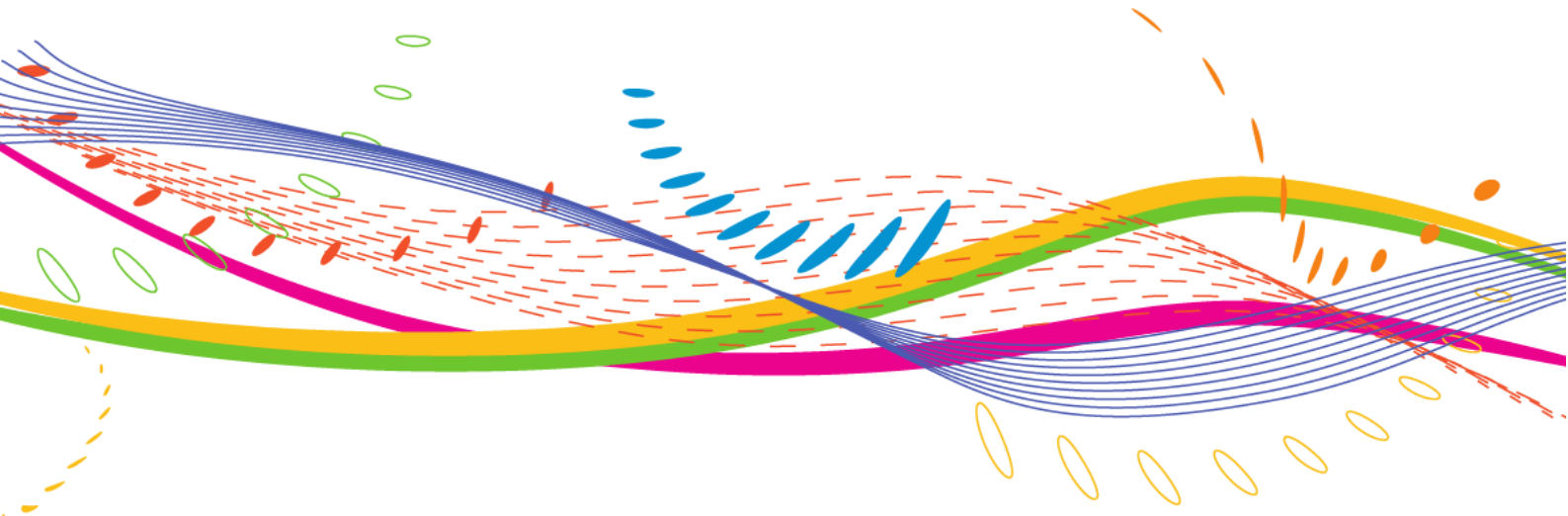
headspace submission to:

National Children's Commissioner's examination of intentional self-harm and suicidal behaviour in children

June 2, 2014

For further inquiries please contact:
Cassie Redlich
Senior Policy Advisor
headspace National Office



headspace National Youth Mental Health Foundation is funded by the Australian Government Department of Health under the Youth Mental Health Initiative

Introduction

headspace welcomes the opportunity to provide a submission to the National Children's Commissioner's examination of how children and young people can be better protected from intentional self-harm and suicidal behaviour. While the scope of this examination is broad and seeks input on a range of issues related to intentional self-harm and suicidal behaviour, this submission has focused on those areas most relevant to the work and objectives of **headspace**. The submission concludes with a summary of **headspace** position statements and recommendations for the Commissioner's consideration.

headspace recognises the serious issue posed by self-harm and suicidal behaviour in young people, not only in regards to the impact on young people engaging in these behaviours but also to their families, friends and communities. Intentional self-harm and suicidal behaviour in young people can be indicative of a range of underlying issues, and therefore it is important that young people presenting with these behaviours have access to appropriate, responsive services that can provide holistic assessment and evidence-based early intervention. It's also important that those around them, including their families and communities, are informed about appropriate help-seeking pathways for young people in order to facilitate access to services at the earliest possible opportunity. By intervening early, **headspace** believes that the risk of more serious long term physical and psychosocial consequences and the need for more intensive interventions and hospitalisations can be greatly reduced.

