JESUIT SOCIAL SERVICES

RESEARCH POLICY AND ADVOCACY UNIT

SUBMISSION

Intentional Self-Harm and Suicidal Behaviour in Children – National Children's Commissioner Inquiry

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Introduction

We strongly believe that suicide is preventable and have heard too many stories of opportunities that have been missed to intervene. What has been missing is sustained political will and community understanding and commitment to tackling this important issue. We welcome the Commissioner's inquiry and hope that it leads to meaningful and sustained action to prevent further unthinkable tragedies from occurring.

For over 37 years, Jesuit Social Services has worked to build a just society by advocating for social change and promoting the health and wellbeing of disadvantaged young people, families and the community. We stand in solidarity with young people experiencing mental illness and a range of other issues who are at risk of self-harm and suicide. We also support families and loved ones of people who have suicided, including large numbers of children who have lost parents to suicide.

Jesuit Social Services has strong links to Aboriginal communities, particularly in remote areas of Central Australia where it is rare to find individuals, families and communities that have not been touched by suicide. Aboriginal and Torres Strait Islander young men aged 15 - 19 years are four-and-a-half times more likely to die by suicide than their non-Aboriginal counterparts and Aboriginal and Torres Strait Islander young women of the same age are six times more likely to die by suicide than other young women (Australian Bureau of Statistics, 2012). Suicide among young Aboriginal people often occurs at an earlier age than in non-Aboriginal communities, in fact it occurs all too frequently in late childhood or early adolescence. The unique individual, social, and cultural context for Aboriginal people, particularly those living in remote communities, requires a different level of understanding and unique responses.

This year we will again be called to support parents, siblings and friends of young people who have suicided. Self-harm and suicide can strike anywhere and anyone in our community. The deep and enduring tragedy of the loss of children, brothers, sisters, friends to suicide is captured in the words of grieving mothers:

> *"We lost our boys and there is nothing we can do to change that. And, since we are mothers, we need to 'do something'. When we can't, we feel lost. And we grieve. We grieve for not being able to hug our boys one more time; we grieve for never seeing their smile, nor hearing their footsteps ever again. For us this place, where we are now, becomes so final and so unreal. None of us have ever imagined ourselves being here; but we are."*[1]

We cannot go on as we have in the past.

The Commissioner must make clear to Commonwealth, State and Territory Governments the need for decisive action to prevent youth suicide. Instead of limited and short-term responses, we require meaningful and sustained reforms, particularly in the areas of mental health and community services for young people.

[1] Contribution of a grieving mother who participated in a bereavement program to the December 2013 Support After Suicide Newsletter

We must take a whole of community approach to tackling the risk factors for self-harm and suicide. In doing so, we must also account for the fact that risk factors such as mental illness and co-morbidity; trauma, neglect and bereavement; institutionalisation; the loss of identity, culture and belonging are often most prevalent in communities characterised by disadvantage and poor levels of social cohesion.

Australia's underfunded and overly-medicalised approach to mental health and wellbeing issues neglects community based prevention and care, particularly for young people. Planning and resources must be directed towards evidence based interventions focused on engaging with all young people; listening to them; building relationships and valuing them; and supporting them over the long term as they deal with the issues that they face.

Our responses need to be grounded in culture and focused on building connections to community, particularly when aimed at preventing suicide among Aboriginal children. There also must be investment in the crucial area of postvention, as well as evidence based interventions such as bush adventure therapy and community cultural development.

Summary of recommendations

Recommendation 1: Governments must effectively plan for and adequately resource a full spectrum of evidence based services that promote the mental health and wellbeing of Australian children. This should include specialised community based support for children with complex needs

Recommendation 2: Governments must provide ongoing investment in building the skills and capacity of community services and mental health workforce, including competency to work with children and young people.

Recommendation 3: Governments must invest in targeted, culturally safe suicide prevention activities in Aboriginal communities.

Recommendation 4: Postvention services for children should form a part of the mental health service system with all Australians bereaved by suicide having the opportunity to access these services.

Recommendation 5: Where appropriate, Governments should ensure that vulnerable Australian children have access to meaningful community activity including community cultural development programs.

Recommendation 6: Where appropriate, Governments should ensure that outdoor activity and similar programs play a role in promoting the mental health and wellbeing of vulnerable Australian children.

Who we are and what we do

Jesuit Social Services works to build a just society by advocating for social change and promoting the health and wellbeing of disadvantaged people, families and communities. Our service has its origins in work with disadvantaged young people involved with the justice system in Victoria.

