

Before It's Too Late

By Sara Barila

Suicide is the number one cause of death for young people aged 15 to 24 in Australia; in 2005 accounting for approximately 20% of all deaths in that age bracket. Every year in Australia, suicide claims approximately 2,000 lives – more than road traffic accidents and skin cancer.

Traditionally, the media has refrained from reporting on suicide in the fear that it will romanticise the act and encourage others to do so. However, labelling the topic taboo sees suicide become society's unspoken shame; and the stigma surrounding both suicide and mental health issues continues to fester. We lose 2,000 Australians every year. It is time we seek an alternative solution: early intervention initiatives for those at highest risk - our youths.

Released in July, 'Before It's Too Late' reports on early intervention programs aimed at preventing youth suicide. The authors, the Standing Committee on Health and Ageing, were provided extensive research and confidential accounts of experiences of young people who battle mental health issues or have contemplated taking their own lives. The report notes that mental health and suicide prevention receive less mainstream policy attention and "seemingly less funding" than road safety and sun protection campaigns. The report also highlights the urgent need to improve Australia's mental health literacy.

Whilst suicide accounts for just 1.5% of all deaths in Australia, and suicide in children under 15 is rare, the suicide rate for youths between 15 and 24 is alarming. Boys are more at risk than girls; in 2009, 76.6% of suicides were young males. However, for people of non-English speaking backgrounds, the rate for suicide attempts is higher for girls. Suicide is more common in youths than adults, regardless of gender.

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Indigenous youths aged 12 to 24 have suicide rates up to four times higher than their non-Indigenous counterparts. Youths between 15 and 24 who live in rural and remote locations are at higher risk, with suicide rates triple that of those in cities. Youths living in socioeconomically disadvantaged areas are also at higher risk.



Youths at increased risk:

- Individuals with mental illnesses (especially depression and anxiety)
- Victims of bullying and discrimination
- Youths with low self-esteem
- Gay, lesbian, bisexual, transgender and intersex youths
- Socially isolated or homeless youths
- Those in the juvenile justice system
- Those with drug and alcohol problems
- Youths who have experienced trauma
- Individuals who engage in self-harm, or have previously attempted suicide

Early Intervention

There are three categories of early intervention programs: individual, group and universal. Individual intervention focuses on individuals who display a recognised risk factor. Group intervention focuses on specific communities with a higher risk of suicide. Universal intervention targets the entire population with two purposes; reaching those who may be at risk of suicide, but display no obvious risk factors, and promoting general awareness of suicide and how to support those at risk. The report states that all three strategies are vital to tackling youth suicide.

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Report Recommendations

The report makes 10 recommendations, including:

- ACARA include social development education and mental health as a core component of the national curriculum for primary and secondary schools.
- Mental health education for senior secondary students include specific components assisting them in the transition from school

into the workforce or higher education, and to make them aware of the full range of services available to assist them.

- That teachers receive mandatory training on mental health awareness, including specific training to develop their capacity to recognise and assess suicidal risk.
- The Government consult and engage young people to further develop approaches to youth suicide prevention as part of the National Suicide Prevention Strategy; and to develop new youth suicide prevention initiatives.
- The Government establish partnerships between the departments of education and community-based service providers to ensure continuity of care for school leavers by referring students to external counselling services, where appropriate.
- The National Committee for the Standardised Reporting of Suicide consider extending the scope of suicide data to include information on ethnicity, culture, geography and educational attainment.

Although stating that the youth suicide rate has been in decline since 1997, the report deems current rates unacceptably high. The report notes three key principles to embed in current and future youth suicide prevention programs:

Collaboration – The report encourages collaboration between governments, service providers and youth. One example of the need for collaboration is the difficulty youths face at transition periods (e.g. leaving school or turning 18) when they are no longer the responsibility of one organisation, but are unsure of where to find support next. The report notes that youths are slipping through the gaps, and that this must be remedied.

Mental Health Literacy – Mental health literacy refers to a person’s knowledge and abilities to recognise and manage mental health issues. Evidence suggests that the public is generally lacking in mental health literacy, and the improvement of this is essential to youth suicide prevention.

‘Gatekeeper’ Training – Refers to the people who have regular contact with young people including family, friends, teachers, youth workers and sports coaches. The report states that ‘gatekeepers’ have a responsibility to monitor youths, and to ensure they are aware of the services available to them.

If you require assistance or further information on suicide prevention or mental illness contact your GP or:

Lifeline: 13 11 14 or www.lifeline.org.au

Kids Helpline: 1800 55 1800 or www.kidshelp.com.au

For more information visit www.beyondblue.org.au ■