The terms 'intentional self-harm' and 'suicidal behaviour' are not consistently defined within the literature, and are therefore not necessarily understood in the same way across different contexts or service settings. **headspace** views the difference between self-harm and suicidal behaviour as the *intent* behind the behaviours. In the vast majority of cases, self-harm is a strategy used to cope with underlying distress and not a suicide attempt. In many cases, people use self-harm as a way to survive rather than to end their life. **headspace** acknowledges however, that there is a relationship between self-harm and suicide that does need to be taken into consideration. Self-harming behaviour can lead to more serious injuries than were intended by the individual, and this can put their life at risk. Intent is also not always clear, especially for young people who are more likely to act impulsively on strong emotions without much thought of consequences or planning. Young people who engage in self-harming behaviours are however at greater risk of attempting suicide at some point in the future than young people who have never self-harmed. A thorough assessment and treatment from a trained mental health professional is vital in determining and managing risk and addressing the underlying emotional or mental health problems.

About headspace

headspace *aims to improve young people's mental, social and emotional wellbeing through the provision of high quality, integrated services when and where they are needed.*

headspace was initiated in 2006 as a response to concerns that young people were not accessing mental health services despite a high level of need. As such, the model of service has been developed to provide new pathways to care which are engaging, appropriate and accessible to young people and their family and friends. **headspace** centres are based on strong collaborative networks of community-based agencies, with each centre overseen by a consortium of relevant local services allowing for variation and flexibility to meet the particular needs of the local community. Agencies are often co-located within **headspace** centres, spanning the four core service streams of mental health, physical health, alcohol and other drug, and vocational support services. This creates the mechanism to locally weave together a range of Commonwealth and State funded initiatives that aim to support young people in a way that can respond to holistic needs through a single access point and create seamless pathways for young people.

Since 2006, **headspace** has helped more than 100,000 young people through its three major program areas. There are currently 65 **headspace** centres nationally providing GP, allied health and other psychosocial support services, with 90 projected to be operating by 2015. The **eheadspace** program extends the reach of **headspace** by providing access to evidence-based mental health services online and via telephone for those young people who don't feel ready to attend a centre or who prefer to engage via online chat, email or phone. The **headspace** School Support program assists school communities and staff across the country to deal with the complex issues following a suicide.

Key Activities:

- Providing young Australians with a coordinated and integrated service which addresses health and wellbeing needs
- Promoting local service reform to meet the needs of young people
- Creating awareness and educating young people about how and when to seek help
- Providing an extensive and accessible web-based resource targeting young people, but also providing resources for families, teachers and practitioners.
- Reviewing evidence and interventions to provide Australians with the most up-to-date information on youth health, reported through our website
- Giving young people a voice by providing opportunities to participate in shaping service delivery
- Training professionals in working with young people

- Ensuring that youth mental health issues are prioritised by influencing policy direction and service sector reform

The first Independent Evaluation of **headspace** in 2009 [1] was favourable in its view of the **headspace** model, its acceptability among young people, and the quality of care provided across the four core streams. A second major external evaluation is currently underway.

Responses to areas of key interest

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

Deliberate self-harm

headspace understands intentional self-harm in young people to generally be a response to intense emotional or psychological distress, and considers it a behaviour rather than an illness. The term is used to describe a range of self-harming behaviours regardless of their intention, and the behaviour alone does not necessarily provide information about the cause or the nature of the distress.

There are many reasons why young people self-harm, and various behaviours are used by different people for different reasons at different times. There is some evidence to suggest that there is a neurological connection between cutting and the release of endogenous opioids in the brain [2]. This may help to explain why self-harm can have a calming effect on some people and can become a coping strategy that is difficult to give up. There is also evidence to suggest that some self-harming behaviour is not done with conscious awareness, and that a young person may not understand or be aware of the nature of their distress. They may have a strong wish to escape difficult or painful feelings without necessarily wanting to die.

