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To the Mental Health Policy Unit, ACT Health;

On behalf of the Youth Coalition of the ACT (Youth Coalition), I would like to thank Mental Health ACT for the opportunity to input into the development of the *Managing the Risk of Suicide Two: A Suicide Prevention Strategy for the ACT 2009 – 2014* (the Suicide Prevention Strategy), and *Building a Strong Foundation: A Framework for Promoting Mental Health and Wellbeing in the ACT 2009 – 2014* (the draft Framework).

### **About the Youth Coalition of the ACT**

The Youth Coalition is the peak youth affairs body in the ACT. Comprised of 75 members, programs, and individuals the Youth Coalition is responsible for representing and promoting the interests and wellbeing of people aged between 12 and 25 years and those who work with them.

The Youth Coalition is represented on many ACT Government advisory structures and provides advice to the ACT Government on youth issues as well as providing information to youth services about policy and program matters.

A key role of the Youth Coalition is the development and analysis of ACT social policy and program decisions for young people and youth services. The Youth Coalition facilitates the development of strong linkages and promotes collaboration between the community, government and private sectors to achieve better outcomes for young people in the ACT.

### **Response to the Suicide Prevention Strategy and the draft Framework**

The Youth Coalition reviewed both the Suicide Prevention Strategy and the draft Framework, and commends Mental Health ACT for its commitment to community consultation to inform the further development of these documents.

The Youth Coalition has identified a number of areas for consideration in the further development of both the Suicide Prevention Strategy and the draft Framework. These are outlined below.

## **1 Inclusion of young people aged 12 – 25 as a key target group, in line with the *Draft ACT Mental Health Services Plan 4 Stage Model***

### *a. The Suicide Prevention Plan*

The Youth Coalition welcomes the inclusion of young people as a key target group of the Suicide Prevention Strategy (Section 5.3.3, p 15). Suicide accounts for 20% of all deaths in young people; compared with only 1% of deaths for adults aged over 25 years<sup>1</sup>.

However, the Youth Coalition notes that the definition for young people, defined as aged 15 – 24, is not in line with the ACT Government's definition of a young person. In the *ACT Young People's Plan 2004 – 2008*, the ACT Government defines a young person as between 12 – 25 years of age. The *Draft ACT Mental Health Services Plan 2009 – 2013* outlines a four stage model for mental health service delivery, which highlights young people aged 12 – 24 as a key target group in the delivery of mental health services.

Although much of the available data relating to young people and suicide focuses on the 15 – 24 age group; we understand this is because many jurisdictions do not collect data on the 12 - 14 age group – not because suicide is not considered to be an issue for this group of young people. Given the focus on early intervention outlined in the draft Framework, it would seem that the 12 – 14 age bracket would be a key sub-group in the delivery of suicide prevention strategies.

In light of this, the Youth Coalition calls for the Suicide Prevention Plan to define a young person as aged between 12 – 25 years of age.

### *b. The draft Framework*

While the Youth Coalition commends the ACT Government for its inclusion of young people as a key target group in the Suicide Prevention Plan, we are concerned that young people have not been identified as a specific target group in the draft Framework.

Mental health issues are the most prevalent in young people, with 25% experiencing a mental health issue<sup>2</sup>. Anxiety and depression are the leading causes of the burden of disease and injury in young people<sup>3</sup>. Furthermore, only 28.6% of young people experiencing mental health issues access support services – this is the lowest access rate among all age groups, and highlights the need for increased promotion, prevention and early intervention<sup>4</sup>.

The inclusion of young people in *Section 4.2: Supporting Families and Children of the draft Framework* does not recognise the specific needs of young people aged 12 – 25, nor does it align with the 4 Stage Model outlined in the *draft ACT Mental Health Services Plan 2009 – 2013*.

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<sup>1</sup> Australian Institute of Health and Welfare (May 2008) *Injury among Young Australians, Bulletin 60*, Australian Government, Canberra.

<sup>2</sup> Australian Bureau of Statistics (March 2009) *Australian Social Trends: Mental Health*, Australian Government, Canberra

<sup>3</sup> Australian Institute of Health and Welfare (2007) *Young Australians: Their Health and Wellbeing 2007*, Australian Government, Canberra

<sup>4</sup> Australian Bureau of Statistics (March 2009) *Australian Social Trends: Mental Health*, Australian Government, Canberra

In light of this, the Youth Coalition calls for the draft Framework to include young people aged 12 – 25 years as a specific target group.