We do this by intervening directly to address disadvantage and by influencing hearts and minds for social change. We strengthen and build respectful, constructive relationships for:

- **effective services** – by partnering with people most in need and those who support them to address disadvantage
- **education** – by providing access to life-long learning and development
- **capacity building** – by refining and evaluating our practice and sharing and partnering for greater impact
- **advocacy** – by building awareness of injustice and advocating for social change based on grounded experience and research
- **leadership development** – by partnering across sectors to build expertise and commitment for justice

Jesuit Social Services values every person and seeks to engage with them in a respectful way, that acknowledges their experiences and skills and gives them the opportunity to harness their full potential. Jesuit Social Services works where the need is greatest and where it has the capacity, experience and skills to make the most difference.

The promotion of **education, lifelong learning and capacity building** is fundamental to all our activity. We believe this is the most effective means of helping people to reach their potential and exercise their full citizenship, and to strengthen the broader community.

Our service delivery and advocacy focuses on the following key areas:

- **Justice and crime prevention** – people involved with the justice system
- **Mental health and wellbeing** – people with multiple and complex needs and those affected by suicide, trauma and complex bereavement
- **Settlement and community building** – recently arrived immigrants and refugees and disadvantaged communities
- **Education, training and employment** – people with barriers to sustainable employment

Currently our direct services and volunteer programs are located in: Victoria, New South Wales and Northern Territory. Services include:

- ***Brosnan Support Services***: supporting young people and adults in the justice system, and assisting them to make a successful transition from custody back into the community. Within the suite of services are Perry House, Dillon House and Youth Justice Community Support Services

- ***Jesuit Community College****:* increasing opportunities for people constrained by social and economic disadvantage to participate in education, work and community life and reach their full potential
- ***Community Programs***: Working with people, including the African Australian and Vietnamese communities, on public housing estates across metropolitan Melbourne
- ***Community development*****:** delivering social enterprise and other activities in the area of Mount Druitt, Western Sydney
- ***Connexions***: delivering intensive support and counselling for young people with co-occurring mental health, substance and alcohol misuse problems
- ***Artful Dodgers Studios***: providing pathways to education, training and employment for young people with multiple and complex needs associated with mental health, substance abuse and homelessness
- ***Community Detention Services****:* delivering case management support to asylum seekers, including unaccompanied minors, in community detention
- ***Support After Suicide***: supporting people bereaved by suicide, including children and young people
- ***The Outdoor Experience*****:** offering an alternative treatment service through a range of outdoor intervention programs for young people aged 15 – 25 years, who have or have had issues with alcohol and/or other drugs
- ***Capacity building:*** activities in Alice Springs
- ***Just Leadership:*** working in partnership with community and corporate enterprises to foster leadership for a just society
- ***Jesuit Social Services volunteers:*** provides the opportunity for individuals to make a difference in the community through a range of opportunities.

Research, advocacy and policy are advanced though our Policy Unit, coordinating across all program and major interest areas of Jesuit Social Services.

Understanding self-harm and suicidal behaviour in children

Terms of Reference:

1. Why children and young people engage in intentional self-harm and suicidal behaviour

2. The incidence and factors contributing to contagion and clustering involving children and young people.

The factors which increase the risk that young people will engage in intentional self-harm and suicidal behaviour are present, albeit to differing degrees, throughout our entire community. These include individual patterns of behaviour and mental health, as well as wider environmental influences such as relationships with family, engagement in education and work, and connections to community and culture (Bridge, Goldstein, & Brent, 2006).

Unfortunately, there are have been relatively few explanations for how these complex risk factors interact and lead to suicidality (Van Orden, Cukrowicz, Witte, Braithwaite, Selby, & Joiner, 2010). There is also a need to consider in more detail the unique cultural and social contexts that influence self-harm and suicidal behaviour, particularly within Aboriginal communities (McCoy, 2007)

In recent years attempts have been made to expand aspects of thinking in this area. Of particular interest to Jesuit Social Services practitioners have been the explanations for suicidal behaviour outlined in the Interpersonal Theory of Suicide (Van Orden, Cukrowicz, Witte, Braithwaite, Selby, & Joiner, 2010). The theory is underpinned by three components, these are:

- Thwarted belongingness – the need to belong is seen as central to the development of suicidal desire. Belongingness has multiple dimensions including loneliness and the absence of reciprocally caring relationships.
- Perceived burdensomeness – a feeling that someone placed a burden to the extent that they feel like a liability on others and feel self hatred. This can be influenced by experiences of homelessness, illness, and a person's belief they are placing a burden on their family.
- Acquired capability for suicide – Overlapping risk factors will not lead to suicide in the absence of the capability for suicide which is composed of increased pain tolerance and reduced fear of death. (Van Orden, Cukrowicz, Witte, Braithwaite, Selby, & Joiner, 2010)

The authors of the Interpersonal Theory explain that risk factors operate in a dynamic and often overlapping manner to influence suicidality. It is important to note, that they have not considered how the theory might differ from or influence our understanding of suicide in unique cultures, such as remote Aboriginal communities.

From our research and experience, Jesuit Social Services would like to emphasise the nature of several prominent risk factors.