Self-harm may also be symbolic or be seen as a protective behaviour. The capacity to bear painful feelings through using self-harm may be protective for some young people and help them to avoid a more serious attempt on their life [3]. While self-harm may be effective in the short term for some young people, it is likely to increase their negative feelings towards themselves and may exacerbate symptoms and distress in the longer term. While self-harm is a behaviour and not an illness, many

young people engaging in self-harming behaviour may have an underlying mental health problem such as anxiety and/or depression.

Suicidal behaviour

headspace defines a suicide attempt as deliberately causing harm to oneself with the intent of ending one's life. Suicide attempts and self-harming behaviour are not the same, however it can be difficult to be certain about the young person's intent and all self-harm should be taken seriously as it is likely to have implications for the young person's future safety. Self-harming behaviour is common, with approximately 10% of adolescents having attempted suicide and approximately 30% having had suicidal thoughts at some stage in their life [4]. Australian females aged between 16-24 years have the highest rate of suicidal thoughts, plans and attempts, while males have a higher rate of completed suicides [5]. Those who have attempted suicide have an increased risk of making further attempts and are at greater risk of completed suicide [5].

The reason young people attempt suicide is often complex and difficult to understand. Common stressors include experiencing mental health difficulties such as depression, anxiety or bipolar disorder, having difficulties coping with distressing life events or trauma, relationship breakdowns, experiences of bullying, problems at school, and feeling isolated or alone. Young people who attempt suicide are generally likely to be experiencing a combination of these, resulting in them feeling overwhelmed and unable to cope.

The impact of suicide also extends to family members, friends and peers [6,7]. Suicide-bereaved people tend to struggle more with the meaning of the death, guilt, blame (from self and others) for not preventing the death, feelings of rejection [8], isolation and abandonment, anger towards the deceased [9],and complicated grief [10]. They frequently experience slower recovery than those bereaved by other types of death [6].

Contagion and clustering involving children and young people

Suicide contagion refers to the process whereby one suicide or suicidal act within a school, 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. While it's a rare phenomenon, young people seem to be more vulnerable to suicide contagion than older people. This is largely 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 which

in turn increases the risk of suicide. The adolescent peers of those who attempt suicide attempt or die by suicide have reported significantly more suicide-related behaviour than those who have not been exposed to the suicidal act of a peer [11], and contagion has been reported to be a key factor in as many as 60 per cent of all suicides in the adolescent population [12].

Factors that contribute to suicide contagion

The most significant factor contributing to suicide contagion appears to be the glamourising or romanticising of suicide that can occur in the process of communicating about a suicide death. This does not happen intentionally – it's common for people to remember the positive things about someone who has recently died and to focus less on the difficulties they may have been experiencing. While giving positive attention to a young person who has taken their life can seem well meaning, it has the potential to encourage suicidal thoughts and behaviour in vulnerable young people who may then view suicide as a solution rather than a tragedy.

Reducing the risk of suicide contagion

headspace has identified and recommends a number of strategies to reduce the risk of suicide contagion in a school or community. These include:

• Identification and monitoring of young people at increased risk;

• Appropriate support and treatment for young people at risk including initial one-to-one support for distressed students as well as ongoing treatment by mental health clinicians;

• Appropriate reporting of suicide in the media; and

• Well considered provision of information that is age and culturally appropriate, including:

  – Clear, concise and timely provision of information so that inaccurate information and distress are minimised;

  – Factual information, without unnecessary detail, to be provided as soon as possible; and

  – Information to be provided to small groups, with close friends and family being told individually prior to this.

headspace believes that avoiding discussion of suicide with young people does not help manage the risk of suicide contagion. Many people believe that talking to young people about suicide will put the idea into their minds, but if a suicide has occurred amongst their friends or peers young people will already be thinking and talking amongst themselves about it. Providing permission and a safe place for

young people to talk about their feelings can actually reduce distress, and may decrease the likelihood that suicide will be romanticised in their minds.