## **2 Developing synergies with related Plans and Strategies**

The Youth Coalition congratulates Mental Health ACT on its consideration of, and commitment to aligning both the Suicide Prevention Plan and the draft Framework, with other relevant plans and strategies (both ACT and federal) as indicated in the policy matrix included in each of the documents.

In addition to the plans and strategies already specified within the draft documents, the Youth Coalition encourages the ACT Government to also consider aligning with the following ACT Government strategies:

- Draft Comorbidity Strategy, currently in development by ACT Health
- Draft ACT Multicultural Strategy 2009 – 2012
- Policy Framework for People with Disability in the ACT Strategic Priorities 2009 – 2014
- ACT Caring for Carers Policy

## **3 Considerations relating to Action Areas**

The Youth Coalition commends Mental Health ACT on including implementation plans that address the Action Areas in each of the documents. We have identified a number of specific areas for consideration relating to these Action Areas. These can be viewed in the Attachment 1 to this letter.

## **4 Opportunities for the ACT Youth Sector to contribute to the further development of these plans**

The Youth Coalition commends Mental Health ACT for its commitment to consulting with key stakeholders in ACT Government policy development, implementation and evaluation.

We are concerned, however, that the community youth sector is not adequately represented on the key working groups overseeing these two key documents:

- ACT Suicide Prevention Working Group
- ACT Suicide Prevention Implementation and Evaluation Group
- ACT Mental Health Promotion, Prevention and Early Intervention Group

The Youth Coalition would welcome the opportunity to work with the Mental Health Policy Unit to support the youth sector to have input into the further development of these key documents.

Please do not hesitate to contact me on (02) 6247 3540 or at [director@youthcoalition.net](mailto:director@youthcoalition.net) if you wish to discuss this letter further.

Sincerely,

Emma Robertson  
Director  
Youth Coalition of the ACT

## Attachment 1: Areas for Consideration

Below are specific areas for consideration relating to the action areas in the Suicide Prevention Plan and the draft Framework.

### a. The Suicide Prevention Plan

p no.	Action	Youth Coalition Response
p 24	<p><b>Action Area 1:</b> 'Improving the evidence base and understanding for suicide prevention'</p> <p><b>Outcome 1.1:</b> Consistent collection and analysis of data on feelings of suicidality, suicide attempts, death by suicide and self-harm across the ACT'</p>	While the Youth Coalition supports Mental Health ACT for its commitment to working from an evidence base, we believe it is important to explore evidence beyond the ACT, in order to avoid duplication and utilise key national / international resources and research.
p 27	<p><b>Action Area 2:</b> 'Building individual resilience and wellbeing'</p> <p><b>Outcome 2.1:</b> 'Enhance individual awareness of suicide prevention / intervention, reduce stigma and promote mental health literacy, help-seeking and support skills'</p>	Given that young people experiencing mental health issues are the least likely to access mental health services <sup>5</sup> , it is important that youth-specific promotional strategies are researched and utilised in working towards this objective.
	<p><b>Action Area 2:</b> 'Building individual resilience and wellbeing'</p> <p><b>Outcome 2.2:</b> 'Increased support for individuals working in the field of suicide prevention and those responding to incidence of suicide, attempted suicide and self-harm'</p>	<p>While the Youth Coalition supports 100% of Mental Health ACT clinicians participating in regular supervision, we believe this action should be extended to the community mental health sector.</p> <p>In line with the commitments made through the ACT Government Budget 2009/10<sup>6</sup>, the Youth Coalition calls for mental health training for emergency response workers to be included as an action in this objective.</p>
p 30	<p><b>Action Area 3:</b> 'Building community strength, resilience and capacity in suicide'</p> <p><b>Objective 3.1.2:</b> 'Increase community knowledge and understanding of suicide and suicide prevention'</p>	Given that young people experiencing mental health issues are the least likely to access mental health services <sup>7</sup> , it is important that youth-specific promotional strategies are researched and utilised in work towards this objective.

<sup>5</sup> Australian Bureau of Statistics (March 2009) *Australian Social Trends: Mental Health*, Australian Government, Canberra

<sup>6</sup> ACT Government (2009) *Investing in Our Future: Budget Paper 2*, Canberra

