

Embrace Kids

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Suicide prevention for young people in Western Australia

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Telethon Kids Institute

Youth suicide in WA: background

- <u>Definition</u>: suicide-related behaviours include suicidal thoughts, suicide attempts and deaths by suicide
 - Self-harm is a related behaviour that is often included within suicide prevention research
- Suicide is the leading cause of death for youth 15-24 years in WA
- This has been increasing over the last 10 years
- Some groups of young people are at an increased risk of suicide, e.g., Aboriginal, LGBTQA+ and homeless young people
- How can we fix this?





Embrace @ Telethon Kids Institute

Vision: A mentally healthy future for *all* children and young people

Embrace is Western Australia's first research collaboration devoted to the mental health of children and young people ages 0 to 25.

Why do we need Embrace?

- Half of all mental illness begins before the age of 14
- 75% of people with mental illness develop symptoms before the age of 25
- In WA, suicide is the leading cause of death in young people ages 15 to 24 year





Childhood and young adulthood - presents the greatest opportunity for prevention and early intervention for mental health concerns.

For children and young people to achieve their best possible mental health, Embrace aims to:

- Identify the origins and causes of mental health difficulties in children and young people.
- Develop and test new interventions for children and young people with mental health difficulties.
- Facilitate effective and efficient translation of findings into clinical practice and policy.



Young people informing suicide prevention in Western Australia

7 MercyCare



Commissioner for Children and Young People Western Australia







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Government of Western Australia North Metropolitan Health Service Mental Health, Public Health and Dental Services Youth Mental Health



- Describe the current understanding of youth suicide in WA;
- Describe what is known to be effective in reducing youth suicide;
- Identify what is working well and gaps in the current youth suicide prevention approach; and
- Recommend strategies for reducing youth suicide in WA.



Project informed by:

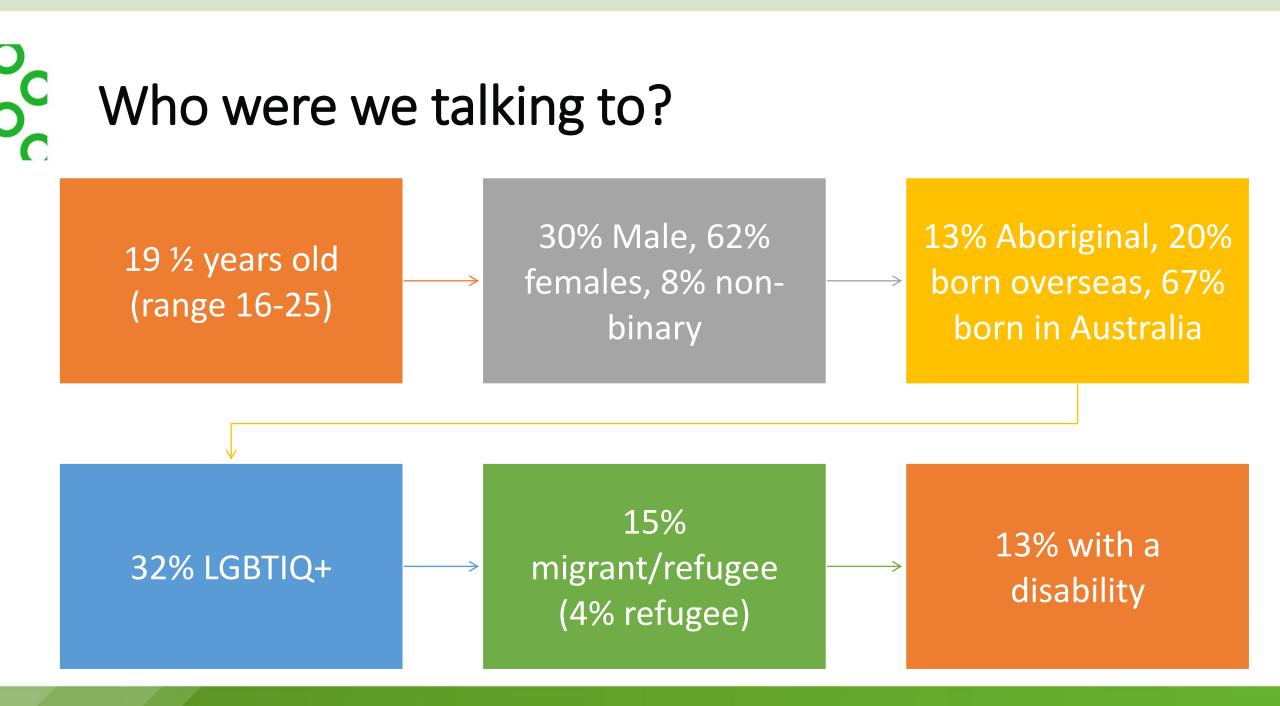
Focus Group Discussions (n=11) with young people aged 16-25 (n=55) accessing