The **headspace** School Support program works with schools that have experienced a suicide to provide information around suicide contagion and to support the implementation of such strategies aimed at reducing the risk of suicide contagion. The program is discussed in more detail below.

Barriers preventing children and young people from seeking help

We know from research investigating patterns of help-seeking in young people that there are both barriers to help-seeking and factors which facilitate accessing care [13, 14]. While some are more relevant to young people engaging in self-harm or suicidal behaviours, these factors are common to young people experiencing emotional or psychological distress generally.

Young people often have problems recognising mental health difficulties, which may be due to poor mental health literacy, denial of the need for support or treatment, or lack of knowledge regarding mental health services and how to access them. Young people who self-harm don't necessarily identify themselves as needing help, with one study finding that a quarter of adolescents engaged in self-harming behaviour did not think they had a serious problem [15]. Developmentally, young people generally have a preference for self-reliance and autonomy, resulting in them not wanting help from others or not wanting to burden others with their problems. They can also have fears around asking others for help or be fearful of the response they may get from the source of help. Stigma and embarrassment can equally create a barrier to help-seeking behaviour, with young people worrying about being judged by others, including care providers, and having concerns regarding the privacy of the information they disclose. Confidentiality is a particular issue for young people engaging in intentional self-harm and suicidal behaviours, as there may be a lack of clarity for both clinicians and young people around the limits to confidentiality when risk-taking behaviours and thoughts of suicide are disclosed.

A number of factors have also been shown to facilitate help-seeking in young people. These include good knowledge of mental health problems and awareness of the need for help, and past positive experiences of help-seeking by the young person. Social support and encouragement to access help is also important, as well as a good relationship with service staff and trust that their information will be treated confidentially.

headspace believes that consideration of the barriers and facilitators to help-seeking in young people is vital in the development of services and programs which engage young people and are appropriate in meeting their particular needs. If the barriers to help-seeking can be addressed, young people experiencing emotional distress are more likely to access help earlier when difficulties first arise. This can help prevent more serious long-term problems from developing, including deliberate self-harm and suicidal behaviours, which may then be more difficult to treat or require more intensive interventions. The **headspace** model of service has been developed in line with evidence on help-seeking behaviour in young people to help address and overcome the barriers identified. As such, **headspace** centres and programs are intended to have a youth-friendly approach that prioritises young people's participation in their own treatment as well as in service development and quality improvement. Emphasis is placed on community awareness activities both from a national and local perspective in order to improve mental health literacy and understanding of pathways to care, and activities are directed not only at young people but also those who are likely to support them accessing care such as family, friends and teachers. Training and professional development for **headspace** staff further ensures that services are engaging and responsive to the particular needs of young people, and that clinicians feel confident in delivering evidence-based interventions to young people and their family and friends.

Additional barriers to help-seeking in vulnerable or marginalised young people

For some young people, the common help-seeking barriers are exacerbated and additional barriers exist, which increases the risk of poorer outcomes due to untreated mental health problems and/or underlying distress. The following groups are identified as having significant unmet need with respect to mental health care: Aboriginal and Torres Strait Islander (ATSI), culturally and linguistically diverse (CALD), identify as lesbian, gay, bisexual, transgender, queer or intersex (LGBTQI), are homeless, have alcohol and other drug issues, and who live in rural and remote areas [16–22]. **headspace** believes that an understanding of individual differences with respect to accessing and engaging with mental health care is vital for the development of strategies to ensure equal access for all young people. For young people who are particularly vulnerable, common barriers are heightened, including a stronger concern over stigma and shame, fear that one's needs will not be met and concerns over confidentiality and privacy. Factors which increase access and engagement with services include increased community awareness, confidence in the provision of services, and a strong alliance with those providing services. **headspace** believes that addressing the specific needs of vulnerable groups and increasing their access and engagement with services is essential to reducing risk associated with self-harm and suicidal behaviours and for the provision of holistic mental health care.

