Submission to the Legislative Assembly Select Committee on Youth Suicides in the NT

Prepared by the Inspire Foundation

1. Introduction

The Inspire Foundation is pleased to have the opportunity to make a submission to the Legislative Assembly Select Committee on Youth Suicides in the NT, and commends the NT Parliament for taking the opportunity to explore this critical issue.

The Inspire Foundation is a national non-profit organization with the mission to help young people lead happier lives. Established in 1996 in response to the then escalating rates of youth suicide, we were the first organization in Australia to utilize the internet to deliver a mental health service.

Our flagship program, **ReachOut.com,** is a proven, effective, early intervention service targeting young people aged 14-25. Launched in 1997, ReachOut.com receives over 1.3 million site visits per year – directly supporting around 1 500 young people in the Northern Territory in the last year alone.

Young people are at the centre of all Inspire does — as partners in the development and delivery of all our work. Our programs utilise young people's preferred medium — the Internet and related technologies — to reach young people, build trusted social brands that are part of their landscape, and target the factors that are known to positively impact on their mental health and wellbeing. Inspire's work is evidence - based and underpinned by research and evaluation, conducted in partnership with leading academic institutions and research centres.

In addition, Inspire last year led a successful bid to establish the Cooperative Research Centre for Young People, Technology and Wellbeing ('the CRC'), which includes a multidisciplinary team of academic partners including Orygen Youth Health Research Centre (Professor Pat McGorry and Professor Helen Herrman), Brain and Mind Research Institute (Professor Ian Hickie), and Australian National University (Professor Helen Christensen). International partners include the Inspire USA Foundation (Dr Susan Keys) who currently work with Johns Hopkins University (Professor Phil Leaf)[1].

The CRC research program is underpinned by a belief in the strengths and capacity of young people. The program acknowledges the importance of conducting empirical research but also has a broader mandate to translate already existing knowledge and new research into easily accessible products, services and policy that will benefit young people. The CRC is driven by young people, academics, youth organisations and services, business and government who share the vision for a society that embraces the potential of technology to connect communities and enable all young Australians to grow up safe, happy, healthy and resilient. The research program develops an International framework that explores the potential of technologies, the role it plays in the lives of young people and how its potential can be harnessed to address many of the major social challenges facing young people.

The information and recommendations presented in this submission have been developed as a result of Inspire's extensive experience working with young people and sector partners to deliver effective technology-based programs aimed at improving young people's mental health and wellbeing. The research informing and experience of implementing Inspire's flagship program Reach Out means that the organisation has a unique contribution to make to this Inquiry in regard to youth suicide. To that end this submission will especially focus on the role that internet and associated technologies can play in ensuring the adequacy and appropriateness of youth suicide prevention programs.

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[1] The CRC is worth $100 million over five years, $27 million of which has been contributed by the Department of Innovation, Industry, Science and Research. The CRC launched in July 2011.

2. Summary of Recommendations

On appropriate and effective services and programs more broadly:

1. That mental health promotion, prevention and early intervention programs and strategies be prioritised as key planks in any suicide prevention strategy.

2. That investment be made in programs and initiatives designed to tackle stigma and break down the other barriers to help-seeking that exist for young people.

3. That consumer (youth) participation be considered essential to the design, development and delivery of programs and services.

On the role of technology in delivering cost effective, impactful mental promotion and suicide prevention services:

4. That new and emerging technologies, including the internet and mobile phones, be seen as enablers of young people's mental health and wellbeing and an important setting in which mental health promotion and suicide prevention can be undertaken.

5. That ICT based services be viewed as a powerful compliment within a range a mental services across the spectrum of promotion, prevention and intervention;

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3. The Mental Health and Wellbeing of Young People

The Australian Institute of Health and Welfare reports that adolescent depression is one of the most frequently reported mental health problems; with an estimated 481,600 Australians aged 18- 24 currently living with an affective anxiety or substance abuse disorder. This represents approximately 26.5%; one in four young people in this age group[2]. Experiences of mental health problems such as depression can lead to other serious problems including substance abuse, social withdrawal, a breakdown in family and personal relationships and poor academic and work performance. Untreated mental health problems are implicated in many cases of youth suicide.[3]

Suicide is defined as the intentional taking of one's own life. Suicidal behaviour is a broader term and includes self-inflicted and potentially injurious behaviours. Research shows that in an average year 12 classroom (thirty students), at least one young person will have attempted suicide[4]. In 2007, 245 young people aged 15-24 took their own lives; 187 young men, and 58 young women. While youth suicide rates have declined by 57% since 1997, suicide remains the leading causes of death among young people under the age of 30. Further, the research shows that amongst young people, there are groups who are at considerably increased risk of suicide, in particular:

- lesbian, gay, bisexual, transgender and intersex (LGBTI) youth, who are 6 times more likely to attempt suicide[5]; and
- young men, whose rate of suicide is 3 times that of young women[6].