Mental illness and co-morbidity

The association between mental illness and suicide are clear from research internationally (Bridge, Goldstein, & Brent, 2006) and in Australia with three-quarters (72 per cent) of those Australians who report suicidal ideation in the previous 12 months also experiencing mental illness (Australian Bureau of Statistics, 2008). Joiner et al (2010) argue that the stigma, isolation, reduced participation in community that results from mental illness leads to thwarted belongingness and perceived burdensomeness.

The significance of mental illness as a risk factor raises questions about the support provided through health and mental health services. Counsellors in our Support After Suicide have heard too many stories from the loved ones of those who have suicided of people let down by mental health services that are not able to meet their needs.

A further issue is the prevalence of co-morbid mental health issues and drug and alcohol abuse. We know that almost two-thirds (63%) of Australians with drug and alcohol issues also have a mental disorder (Australian Bureau of Statistics, 2008), and that co-morbid substance abuse and mental health disorders are a risk factor for suicide, particularly among older adolescent males (Bridge, Goldstein, & Brent, 2006).

Experience of trauma and bereavement

Research shows that children's exposure to trauma, particularly of a severe, interpersonal and ongoing nature can lead to a range of psychological, social and behavioural problems (Australian Centre for Posttraumatic Mental Health, 2012). We see this across our work with young people. Many experience a range of mental health and behavioural problems, and sadly a common feature of their life experience is exposure to trauma from a young age. Issues of chronic harm and suicidal ideation are likely to be more common among this group (Australian Centre for Posttraumatic Mental Health, 2012), with Joiner et al (2010) concluding that experiences of trauma elevate the risk factors of thwarted belongingness and burdensomeness.

Support After Suicide works with children and young people who have experienced a unique form of trauma, the loss of a loved one to suicide. These children and young people often have higher rates of depression, anxiety, social maladjustment and symptoms related to posttraumatic stress when compared with children who are not bereaved or who are bereaved by a non-suicide death. They experience the negative effects of the loss over a prolonged period of time. Young people may withdraw and close themselves off, not knowing how to express themselves or speak about what has happened and how they are impacted. Living in a family unit or a community overwhelmed by grief, these young people fear the uncertainty of the future, afraid that someone else will die, they will be left alone, and sometimes they formulate the notion that suicide can be a viable means of dealing with problems.

Exposure to suicide, and the phenomenon of suicide clusters is a significant issue in remote Aboriginal communities. While our Aboriginal communities are incredibly diverse, in general youth suicide rates are higher and this issue also affects much younger children. Many Aboriginal families in areas of Central Australia where Jesuit Social Services work have been touched by suicide. This fact is both tragic and also normalises suicide. In this area, we have seen families affected by multiple suicides, with some families losing an entire generation to suicide (copycat suicides are not uncommon). The small and remote nature many of these communities means that people often cannot avoid seeing the place where a suicide has taken place. Grief can be compounded by this, in contract to large cities and towns where people can avoid such places and memories much more easily.

Identity, culture, holding and belonging

Identity, culture and belonging play a particularly significant role in Aboriginal communities, as Professor Pat Dudgeon notes in the Elders Report into Suicide, "*For Indigenous people, cultural identify is the foundation of who we are... Culture has become life-giving medicine for our people, closing the wounds of the past and standing us strong to face the future*" (People Culture Environment, 2014). It is not surprising, that the Elders Report into Aboriginal youth suicide came to high level agreement that the loss of cultural connections is playing a significant role in making young people vulnerable to self-harm (People Culture Environment, 2014).

From our experience working with Aboriginal communities, including in remote Central Australia we have become aware of the significance of loss of identify, culture and connections to country,

community and kin among many Aboriginal people, and the impact this can have on physical, emotional and spiritual wellbeing.

This corresponds with research by McCoy (2007) on suicide among Aboriginal men in the Kimberley region of Western Australia which focused on the importance of kanyirninpa ('holding') a deeply embedded cultural value that supported social relationships across different generations and allowed the social reproduction of desert society. This is a far more important and significant relationship for young Aboriginal men than for other young Australian men. The research identified that where kanyirninpa is lacking, young men have no one to 'hold' them and help them transition into becoming adult men and are particularly vulnerable (McCoy, 2007).

Institutionalisation

Young people experiencing institutionalisation, including those in youth justice and child protection systems are among the most vulnerable in our community. The most recent Victorian snapshot of youth in custody found 34 per cent presented with mental health issues and 28 per cent had a history of self harm or suicidal ideation. Too often these children have few, if any, caring or positive relationships in their lives. This can be worsened in care or prison, where their existence is characterised by instability, isolation, a lack of safety.

The importance of connection to community and culture for Aboriginal people, a group significantly overrepresented in the youth justice system, is also undermined by the isolating nature of these institutions. Despite efforts in many part of Australia to embed therapeutic practice in child protection and youth justice systems, it is still too common a case that children involved in these systems are treated as problems not as people.