Programs and practices that effectively target and support young people engaged in intentional self-harm and suicidal behaviour

Despite the prevalence and burden of intentional self-harm and suicidal behaviour in young people, there is limited evidence to support best practice or inform clinical management of young people presenting with these behaviours [23]. Interventions with limited evidence are often regarded as "best practice" in clinical management, including strategies such as 'no-suicide contracts' in schools and emergency 'green cards' providing guaranteed access to inpatient care [23]. Given the seriousness of self-harm and suicidal behaviour, **headspace** believes there is a pressing need to develop, implement and evaluate programs and interventions that address these behaviours in order to build a robust evidence base for effective interventions across the prevention and early intervention spectrum. To this end, the **headspace** School Support program and SAFEMinds project have been developed based on the best research available and with built-in research and evaluation components in order to contribute to a stronger evidence base and ensure continuous quality improvement.

headspace School Support

The prevention of suicide has been a national priority in Australia for some time, beginning with the National Youth Suicide Prevention Strategy [24], and continuing with the National Suicide Prevention Strategy [25]. More recently a parliamentary inquiry into youth suicide in Australia called for a stronger and more strategic focus on the prevention of youth suicide across Australia [26], a key outcome of which was the development of the **headspace** School Support service. Schools are regarded as an obvious and accepted environment for implementing suicide prevention initiatives for young people [27].

The development of the **headspace** School Support model drew on a systematic review of the literature relating to suicide prevention in school settings [28], plus a national consultation of stakeholders from both the suicide prevention and education sectors. The aim of the review was to identify those school-based suicide prevention interventions which had the strongest evidence. The study identified 43 studies that reported on the effectiveness of school-based interventions for suicide-related behaviour, classified into four categories: 1) Universal interventions that targeted whole student populations with the aim of increasing knowledge and awareness of suicide and how to seek appropriate help for feelings related to suicide, either in oneself or in a friend or a peer; 2) Selective interventions that focused on either training school wellbeing staff to better identify and support students at risk of suicide ('gatekeeper' training); or screening studies that sought to specifically identify young people at risk; 3) Indicated interventions that provided treatment to students already demonstrating suicide-related behaviours; and 4) Studies that reported on a postvention response in a school setting.

Overall, the review found that whilst the universal education programs targeting students did appear to increase knowledge and awareness of suicide and various help-seeking options, concerns about their safety led to the conclusion that further testing was required before broad implementation occurred. With regard to the selective interventions, screening programs designed to identify vulnerable students did show some potential although the acceptability and feasibility of their implementation in school settings was questionable. Gatekeeper training however was found to be a widely accepted suicide prevention approach, including in schools, having already been a focus of the national approach to suicide prevention in Australia for some time.

The stakeholder consultations consisted of two overlapping phases. Phase one identified the needs of secondary schools after a suicide and highlighted relevant policies and current programs. The findings from phase one and the results from the evidence review informed the development of the draft **headspace** School Support service model. This model was then presented to stakeholders in phase two of the stakeholder consultations. Overall, those consulted across both phases indicated there was a genuine need to provide additional and specialised support to schools affected by suicide. Stakeholders identified the following as key areas of need: coordination and planning including guidance in managing and delivering communication; up-to-date resources; assistance developing linkages internally within schools as well as between schools and outside services; and guidance in speaking to the media. In the longer term, stakeholders more frequently described the needs of schools after a suicide in terms of support for developing policy or response plans. Participants identified the need to for school staff, parents and the wider community to have the knowledge, skills and confidence to respond to a suicide. Indigenous, remote or rurally isolated, refugees and gay, lesbian, bi-sexual, transgender and intersex young people were highlighted as at-risk populations who may require extra support or specialised resources when affected by suicide. Participants agreed that **headspace** School Support should have a holistic community approach, engaging families, local services, community members and neighbouring schools. There was also strong support for the training component of the service, with teachers identified as the preferred target group. The final model was developed and adjusted in-line with both the evidence review and the input and feedback from the stakeholder consultations.