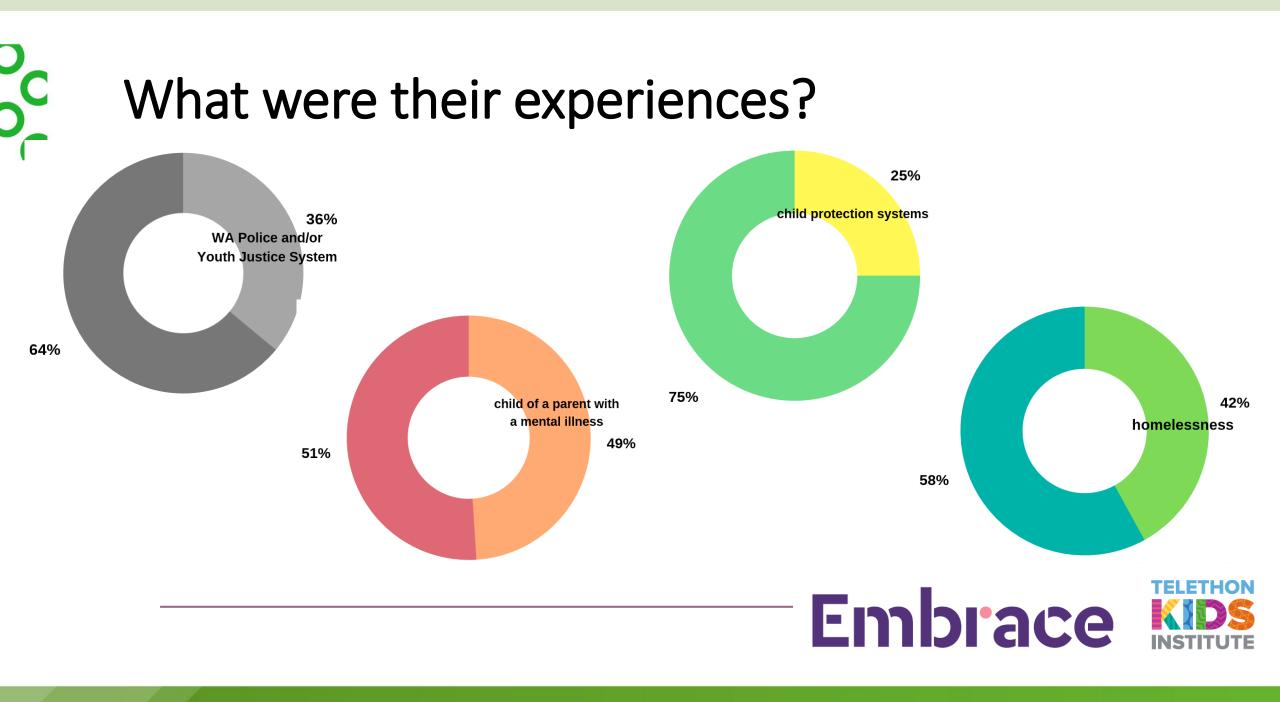
- Mental health services;
- Crisis and transitional supported accommodation;
- LGBTIQA+ support agency;
- Alcohol and other drug detoxification and withdrawal programs; and
- Youth advocacy agency

And

• An online survey with professionals working in the youth mental health sector or conducting suicide prevention programs









Where do young people find support?

- Online
- General Practitioner
- School
- Friends or Family
- 'Crisis Help Lines'
- Hospital

'Yeah, and that first connection happened when I was in hospital through the social worker.' 'Even on Facebook, they have helpline numbers. That's where I see mine, they come up on Facebook, people share stuff as well through suicidal stuff and saying like, you know, share this and that. So the word gets out, so that's kind of helpful, when your friends do that.'

'I just looked up on Google, "Oh, I feel depressed or I feel like I wanna kill myself," and it just popped up with Kids helpline and Lifeline. Just like every time I felt depressed or anything, I just called them.'



Who should be able to support young people?

- Family and friends
- Challenges in parental support
- Teachers
- Sports coaches/mentors
- Workplace managers
- First responders

'I know that personally, like my parents have their own mental health struggles and for me it's like, okay, well if I'm talking to them, "Am I just aggravating their own issues more?" '

'If they're were aware, like how serious it can be for people and that they're not faking it and it's a serious thing to come to them.'