Entrenched disadvantage and breakdown of community cohesion

While self-harm and suicide can take place among young people from all walks of life, research shows that factors such as socioeconomic status and measures of social deprivation increase risks of mental health issues among young people and attempted suicide among the entire population (Page, Taylor, Hall, & Carter, 2009) (Australian Social Inclusion Board). Again with Aboriginal communities, wider factors of disadvantage including substance abuse, sexual abuse and trauma, domestic violence trauma, acute poverty, and a lack of pathways to education and jobs all play a role in increasing risks of suicide (Hanssens, 2010).

Jesuit Social Services has found that disadvantage tends to be concentrated within specific communities throughout Australia. Our research has highlighted the web-like structure of disadvantage in extreme cases, which is illustrated by the degree of vulnerability of the 3 per cent most disadvantaged localities in Australian states compared with the remaining 97 per cent (Vinson, 2007). These areas also have the highest levels of disadvantage including unemployment, child abuse, health problems, and educational attainment. Our research also found that social cohesion has a strong buffering effect on indicators of disadvantage (Vinson, 2007). This corresponds with other research showing it is one of the most effective actions to greater health equity at a societal level (Marmot, Allan, Bell, Bloomer, & Goldblatt, 2012). Its absence presents a further risk factor for young people.

Barriers to seeking help

Terms of Reference:

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

Young people and help seeking

There are challenges in providing support to young people, especially around issues like mental health, self-harm and suicide. A major challenge is the general patterns of poor help-seeking behaviour among young people, who tend to not seek help from professional sources (Rickwood, Deane, Wilson, & Ciarrochi, 2005). It is our experience from across a range of services working with young people that they do not want to participate in professional services such as counselling and there is stigma attached to accessing professional help. There are particular issues around suicidality and help-seeking behaviours with research showing a negative association between suicidal ideation and help-seeking intentions (Rickwood, Deane, Wilson, & Ciarrochi, 2005).

Challenging help-seeking behaviours can partly be explained by levels of emotional competence in young people (Rickwood, Deane, Wilson, & Ciarrochi, 2005). From our experience delivering mental health programs such as Connexions and the Artful Dodgers we have observed that young people often lack awareness and insight into the nature of problems that they are experiencing.

Help-seeking among the most vulnerable

Issues with seeking and accessing help are often the most acute for the highly vulnerable young people who access many of our services. Mental health issues are often only one of many overlapping issues experienced by these young people. This is made clear from a snapshot of young people in the prison in Victoria (Youth Parole and Youth Residential Board Victoria, 2013) which shows not only high prevalence of mental health issues (35 per cent) and self harm and suicidal ideation (27 per cent), but that these overlap with alcohol (91 per cent) and drug issues (88 per cent), experiences of abuse, trauma and neglect (64 per cent), disengagement from education (67 per cent), and disability (9 per cent).

These same young people are often isolated or lack positive social connections. Research shows that peers often provide an important source of assistance for young people with mental health issues but that young people with serious issues often have friendships characterised by conflict, cognitive distortion and poor-social cognitive problem solving (Rickwood, Deane, Wilson, & Ciarrochi, 2005).

Case Study 1(a): The challenges highly vulnerable young people experience

The story of a participant in Jesuit Social Services Young Mens Assertive Outreach Program (YMAOP) highlights the complex challenges that many young people face.

is a young man aged 21. childhood was traumatic: he was emotionally and sexually abused by family members; grew up in a home where family members chronically abused drugs and alcohol and suffered from severe mental illnesses. He was bullied and isolated at school; and was denied the conventional joys of a healthy childhood like playing sports, spending time in the

outdoors, trying a musical instrument etc. By the way he has been treated, has, in effect, received a consistent message throughout his life: "you a loser", "you are without value", "no one cares about your existence", "no one thinks you're a good person".

On account of this, , now a 21-year-old young man entering adulthood, faces many deep and complex challenges. All of these challenges are underwritten by feelings of hopelessness, loneliness, lack of self-worth, and an utter lack of love and support in his life. He is homeless, addicted to cannabis, chronically depressed and at times psychotic, morbidly obese and socially anxious.

He has also experienced suicidal ideation frequently over the past years. He has been hospitalised for his psychiatric illness numerous times. left school aged 16, has never had a job, has no vocational skills, and relies on the Disability Support Pension.

His daily life consists of long hours of sleeping and lying in bed, eating a poor diet of takeaway and frozen foods, smoking cannabis when he can get it, playing computer games and watching movies. He does not have any friends, other than one person whom he suspects uses him for drugs.

Sadly, for vulnerable people in our community like , the complexity of their situation and lack of family and community connections mean that it is often support services that can provide a pathway to seeking help. However, as the next section will show, inadequate support systems can often present further barriers to seeking help.

Community barriers

Young peoples' individual barriers to seeking help for self-harm and suicidal ideation can be further compounded by inadequate level of support that is provided to them.