The overall aim of the **headspace** School Support service is to support secondary schools that have been affected by a suicide. The service was established with funding from the Federal Government's Department of Health, and represents a world first in the area of support for schools affected by a suicide. The service is described as a suicide 'postvention' service, a term used to refer to the activities that serve to reduce the consequences of a traumatic event, such as suicide [6].

The **headspace** School Support service seeks to provide secondary schools across Australia with suicide postvention, prevention, and early intervention support in an effort to minimise the adverse consequences of a suicide. Its overall mission is to reduce the rates of suicide among Australian secondary school students, and they key objectives of the service are to:

1. Develop and deliver best practice with regard to suicide postvention, prevention and early intervention in schools
2. Assist secondary schools to manage their response to a suicide
3. Assist schools to identify and support students who may be at increased risk of suicide
4. Improve the knowledge, skills and confidence of secondary school staff in managing issues related to suicide
5. Build and strengthen the relationships between schools and their local networks in order to facilitate effective support and referral pathways for students at increased risk
6. Work with state, territory and national bodies to address policy and strategic directions, in order to improve the ways in which schools work with at-risk students

These objectives are achieved through activities across the program's clinical, educational and preparedness components which are delivered via email, phone and face-to-face in all Australian states and territories:

Preparing – customised response plans developed for individual schools, and engagement of Education Departments and authorities in the program. Preparedness staff meet with a small team from each school, and work together through a number of resources developed by School Support that are designed to put plans in place and allocate tasks and responsibilities in the event of a suicide.

Responding – support, coordination and delivery of immediate, short and long term support to schools following a suicide.

Capacity – Building the capacity, skills and knowledge of teachers, welfare staff and school leadership teams through the delivery of education and training.

Resourcing – Providing resources and supports to those who are well placed to respond to young people.

Evaluating – Ensuring delivery of evidence-based services and contributing to the evidence base for postvention support.

Comprehensive data are recorded about the services **headspace** School Support provides to schools. To date, School Support has had contact with approximately 1,600 schools across the country and provided support to hundreds of school representatives in relation to a completed suicide, attempted suicide or death. Additionally, a rigorous evaluation of School Support is currently being undertaken.

This is exploring: awareness of and perceived need for the service; satisfaction with School Support written resources; satisfaction with postvention support provided by the service; impact on knowledge, awareness and skills; and the effectiveness of gatekeeper training provided by the service. Early indications are that School Support is filling a gap in the area of suicide support for schools, and is well received by secondary schools across the country.

SAFEMinds: Schools and Families Enhancing Minds

SAFEMinds is a newly launched learning and resource package which has been developed by **headspace** in partnership with the Victorian Department of Education and Early Childhood Development (DEECD). The development of SAFEMinds arose out of a recognition by DEECD that despite the current mental health promotion and postvention programs available to schools, there remained a gap in support for young people. This meant that young people requiring early mental health support, prior to reaching the critical response stage, may not have been receiving the type of support they required. **headspace** has sought to address this gap with the funding provided, expanding on its existing programs to further support the mental health of young people. The package combines a targeted range of training and a comprehensive toolkit of resources to support and enhance the capacity of school communities to effectively identify children and young people with early signs of mental health issues, in particular mild mood disorders and self-harm, and to offer school-based interventions and refer appropriately to other services as required.

The package utilises an early intervention approach, with strategies designed to assist children and young people with emerging mental health problems before they develop into more serious illnesses. In focusing interventions towards schools and families, it also recognises the important role that schools play in the social and emotional learning of young people and the importance of family relationships on the wellbeing of young people. The overall aims of SAFEMinds are:

- To enhance early intervention mental health support for children and young people in schools, specifically regarding mild mood disorders and self-harm
- To increase engagement of parents and carers with schools to more effectively support their child's mental health, and
- To develop clear and effective referral pathways between schools and community youth and mental health services.