<sup>7</sup> Australian Bureau of Statistics (March 2009) *Australian Social Trends: Mental Health*, Australian Government, Canberra

p 34	<p><b>Action Area 4:</b> 'Taking a coordinated approach to suicide prevention'</p> <p><b>Objective 4.2.2:</b> 'Develop an understanding of people's journey to access services, to inform and improve services'</p>	<p>In developing an understanding of pathways in accessing services, it is important that mental health support services are also consulted. With young people being a key target group of the Suicide Prevention Plan, the Youth Coalition calls for the ACT Government to examine pathways of access and support for young people in the ACT mental health service system.</p>
	<p><b>Action Area 4:</b> 'Taking a coordinated approach to suicide prevention'</p> <p><b>Objective 4.3.1:</b> 'Enhance the capacity of emergency personnel to respond to family and friends traumatised by the impact of a suicide'</p>	<p>In line with the commitments made through the ACT Government Budget 2009/10<sup>8</sup>, the Youth Coalition calls for mental health training for emergency response workers to be included as an action in this objective.</p>
p 36	<p><b>Action Area 5:</b> 'Providing targeted suicide prevention activities'</p> <p><b>Objective 5.1.2:</b> 'Increase capacity of service providers to engage with men'</p>	<p>The rate of suicide for young males is more than 3 times that of young females<sup>9</sup>. Given that suicide accounts for 20% of deaths in young people, compared with 1% of all deaths for those aged over 25<sup>10</sup>, the Youth Coalition calls for the Suicide Prevention Plan to include strategies specific to engaging with young men.</p>
p 37	<p><b>Action Area 5:</b> 'Providing targeted suicide prevention activities'</p> <p><b>Objective 5.2.1:</b> 'Increase access to evidence-based early interventions for group identified as at risk of suicide, e.g. men.'</p>	
p 39	<p><b>Action Area 5:</b> 'Providing targeted suicide prevention activities'</p> <p><b>Activity 5.4.1.2:</b> 'Forensic services contribute to the development of a comprehensive management plan for 100% of detainees from Bimberi identified with a mental health problem'</p>	<p>In implementing this action, it is important that the ACT Government consult with relevant youth mental health services in designing mental health management plans, particularly those services that will be working with young people exiting Bimberi.</p>

<sup>8</sup> ACT Government (2009) *Investing in Our Future: Budget Paper 2*, Canberra

<sup>9</sup> Australian Institute of Health and Welfare (2007) *Young Australians: Their Health and Wellbeing 2007*, Australian Government, Canberra

<sup>10</sup> Australian Institute of Health and Welfare (May 2008) *Injury among Young Australians, Bulletin 60*, Australian Government, Canberra.

p 40	<p><b>Action Area 5:</b> 'Providing targeted suicide prevention activities'  <b>Action 5.5.1.1:</b> Develop and promote mental health and wellbeing programs in occupations groups whose members are subject to frequent traumatic events (e.g. Police, ACT Ambulance Service, Emergency Services, GPs)</p>	<p>The Youth Coalition strongly supports the development of programs to support professionals in the mental health field, but call for these measures to be expanded to include community - based workers.</p>
	<p><b>Action Area 5:</b> 'Providing targeted suicide prevention activities'  <b>Objective 5.6.1:</b> 'Ensure seamless provision of care to persons in custody of ACTCS, AFP, ACT Mental Health and Court Administration'</p>	<p>In line with the commitments made through the ACT Government Budget 2009/10<sup>11</sup>, the Youth Coalition calls for mental health training for emergency response workers to be included as an action in this objective.</p>
p 42	<p><b>Action Area 6:</b> 'Implementing standards and quality in suicide prevention'  <b>Objective 6.1.2:</b> 'Increase the knowledge and skills of professionals and para-professionals about the specific issues and problems experienced by men who may be at risk'</p>	<p>The rate of suicide for young males is more than 3 times that of young females<sup>12</sup>. Given that suicide accounts for 20% of deaths in young people, compared with 1% of all deaths for those aged over 25<sup>13</sup>, the Youth Coalition calls for the Suicide Prevention Plan to include strategies specific to engaging with young men.</p>

It was also noted that *Appendix 5: Services involved in Suicide Prevention in the ACT* did not include the following relevant youth mental health services:

- headspace ACT: an early intervention youth mental health and alcohol and other drug service for young people aged 12 – 25, based at the University of Canberra
- STEPS: A step-up, step-down program for young people aged 14 – 18, based at Centacare Canberra
- Youth and Wellbeing: A youth mental health program for young people aged 12 – 25, based at Centacare Canberra

The Youth Coalition of the ACT produces a resource called *The Big Red Book: A Directory and Handbook of Youth Services in the ACT* (<http://www.youthcoalition.net/public/Projects/BRB.html>).

We would welcome the opportunity to work with Mental Health ACT to further map relevant mental health services in the ACT.

