b) the help-seeking preferences and perceived barriers to help-seeking of adolescents if they suicidal feelings.

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