The resources in the SAFEMinds package have been developed around an early intervention approach *NIP it in the bud!* which incorporates three main components related to the process of responding to emotional distress in children and young people:

Notice – identifying changes in mood and behaviour that may indicate a child or young person is having difficulties managing emotional distress

Inquire – talking sensitively and competently with the child or young person about their circumstances

Plan - appropriate management and referrals within or outside the school setting to support the child or young person

Resources and materials particularly addressing deliberate self-harm include a *Responding to Self Harm in Schools Flowchart*, which provides a step-by-step process to guide schools when responding to incidents of self-harm and the ongoing support of the young person and the broader community. The Flowchart links to other resources within the package to guide decision making around support and referral for students expressing emotional distress through self-harm. The SAFEMinds *Safety Map* is another useful tool that can be utilised by school staff alongside the Flowchart to help determine the significance of a student's emotional distress and how to respond appropriately.

The rollout of SAFEMinds through Victorian secondary schools will commence in June 2014, however **headspace** believes that there is a need for a national implementation plan for this package in order to ensure that young people in all states and territories who are displaying self-harming behaviours and other indications of emotional distress are able to access appropriate support as early as possible. The capacity to leverage from existing infrastructure, experience and programs, and to work in partnership with other organisations that support the mental health and wellbeing of young people make **headspace** the most appropriate organisation to undertake this work at a national level.

Feasibility and effectiveness of conducting public education campaigns aimed at reducing the number of young people who engage in intentional self-harm and suicidal behaviour

There is a lack of robust evidence to support conducting public education campaigns aimed at reducing numbers of young people engaging in self-harm and suicidal behaviour. Evidence, in fact, suggests there may be risk associated with campaigns which provide information about deliberate self-harm and suicide to those who have not experienced these behaviours. As such, **headspace** believes that public education campaigns aimed at improving mental health literacy, raising awareness of appropriate referral pathways and addressing the barriers to help-seeking for young people experiencing emotional distress and mental health difficulties are a more effective way of utilising resources and addressing the issue of deliberate self-harm and suicidal behaviour. If education campaigns are able to improve knowledge amongst the general public of how to identify mental health difficulties in young people and

how to support those young people to access appropriate care, then it is more likely that problems will be addressed early and the risks of more serious problems developing will be reduced. This is also consistent with research showing that young people experiencing emotional distress or suicidal thoughts are more likely to seek help from informal supports such as peers and family [13].

The **headspace** 'We've Got Your Back' awareness campaign is an example of an initiative which has been effective in raising awareness of mental health services and increasing numbers of referrals for treatment. It was developed drawing on established behaviour-change theory, and has focused on positioning **headspace** as being a safe place for young people to talk about their feelings, access services and confidently refer their friends. It was seen as important to position **headspace** as an appealing option to young people - relevant to their individual experiences, values and culture and existing in spaces in which they already felt comfortable. At the heart of the campaign has been research and continuous evaluation, with testing to-date showing the campaign to be effective in improving awareness of **headspace** (2% - 51% in the target group over 2 years) and increasing referral numbers, thereby expanding the reach of services and increasing the likelihood of good outcomes for young people experiencing mental health difficulties.

The role of digital and online technologies in preventing and responding to self-harm and suicidal behaviour

The high cost and issues of access associated with delivering face-to-face interventions for any mental health problems have seen a rise in the development of innovative interventions utilising digital and online technologies, particularly around the delivery of internet-based CBT for difficulties including self-harm and suicidality in young people [23]. While there is currently insufficient evidence as to the efficacy of web-based interventions for treating or preventing mental health problems in young people, the emerging evidence suggests this area holds promise. **headspace** believes high priority should be given to developing, implementing and evaluating safe and effective web-based interventions for young people experiencing mental health difficulties including self-harm and suicidal behaviours.