This often begins at a much wider level in the community. Young people tend to seek help with family members and peers in regards to mental health, self harm and suicidal ideation (Rickwood, Deane, Wilson, & Ciarrochi, 2005). It is positive that progress appears to have been made in improving community awareness of mental health issues, with surveys showing community members ability to recognise and understand the causes of mental health problems has improved over the past two decades (Reavley & Jorm, 2012). Nonetheless, the fact that so many young people still fall through the cracks emphasises the need to improve the understanding and capacity of the family, peers and community gatekeepers to provide the support and understanding that young people need. A crucial issue here is social stigma, around both mental health problems and suicide in particular which is something we encounter in much of our work.

Systemic barriers

The nature of professional support that is available also impacts on the capacity of young people to seek help. Too often, young people we work with are poorly served by mental health and other services. They do not feel respected as human beings, listened too, and provided with the support that they need. *Obsessive Hope Disorder*, a community led reflection on mental health and reform in Australia concluded that there are far too many systemic failures in mental health leading to large service gaps and levels of unmet need (Mendoza, et al., 2013). This has significant implications for help seeking, with Australian research showing that poor past experiences when seeking

professional help itself influences a young persons help seeking (Rickwood, Deane, Wilson, & Ciarrochi, 2005).

The inadequate availability of professional support is a particular issue for highly vulnerable young people with complex needs. Too often services lack the resources and capacity to engage and provide the level of support that these young people need. Jesuit Social Services originally established Connexions, Victoria's first dual diagnosis outreach and counselling service, in response to the fact that young people suffering from mental illness and substance abuse issues were being pingponged from one service to the other, instructed first to deal with the mental illness and then return to deal with the drug problem, and vice versa. Connexions outreach workers engage with young people, support them to find the help they need and to live positive lives in the community. From our experience delivering Connexions over nearly two decades, it has become clear that many of the young people we work with are not looking for help. So work with them demands determination and compassion in finding them and building good relationships.

Barriers in remote Aboriginal communities

The nature of support and services provided in remote Aboriginal communities can present further barriers to people seeking help. Experience shows that community driven and led initiatives are the most successful at working with young people in remote communities (Closing the Gap Clearinghouse, 2013). Top down, fly-in fly-out, one size fits all responses are simply not good enough to meet the diverse needs of remote communities.

Language barriers are an obvious, major problem, particularly when working with young people in suicide prevention. Not only do many young people in remote communities speak English as a second language, there are also different interpretations of English words which can cause significant problems around service providers' interpretation of young people's feelings and experiences.

Preventing Self-Harm and Suicidal Behaviour in Children

Terms of Reference:

7. 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.

9. The role, management and utilisation of digital technologies and media in preventing and responding to intentional self - harm and suicidal behaviour among children and young people

Building blocks for effective programs and practice

In our work, Jesuit Social Services works with vulnerable young people to address many of the risk factors that may lead to self-harm and suicide. We do this through a range of targeted interventions that aim to reduce vulnerabilities and build resilience. Through our practice experience, and informed by research, we have discerned key factors which underlie effective practice in addressing the vulnerabilities and risks of suicide.

These include:

- engaging with young people where they are comfortable, providing easy access to services through soft entry points
- the need for holistic and sustained responses that build young people's capabilities to deal with the issues that they face
- the importance of relationships and connection to family and community for personal development
- the strong link between an individuals health and wellbeing and that of their social, emotional, spiritual, physical/built, economic and natural environment
- the importance of being listened to and active participation in decision making and processes of change
- the need for a differential response based on gender, culture and how immigration or indigenous status may have affected integration into community life
- the need for cultural competence, including employment of a culturally diverse workforce

While these key factors may seem relatively straightforward, their implementation is often challenging, particularly when working with young people with complex behaviours who may require highly intensive support. The Young Men's Assertive Outreach Program (YMAOP), discussed in the case study below, worked intensely with vulnerable young men at risk of homelessness and demonstrates the challenges of this approach in reality.

Case Study 1(b): Effective support for at risk young people

The second part of the story of a participant in Jesuit Social Services Young Mens Assertive Outreach Program (YMAOP) highlights what is requires to engage with and support highly vulnerable young people.

When YMAOP first had contact with he was living in a rooming house with his mother and two other strangers. His mother was mentally unwell; was suicidal and would not leave the house. was the only person to care for his mother.

In August, new residents moved into the rooming house who were heavy heroin users. The man would bash the woman, and make violent threats to They would shoot up around the house, leaving syringes on the floor and on the cushions of the couches. They would play loud heavy metal music all day. At this time, began to feel intolerably unsafe within the house.