Mental health problems, including depression, often have their onset in mid to late adolescence and early adulthood. More than 75% of lifetime cases of mental illness commence before the age of 25, yet a large proportion of these young people do not seek help from a professional. Young people themselves tell us that there are several barriers that prevent them from seeking help, including:

- stigma;
- lack of understanding about health problems;
- concerns about privacy, confidentiality and feeling embarrassed about what a professional might think;
- fear that 'nothing will help';
- feeling that problems are to personal to be talked about; and
- physical constraints, including a lack of money, geographical barriers and service waiting times.

> **If I had a problem, I'd put it off until it was really bad and I just couldn't handle it anymore. I probably wouldn't like the idea of going to someone and talking about my problem. I'd try and handle it as best I could until I realise it's over my head.**
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> **Male - age 19**

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[2] Australian Institute of Health and Welfare (AIHW) 2007, Young Australians: Their health and wellbeing, Australian Institute of Health and Welfare (AIHW), Canberra, Cat. no. PHE 87

[3] Rao, U., Daley, S.E., & Hammen, C. (2000). Relationship between depression and substance use disorders in adolescent women during the transition to adulthood. Journal of the American Academy of Child and Adolescent Psychiatry, 39,215–222.

[4] Sawyer, M., Arney, F., Baghurst, P., Clark, J., Graetz, B., Kosky, R., Nurcombe, B., Patton, G., Prior, M., Raphael, B., Rey, J., Whaites, L., and Zubrick, S. 2000, Mental Health of Young Australians, Commonwealth Department of Health and Aged Care, Canberra

[5] Dyson, S, Mitchell, A, Smith, A, Dowsett, G, Pitts, M, Hillier, L 2003, Don't ask, don't tell. Report of the same-sex attracted youth suicide data collection project, Australian Research Centre in Sex, Health & Society, Melbourne.

[6] Source: Australian Bureau of Statistics (2009) ABS. Causes of Death. Publication 3303.0, Australian, Viewed 12/11/09
http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/970540FBE241B359CA257410000FBB30?opendocument

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Left untreated, mental health problems worsen, impacting significantly on the quality of a young person's life, including their relationships with family and friends and educational and vocational pursuits. Often young people self medicate with alcohol or drugs, finding themselves in a vicious cycle of depression, anxiety and substance use. Suicide may result.

Accordingly, a specific focus on prevention and early intervention is necessary in order to reduce youth suicide and youth and adult mental health difficulties in the long term.[7] Furthermore, it is critical that the underlying barriers to help seeking are addressed, and the youth suicide programs are developed in such a way as to overcome those barriers. In our experience delivering ReachOut.com we firmly that believe that such programs will be most successful if they are designed and delivered with the young people that they seek to impact on.

Recommendations:

- That mental health promotion, prevention and early intervention programs and strategies be prioritised as key planks in any suicide prevention strategy.

- That investment be made in programs and initiatives designed to tackle stigma and break down the other barriers to help-seeking that exist for young people.

- That consumer (youth) participation be considered essential to the design, development and delivery of programs and services.

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[7] Burns, J.M., Andrews, G., & Szabo, M. (2002). Depression in young people: What causes it and can we prevent it? Medical Journal of Australia, 177(7), S93-S96; McGorry P., Hickie, I.B., Yung, A.R., Pantelis, C., Jackson, H.J. (2006). Clinical staging of psychiatric disorders: a heuristic framework for choosing earlier safer and more effective interventions. Australian and New Zealand Journal of Psychiatry, 40, 616-622.

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3. The Role of ICT as a Tool and Setting for Mental Health Promotion and Suicide Prevention

Technology has significantly changed the way in which Australia's 4.2 million young people aged 12 to 25 interact with one another and the world around them. Almost all young Australians are online, with 90% of 16 – 29 years olds using the internet daily for a range of activities including obtaining information and establishing and interacting with their social networks[8]. Mission Australia's annual Survey of Young Australians shows that the proportion of young people who view the Internet as their top source of advice and support grows strongly from year to year.