<sup>11</sup> ACT Government (2009) *Investing in Our Future: Budget Paper 2*, Canberra

<sup>12</sup> Australian Institute of Health and Welfare (2007) *Young Australians: Their Health and Wellbeing 2007*, Australian Government, Canberra

<sup>13</sup> Australian Institute of Health and Welfare (May 2008) *Injury among Young Australians, Bulletin 60*, Australian Government, Canberra.

b. The Draft Framework

p no.	Action	Youth Coalition Response
p 21	<b>Section 3.8.3:</b> 'Consumer and Carer Participation'	The Youth Coalition commends the ACT Government for its commitment to consumer and carer participation. We note, however, that youth specific consumer and carer participation require specific strategies and approaches. We would welcome the opportunity to work with Mental Health ACT to further develop these.
p 26	<b>Action Area 1:</b> 'Enhance the mental health and wellbeing of the whole community' <b>Outcome 1.2:</b> 'Increased mental health and wellbeing literacy, reduced stigma concerning mental illness and increased capacity of the community to maintain and support better health and wellbeing'	Given that young people experiencing mental health issues are the least likely to access mental health services <sup>14</sup> , it is important that youth-specific promotional strategies are research and utilised in work towards this objective.
p 27	<b>Action Area 1:</b> 'Enhance the mental health and wellbeing of the whole community' <b>Strategy 1.3.2:</b> 'Support MHACTION clinicians to undertake training in Drug and Alcohol and comorbidity issues'	The Youth Coalition strongly supports training and professional development for professionals in the mental health field, but call for these measures to be expanded to include community - based mental health workers.
p 30	<b>Item 4.2.2:</b> 'Support children and families during school age years' <b>Item 4.2.3:</b> 'Support children of families with a mental illness'	Please see p 2 of this letter: 'Inclusion of young people aged 12 – 25 as a key target group, in line with the <i>Draft ACT Mental Health Services Plan 4 Stage Model</i> '.
p 36	<b>Action Area 2:</b> 'Support children and families' <b>Outcome 2.5:</b> 'Increased individual understanding of positive mental health and mental health literacy, reduced stigma of mental illness and increased capacity of the school communities to maintain and support better health and wellbeing'	The Youth Coalition commends Mental Health ACT for its commitment to building the capacity of school communities to address mental health. However, community-based youth mental health services have reported an increase in referrals of young people from school welfare teams, which many services don't have the capacity to work with. The Youth Coalition encourages Mental Health ACT to include an action to build the capacity of ACT school welfare teams (such as youth support workers and counsellors) to work 'in-

<sup>14</sup> Australian Bureau of Statistics (March 2009) *Australian Social Trends: Mental Health*, Australian Government, Canberra

		house' with young people experiencing mental health issues.
p 38	<b>Action Area 2:</b> 'Support children and families' <b>Outcome 2.6:</b> 'Increased resilience and reduced incidence of mental illness among children of parents with a mental illness'	Please see p 2 of this letter: 'Inclusion of young people aged 12 – 25 as a key target group, in line with the <i>Draft ACT Mental Health Services Plan 4 Stage Model</i> '.
p 38	<b>Action Area 2:</b> 'Support children and families' <b>Strategy 2.7.1:</b> 'MHACT staff receive training concerning the specific needs of COPMI families'	The Youth Coalition strongly supports training and professional development for professionals in the mental health field, but call for these measures to be expanded to include community - based workers.
p 40	<b>Action Area 2:</b> 'Support children and families' <b>Outcome 2.11:</b> 'Children and families who are victims of family violence receive support for recovery from the effects of violence'	Please see p 2 of this letter: 'Inclusion of young people aged 12 – 25 as a key target group, in line with the <i>Draft ACT Mental Health Services Plan 4 Stage Model</i> '. Young people require specific strategies and supports.
p 45	<b>Action Area 3:</b> 'Enhance services to those who have been institutionalised' <b>Outcome 3.1:</b> 'Individuals with a mental illness or emerging mental illness have the skills and resources to reduce the likelihood and impact of future episodes of illness'	It is important that youth-specific strategies are researched and utilised in work towards this objective, in consultation with relevant youth mental health services.
p 46	<b>Action Area 3:</b> 'Enhance services to those who have been institutionalised' <b>Strategy 3.1.5:</b> 'Provide training in promotion, prevention and early intervention for all MHACT staff'	The Youth Coalition strongly supports training and professional development for professionals in the mental health field, but call for these measures to be expanded to include community - based workers.
p 47	<b>Action Area 3:</b> 'Enhance services to those who have been institutionalised' <b>Outcome 3.6:</b> 'Mental health consumers have increased skills, knowledge and access to programs and resources to effectively manage their physical and mental health'	It is important that youth-specific strategies are researched and utilised in work towards this objective, in consultation with relevant youth mental health services.
	<b>Action Area 3:</b> 'Enhance services to those who have been institutionalised' <b>Outcome 3.7:</b> 'Detainees in both juvenile and adult detention centres in the justice system have increased access to mental health risk'	The Youth Coalition strongly supports mental health care for young people in Bimberi Youth Justice Centre. It is important that youth-specific strategies are utilised in supporting young people aged 18 – 25 in the AMC. In developing