At this time, Sean began to engage with YMAOP more, seeking help. YMAOP reconnected him with a mental health service, moved him out of the rooming house, gave him some nights of reprieve at a motel while attempting to negotiate the housing system to find him a safe and more appropriate place to stay. Youth refuges were full, public housing would be years off, THM waitlists were months even years from delivering anything. The only option was another rooming house. YMAOP managed to get him a room in a community rooming house, which although not ideal, was a safer place than the previous private rooming house.

However, challenges continued. He became very unwell, sinking further into the depths of depression, feeling alone in the world, without value, without purpose. He had no social contact other than with YMAOP workers. His family had abandoned him completely. YMAOP were assisting

him in getting to mental health appointments weekly. At the time YMAOP staff were checking in with him everyday with a phone call, and seeing him 1-2 times per week.

This is the human work of YMAOP, and the prime purpose was to give people like a sense of dignity, a sense that there were people who cared about him, who valued him, who thought he was a good person, who enjoyed his company, and wanted to spend time with him.

At one stage, YMAOP had not heard from for many days, he was not returning calls. YMAOP paid a visit to his room, knocking on the door. When he answered, was in a terrible way; he had been spending days on end in his room with the blinds drawn, not showering, not eating properly, not moving from his bed. The YMAOP worker managed to bring him out of the house to go for a walk. Sean was severely suicidal, and YMAOP encouraged and supported him to seek proper mental health assistance and he was eventually hospitalised that day.

Eventually, YMAOP supported in finding a room at a Youth Refuge, which provided him, among other things, with much needed exposure to social contact with young people, and was a safe supported living environment with 24 hours staff. YMAOP, wherever possible, also focused on trying to get back to basics with getting into a healthier lifestyle.

After a long road, mental health has stabilised, but is likely to go on facing many challenges, especially with his mental health, social anxiety, trauma from childhood abuse, and disenfranchisement from employment, training and education pathways.

Unfortunately, programs like YMAOP are the exception rather than the rule when it comes to supporting highly vulnerable young people. Indeed, this program only had funding for two years and so ended in 2013. Too often the support that young people need is absent, or if it exists, is inadequate to meet their needs. We have identified two key recommendations for action to realise effective programs and practice in promoting the mental health and wellbeing of children and preventing suicide.

Recommendation 1: Governments must effectively plan for and adequately resource a full spectrum of evidence based services that promote the mental health and wellbeing of Australian children. This should include specialised community based support for children with complex needs

Multiple reviews of mental health systems over several decades have consistently identified the need to improve access to services and to resource a spectrum of mental health focused including prevention and community care (Mendoza, et al., 2013). However, mental health funding still lags well behind fast growing funding of other health services and there are unresolved issues around a genuine community approach to mental health. Many support services working with young people with mental health issues do not receive mental health funding.

For young people, the development of Headspace has provided one avenue for prevention and early intervention in the health and wellbeing of young people. We are not in a position to comment on the effectiveness of this model, but believe that it must not be seen as the end point of mental health services for young people. It must be complemented by other initiatives, particularly specialised community based support for young people with complex needs.

It is particularly concerning that mental health reform with the stated aim of improving access and coordination may in fact achieve the opposite. Victoria's recent reforms to community mental health services are seeing the rationalisation of mental health services with specialist and intensive responses for young people being replaced with a more generic medical focused model.

Recommendation 2: Governments must provide ongoing investment in building the skills and capacity of community services and mental health workforce, including competency to work with children and young people.

Effective practice with young people with mental health issues requires a highly skilled professional workforce. In spite of the best intentions of government there seems to have been only limited and patchy improvement in workforce capacity, capability, deployment and sustainability across the wider mental health service systems (Mendoza, et al., 2013).

Jesuit Social Services has seen first-hand, the significant improvements in practice effectiveness that can be achieved through building workforce capacity. We have been able to build the capacity of our frontline workers through the federally funded Improved Services Initiative. One area of focus of this initiative has been enhancing the capacity of our workforce to effectively identify and treat comorbid substance use and mental illness. This has been achieved through training and intensive supervision.

Preventing self-harm and suicidal behaviour in Aboriginal communities

Higher rates of youth suicide and the unique individual, social, and cultural context of Aboriginal people, particularly those living in remote communities, demands a unique response to this issue.

In communities where we work, people have said that they want targeted, culturally safe, suicide prevention activities and that a one-size fits all model will not work for remote communities. The Elders Report took this view, noting that these local responses should be grounded in culture and led by elders in remote Aboriginal communities,

> *"We need culturally appropriate suicide prevention programs, which are developed by Indigenous communities."* – David Cole, Central Desert, NT

Community based wellbeing programs that have been shown to work are those that focus on the social, emotional, cultural and spiritual underpinnings of community wellbeing (Closing the Gap Clearinghouse, 2013).

The Elders report highlighted a range of other community-based programs that are showing promise throughout different remote communities in Australia. Further work is needed to evaluate these approaches and identify in more detail the elements that contribute to their success (Closing the Gap Clearinghouse, 2013). This should inform planning and development by remote communities of their own responses to this challenging issue.