On the other hand, what hasn't changed much for young people is their rate of help-seeking for mental health difficulties. As mentioned earlier, the research shows that whilst one in four young people aged 16 to 24 will experience a mental disorder[9], 70% - 80% of those same young people are unable or unwilling to receive clinical care[10]. This problem is further compounded in the case of young men and those living in rural and remote areas of Australia, a reality that is borne out in the high rates of suicide amongst those populations.

It is therefore critical that priority is given to investing in the kinds of services that young people find comfortable, safe and easy to use. Inspire's experience in delivering ReachOut.com provides one case study that online services meet that criteria and make a positive difference to young people experiencing a mental illness.

Last year ReachOut.com helped over 500 000 young Australians, over 32 per cent of whom live in a rural or regional location. 75 per cent of these young people were found to be experiencing high to very high levels of distress, and many were suicidal. This suggests that ReachOut.com is reaching young people who despite feeling extremely distressed, are not yet ready to access traditional phone-based or face-to-face services.

Encouragingly, Inspire's User Profiling Survey also found that the service was having a positive impact on mental health literacy – an important precursor to help-seeking. In addition, young people using ReachOut.com reported feeling less socially isolated and better informed about how and where to get help. Thus ReachOut.com - along with other online services - form a critical part of a young person's pathway to appropriate care and play a crucial role in reaching the millions of young people currently missing out on traditional services.

There are a number of other advantages to online service delivery that further underscore their importance in a comprehensive mental health response. Available 24 hours a day and able to absorb huge demand at little cost, online services are an ideal complement to other reforms in mental health. Furthermore, they are comparatively inexpensive, with the cost of online health delivery up to 50 times more cost effective for governments than traditional mental health services. And with the roll out of the national broadband network, it is likely that further opportunities will emerge to develop and deliver new methods of service delivery that can reach and engage large numbers of people at low cost.

[8] Nielson (2010a) The Australian Internet & Technology Report – Edition 12, The Nielson Company.

[9] Moffitt, TE., Caspi, A., Taylor, A., Kokaua, J., Milne, BJ., Polanczyk, G. and Poulton, R. (2010) How common are common mental disorders? Evidence that lifetime prevalence rates are doubled by prospective versus retrospective ascertainment. Psychological Medicine, 40: p.899–909

[10] Rickwood, DJ., Deane, FP. and Wilson, CJ. (2007) When and how do young people seek professional help for mental health problems? Medical Journal of Australia, 187(7)

"At 15 years old, I hated the world, I hated myself. I was trapped in a deep dark hole of depression. I was miserable, scared and felt so alone. I withdrew from life. I could not turn to my friends or my family. I felt like I had no-one except for my one wish.

What I dreamed and wished for every day made my home life and depression bearable. It was something I clung on to. It was my hope. My wish was that when I went to sleep I would not wake up in the morning and that I would no longer have to face another day.

When people ask me how I came to be involved in Inspire or how I found ReachOut.com, I usually just answer "I stumbled upon it on the internet". This is true, but it's not the whole truth. I have finally come to a point in my life where I can answer without the of judgment and no longer feel the shame or guilt.

The day I came across ReachOut, I was searching for a way to end my life. 'Suicide', 'quick' and 'easy' were the three words I typed hoping I could find my exit from this world. Amongst my search results I found ReachOut.com.

ReachOut.com is not just another website; I like to think of it as a journey. I know for me, when I first started to engage with the site I mainly used fact sheets and stories to gain an understanding of what was happening to me. As time progressed I felt more and more comfortable and started to engage in a different way and started to use the online community forums, where I felt safe enough to explore the issues I faced, and other young people were able to provide support and encouragement. This eventually led me to seeking help in my community through counseling.

Today when I go to sleep I no longer wish that I will not wake up. In fact, I am excited about what the next day will bring."

Female – age 24

Recommendations:

- That new and emerging technologies, including the internet and mobile phones, be seen as enablers of young people's mental health and wellbeing and an important setting in which mental health promotion and suicide prevention can be undertaken.

- That ICT based services be viewed as a powerful compliment within a range a mental services across the spectrum of promotion, prevention and intervention;

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