	assessment and evidence-based early intervention'	mental health case management plans, it is important these be designed and implemented in collaboration with mental health services that may work with the young person both during, and after, their period of detention.
p 48	<b>Action Area 3:</b> 'Enhance services to those who have been institutionalised' <b>Strategy 3.7.3:</b> 'Provide links to community services prior to discharge for detainees in Bimberi'	The Youth Coalition supports the provision of aftercare planning for young people from Bimberi. However, it is important that this begins early in a young person's period of detention, to ensure a smooth transition out of detention.
p 55	<b>Action Area 4:</b> 'Enhance the social equalities and reducing the social inequalities that influence mental health and wellbeing' <b>Outcome 4.1:</b> 'Increased social connectedness for all Canberrans'	It is important that youth-specific strategies are researched and utilised in work towards this objective, in consultation with relevant youth mental health services.
	<b>Action Area 4:</b> 'Enhance the social equalities and reducing the social inequalities that influence mental health and wellbeing' <b>Outcome 4.2:</b> 'Improved mental health literacy in services and agencies working with people experiencing social disadvantage and other 'at risk' population groups'	The Youth Coalition strongly supports training and professional development for services working with people experiencing disadvantage. It is important that mental health training provided to services includes a 'youth specific' focus.
	<b>Action Area 4:</b> 'Enhance the social equalities and reducing the social inequalities that influence mental health and wellbeing' <b>Outcome 4.3:</b> 'Improved access to sustainable and affordable accommodation for people with a mental illness who are at risk of homelessness or are in inappropriate accommodation'	The Youth Coalition supports the development of accommodation for people with mental health issues, and calls for specific accommodation supports for young people with mental health issues.
p 56	<b>Action Area 4:</b> 'Enhance the social equalities and reducing the social inequalities that influence mental health and wellbeing' <b>Outcome 4.4:</b> 'Reduce the incidence of young people with an emerging mental illness becoming socially isolated'	In developing and planning strategies for this outcome, it is important that Mental Health ACT consult with community-based youth services. It is also important that Mental Health ACT consider other factors that cause young people to become socially isolated, such as public transport and the geographic distribution of support services.
	<b>Action Area 4:</b> 'Enhance the social equalities and reducing the social inequalities that influence mental health and wellbeing'	

	<b>Outcome 4.5:</b> 'People recovering from an episode of mental disorder are able to more easily remain engaged or reengage with the community'	
p 57	<b>Action Area 4:</b> 'Enhance the social equalities and reducing the social inequalities that influence mental health and wellbeing' <b>Outcome 4.7:</b> 'Improving residents' actual and perceived sense of safety and security in their homes'	Youth services have reported that 'safety and security' is consistently raised as an issue experienced by young people in public housing. It is important that youth-specific strategies are researched and utilised in work towards this objective.
p 58	<b>Action Area 4:</b> 'Enhance the social equalities and reducing the social inequalities that influence mental health and wellbeing' <b>Outcome 4.9:</b> 'Victims of crime receive individualised care and support to prevent the development of mental health problems subsequent to experiencing crime'	It is important that youth-specific strategies are researched and utilised in work towards this objective, in consultation with relevant youth mental health services.
p 59	<b>Action Area 4:</b> 'Enhance the social equalities and reducing the social inequalities that influence mental health and wellbeing' <b>Strategy 4.11.3:</b> 'Increase sense of social and emotional wellbeing for Aboriginal and Torres Strait Islander youth'	In further developing this strategy, it is important that the ACT Government consult with youth services and Aboriginal and Torres Strait Islander services, to inform the development of best-practice service delivery.
	<b>Action Area 4:</b> 'Enhance the social equalities and reducing the social inequalities that influence mental health and wellbeing' <b>Strategy 4.12.1:</b> 'Increase access to mental health promotion, prevention and early intervention resources for people of culturally and linguistically diverse backgrounds'	It is important that youth-specific strategies are researched and utilised in work towards this objective, in consultation with relevant youth mental health services.

It was also noted that *Appendix 4: Consultation Participants* did not include representation from community-based youth services.