In addition to these dedicated culture focused interventions, all organisations need to build cultural competency. Jesuit Social Services works to embed culturally appropriate responses into our work through practices and resource material that are respectful of, and attentive to, cultural considerations. Across our organisation we are building awareness of the circumstances from which the people that we work with have come, such as trauma, extreme disadvantage or displacement,

and how this might impact on their relationships with other people and the community. We are ever mindful of cross cultural dynamics and differences in relation to religion, gender and culture and ensure that these things are taken into account when working with young people and their communities.

Recommendation 3: Governments must invest in targeted, culturally safe suicide prevention activities in Aboriginal communities.

The critical need for postvention support for young people

For every person who dies by suicide, there is left behind a myriad of people touched by the tragedy – spouses and partners, children, other family members, friends, workmates and the local community. It has been conservatively estimated that for every suicide, on average, another 14 people will be severely affected by intense grief. Other studies propose this figure to be much higher, ranging from at least five to as many as 100 individuals bereaved by suicide. Of particular concern is evidence that the risk of suicide is increased in those close to the person who died, with estimates that this may be as high as four times for young people who experienced the suicide of a close friend or relative.

Postvention involves activities developed by, with, or for suicide survivors, in order to facilitate their recovery after suicide, and to prevent adverse outcomes including suicidal behavior (Andriessen, 2009). An emerging field of research from both Australia and internationally is demonstrating the impact that postvention services have on people bereaved by suicide. This includes reductions in emotional distress as well as improvements in their mental health and wellbeing.

For the past decade, Jesuit Social Services *Support After Suicide* program has provided individual and group counselling and support to families and individuals bereaved by suicide including particular programs developed for young people.

The *Support After Suicide* program aims to:

- reduce the stigma and isolation experienced by those bereaved through suicide
- assist people to understand their reactions and responses to the trauma of suicide
- assist people to create, discover or rebuild meaning, identity and purpose post the suicide
- strengthen the capacity of professionals and support people across a range of health, welfare and education sectors to respond effectively to suicide bereavement
- increase awareness of and understanding about suicide and the experience of bereavement following suicide.
- reduce the risk of further suicides in families of those already bereaved by suicide.

In the last year, *Support After Suicide* has provided:

- support to 522 people (256 of these were new referrals)
- 4,000 episodes of support, of which 67% were face-to-face counselling
    - over 1,200 of these client contacts were held in the outer suburbs of Melbourne
    - over 200 were home visits
- more than 60 group sessions involving over 300 people with some groups specifically targeted to children, young people or men

- information sessions attended by 225 bereaved people
- an online community website which currently has almost 400 members from around Australia
- an information website www.supportaftersuicide.org.au that received close to 40,000 visitors.

The lessons from Jesuit Social Services experience and current research highlight the need for flexibility in timing, service types and the delivery of age appropriate services for the suicide bereaved. Also vital, is the opportunity for people bereaved by suicide to have contact with one another to share their stories, experiences, pain and loss as they try to come to terms with what has happened.

Suicide bereaved children and young people often have higher rates of depression, anxiety, social maladjustment and symptoms related to posttraumatic stress when compared with children who are not bereaved or who are bereaved by a non-suicide death. They experience the negative effects of the loss over a prolonged period of time. They need particular care and this has to be provided in age-appropriate ways.

Young people may withdraw and close themselves off, not knowing how to express themselves or speak about what has happened and how they are impacted. Living in a family unit or a community overwhelmed by grief, these young people fear the uncertainty of the future, afraid that someone else will die, that they will be left alone, and sometimes they formulate the notion that suicide can be a viable means of dealing with problems.

Case Study 2: Postvention for young people

aged 15

was referred to Support After Suicide following a phone call from her school counsellor. Her father had taken his own life a year earlier and she was depressed, was self-harming by cutting and was at risk of suicide.

wanted to meet other young people who had lost a parent to suicide as she was feeling isolated and alienated from her peers in school. She attended the Adventures camp program on several occasions and was able to keep in contact with the other young people on a private group page of the Support After Suicide Facebook page.

She requires ongoing support due to issues with depression, family conflict and in response to bullying at school. Also, the relationship with her father was complex as before he died he was physically and emotionally abusive to her and her mother.

Supporting has involved on-to-one counselling which has focussed on the grief and trauma of her father's death, family counselling to assist in the development of supportive relationships and communication, and arranging contact with other young people bereaved by suicide.

There have been times when there was an increased risk of self-harm and suicide. Providing understanding and support has been crucial in minimising the risk. She has needed to feel understood, connected as opposed to isolated, alone and misunderstood. It has required a high level of expertise to respond appropriately to her.

has stated on more than one occasion that she was seriously considering suicide herself before she attended the first Adventures camp. Over time, the risk of suicide has reduced. Self-harm behaviour has stopped. Other outcomes include: improved quality of life, reduced adverse/dysfunctional behaviours, changed attitudes and outlooks, enhanced relationships, increased level of activity, and she has been enrolled in a more appropriate school where there is no bullying.