This is in line with the **headspace** position that young people should have access to support and services at the times and in the spaces that suit them, which includes the online space. The development of the **eheadspace** program in 2010 was a reflection of this position, with the program utilising web and telephone-based technology to extend the reach of evidence-based services to those young people who are unable or unwilling to access office-based services, including particularly vulnerable groups such as those in regional and remote communities. **eheadspace** is staffed by youth

mental health clinicians, and in keeping with the existing **headspace** platform employs a stigma-free, youth-focused, family-inclusive approach. Clinicians provide online and telephone support to young people experiencing serious mental health issues, as well and their family and friends, via email, live web-chat and a 1800 phone line from 9am to 1am 365 days of the year. **eheadspace** currently provides interventions to approximately 1200 young people per month, with two thirds of users not having previously accessed mental health care. Additionally, eheadspace is providing an effective pathway to in-person services, with a significant number of young people receiving online support subsequently referred to, or provided with information on other in-person services or referred to a headspace centre. This is particularly important for those young people reporting deliberate self-harm or suicidal behaviours, where risk may be more appropriately assessed and managed in a face-to-face setting following their initial engagement.

headspace believes the continued support for the delivery and evaluation of innovative online interventions such as the **eheadspace** program is vital in order to improve the evidence base for effective online interventions for young people experiencing mental health difficulties including deliberate self-harm and suicidal behaviour.

In conclusion:

headspace position

- **headspace** believes that self-harm and suicidal behaviours need to be understood as indicators or 'red flags' of underlying emotional distress, rather than disorders or illnesses themselves. As such, programs and interventions addressing self-harm and suicidal behaviours need to be flexible and incorporate thorough assessment in order to determine the cause of the behaviour and the appropriate response.
- **headspace** believes that it is vital that young people displaying any type of emotional distress, including self-harm and suicidal behaviours, are able to access appropriate, youth-friendly early intervention services in order to reduce the risk of more serious problems developing in the future.
- **headspace** believes that programs and interventions responding to deliberate self-harm and suicidal behaviour in young people need to be tailored to the specific developmental needs of young people and address the barriers that prevent young people from seeking help.
- **headspace** believes that those young people who are particular vulnerable to experiencing emotional distress and/or are particularly difficult to engage in mental health treatment require targeted strategies which address their specific needs. This includes young people in out of

home care, LGBTQI young people, young people from CALD backgrounds, Aboriginal and Torres Strait Islander young people, and young people with disabilities.

- **headspace** believes that programs and interventions aimed at addressing deliberate self-harm and suicidal behaviour need to be informed by evidence-based practice and incorporate research and evaluation components in order to help build a more solid evidence base in this area.

Recommendations

- **headspace** recommends that continued support be provided to youth-specific early intervention models of mental health service delivery in order to ensure that young people displaying deliberate self-harm and suicidal behaviours are able to access timely and appropriate interventions before more serious problems develop.
- **headspace** recommends that public awareness campaigns be aimed at improving mental health literacy and raising awareness of appropriate referral pathways for young people experiencing emotional distress and mental health difficulties in order to ensure timely access to services.
- **headspace** recommends that support be directed towards the development, implementation and evaluation of programs and interventions that address deliberate self-harm and suicidal behaviours in order to build a robust evidence base for effective interventions across the prevention and early intervention spectrum. This includes interventions utilising new technologies and delivered in the online space.
- **headspace** recommends that ongoing funding be provided to the **headspace** School Support program to continue to expand its capacity to provide suicide postvention, prevention, and early intervention support to schools and to further contribute to the evidence base for interventions.
- **headspace** recommends that the *SAFEMinds: Schools and Families Enhancing Minds* package be adopted and implemented at a national level in order to ensure that young people in all states and territories who are displaying self-harming behaviours and other indications of emotional distress are able to access appropriate support through their schools and communities.

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