C Barriers and challenges for young people

- Not being ready
- Fear of being judged
- Shame/Stigma
- Fear of outcomes
- Lengthy waitlist and lack of availability
- Intake criteria
- Limited number of sessions





The Emergency Department (ED)

'Uhm, like when I did go to emergency, I found it was, was very scary having to talk through that thin slit, you know, without shouting and then telling everyone else in the emergency why, why I was there, so like, you know.'



'That's a really bad system for like when you're in a crisis, the only option is ED, which is like the most – which isn't really a helpful place for someone in crisis. It's like the opposite if what they mean and then – but there's no other option, so it's like when you reach that point or something hasn't been noticed earlier, it's like the only option.'



'Now they call, "Well, you know, we can't find a bed for you. I'm sorry you're gonna have to go because this isn't a hotel." '





- Youth friendly services
- Youth friendly staff
- Extended opening hours
- Affordability
- Including lived experience and peer support
- Outreach support
- Online support

'Like, I was going to a borderline personality disorder (BPD) support group that is run by a women who had BPD, and she had been through the system for ages and that was like one of the most supportive thing like – that helps me more than being in ...'

'just make sure they're all friendly workers and make you feel they're there to listen and not judge you'

'you can't really schedule your problems around business hours'





Prevention and Intervention

- Increase mental health education
- Increase suicide prevention training in the community
- Alternatives to the ED for suicide-related behaviour
- Provide suicide prevention training for young people

Basic mental health first aid and suicide psychoeducation provided in school.'

...more education cause it was definitely missing when I went to school.'

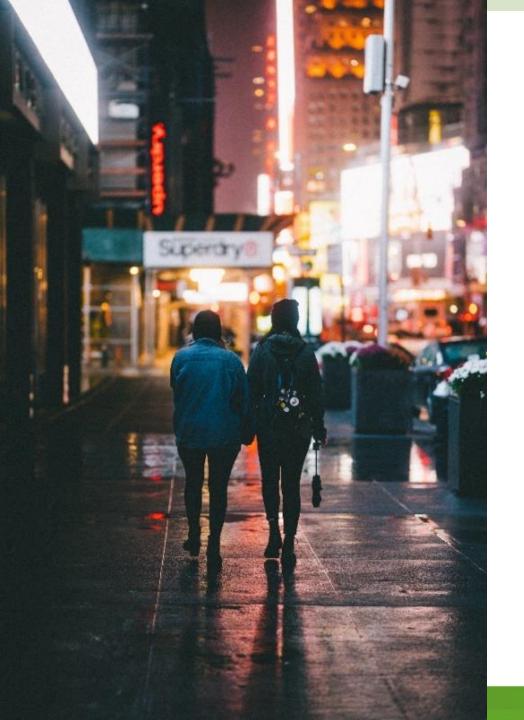
'Yeah, that would be good. I think a lot of people that have mental health issues, a lot of the people surrounding them have mental health issues too, so it's like – that would be really good.'

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Next steps...





Young people experiencing homelessness

- 20% of people experiencing homelessness in WA were aged 12 – 24 years on Census night 2016
- Suicide is the leading cause of death for young people in WA
- Suicidal behaviour in youth experiencing homelessness is higher than the general population





safeTALK

- safeTALK is a universal intervention that educates and prepares anyone (over 15y/o) to assist someone experiencing suicidality
- Youth experiencing homelessness are often disengaged with mainstream mental health services
- Increasing knowledge around suicidal behaviour can assist in having the skills and confidence to provide support for others







safeTALK project overview

- Provide safeTALK training to 30–50 young people experiencing homelessness aged 15–25 years
- Partners: LivingWorks, Lifeline WA, PICYS and Mission Australia

Aims

- Increase literacy around suicide;
- Decrease stigma associated with suicide;
- Increase the capacity to seek help for suicidal behaviour;
- Increase the capacity to promote help to peers for suicidal behaviour.
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safeTALK project overview continued

Timepoint One	 Before safeTALK workshop Questionnaires about the young person and their current level of knowledge of suicidality
Timepoint Two	 Following safeTALK workshop Complete post-workshop assessments around knowledge of suicidality and confidence supporting others
Timepoint Three	 Follow-up 3 months post workshop Questionnaire and option to complete additional interview

Next steps

- Currently setting up training times with partners
- Recruitment starting shortly

Interested in being involved?

 We are eager to increase our collaboration with services and expand our project sites and recruitment avenues



Brief overview of our other projects

- PCH ED file audit
 - Conducting clinical file audit of all young people presenting to the ED at PCH
- LGBTQA+ suicide prevention interviews
 - Exploring coping mechanisms with LGBTQA+ young people with lived experience of suicidal thoughts and/or attempts
- Suicide prevention guidelines for LGBTQA+ young people
 - Delphi consensus study





Thank you

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