Support After Suicide has assisted to meet other young people bereaved by suicide, has reduced her sense of isolation, been able to understand her experience of loss, grief and trauma which has reduced her risk and has provided her with ways to both meet and maintain contact with other young people.

Research from both Australia and overseas is demonstrating the effectiveness of these postvention programs, particularly for young people (Szumilas & Kutcher, 2011) (Pfeffer, Jiang, Kakuma, Hwang, & Metsch, 2002). A recently completed evaluation of Support After Suicide found that between 16% and 20% of a survey groups of clients reported that they were no longer felt suicidal as a result of participation in this program. There are also economic benefits from getting suicide postvention right - a recent Australian study has shown that a postvention service in Queensland generated a cost saving of $803 per user through reductions in absenteeism and the use of other health services (Comans, Visser, & Scuffham, 2013).

Recommendation 4: Postvention services for children should form a part of the mental health service system with all Australians bereaved by suicide having the opportunity to access these services.

Meaningful community activity and connection

At Jesuit Social Services we have found community cultural development is an effective model for engaging marginalized young people who have both mental health and drug and alcohol problems in art-based projects that provide opportunities for expression and healing and also result in enhanced community connectedness and wellbeing.

The Jesuit Community College 'Artful Dodgers Studios' is an early engagement program delivering support to young people aged 15-27 with mental health and other complex issues. The Studios provide foundation learning skills in a flexible and creative environment. Young people work with experienced artists and musicians to explore and develop their creative skills whilst also having access to wrap-around support and assistance to access education, employment and training, and other services. This unique approach suits young people who need personal support, meaningful activity, and social connection, and who are not necessarily ready to seek clinical help.

The Artful Dodgers Studios is a safe space where they can spend time, engaging in creative interests alongside professional artists, making connections, developing skills and exploring opportunities for further training. This is mental healthcare without the 'white coat'. We refer when needed, but our focus is to provide personal care for people who don't fit into mainstream mental health services.

Participants at the Studios are involved in all decisions made in relation to their participation in creative projects and events. This engagement is an integral part of the program model, as it

supports participants to gain an increasing sense of 'self', and self confidence, and to recognise their value as cultural contributors in the community.

Evaluation results have found that the programs achieve positive outcomes for long-term participants in terms of improved skill development, mental health, housing circumstances, family connectedness, decreased drug use and offending behaviour, and strengthened engagement in mainstream education, training and employment activities.

This corresponds with reviews of the role of the arts in social inclusion, with a significant body of evidence demonstrating that arts initiatives and activities play a role in achieving social inclusion outcomes for disadvantaged individuals, groups and communities. "*The arts are being employed in diverse ways to empower individuals, heal communities, foster social connections, create employment and encourage educational participation. The specific benefits of arts initiatives appear to be that they are overwhelmingly viewed positively by participants and they provide important interactive contexts in which difficult social issues can be addressed."* (Barraket, 2005)

Recommendation 5: Where appropriate, Governments should ensure that vulnerable Australian children have access to meaningful community activity including community cultural development programs.

Bush Adventure Therapy

Jesuit Social Services has been conducting Bush Adventure Therapy programs for over twenty-five years through its *Outdoor Experience* program. A mix of short-term and longer-term programs are offered to young people aged 15 to 25 years from diverse backgrounds including Indigenous young people. The aims of The *Outdoor Experience* program (TOE) are to:

- Minimise the harmful impact of drug and alcohol use
- Develop effective practical skills for day to day living
- Facilitate a process of change and personal growth.

The majority of young people involved in TOE programs present with a history of challenging life circumstances, where by substance misuse is perhaps more a symptom of their struggles rather than an issue in isolation. Depression, suicide ideation, anxiety and psychosis seem to be a common factor linking many of these young people.

The bush environment has health and healing benefits in its own right. Research indicates that contact with nature promotes health and wellbeing in the following ways:

- Nature contact provides physiological benefits:
- Assists recovery from mental fatigue and restores concentration
- Increases healing for patients who previously had not responded to treatment
- Has recuperative qualities
- Enhances positive outlook on life
- Assists with ability to cope with and recover from stress, illness and injury
- Improves productivity. (Maller & Townsend, 2002)

Bush adventure programs are gaining worldwide recognition as an effective approach to engaging people struggling with a variety of difficult life circumstances, in a participatory process of change. A combination of nature, small groups and adventure activities are found to provide powerful experiences of learning and change in educational and therapeutic contexts (Pryor, 2005).

Recommendation 6: Where appropriate, Governments should ensure that outdoor activity and similar programs play a role in promoting the mental health and wellbeing of vulnerable Australian children.

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