



Australian Government

Australian Government Response to:

Before it's too late: Report on the inquiry into early intervention programs aimed at reducing youth suicide

House of Representatives Standing Committee on Health and Ageing's Inquiry into early intervention programs aimed at reducing youth suicide

June 2013

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Australian Government Response to the House of Representatives Standing Committee on Health and Ageing’s Report on the Inquiry into early intervention programs aimed at reducing youth suicide

“Before it’s too late”

FOREWORD

In 2011, 321 young people took their own lives. The pain, hurt and grief of youth suicide, and the potential foregone in young lives lost, is a tragedy that touches everyone – family, friends and the wider community.

In June 2010, we welcomed the Senate Community Affairs References Committee report, *The Hidden Toll: Suicide in Australia*, and in our response indicated that we are actively working to implement its recommendations. Similarly, we welcome this complementary House of Representatives Standing Committee on Health and Ageing report, *Before it’s too late*.

The Australian Government has embraced suicide prevention activities as a significant component of mental health reform. We are delivering a \$2.2 billion investment in new and expanded mental health reforms over the period 2011-12 to 2015-16, which includes \$696.2 million specifically to support young people through early intervention and prevention mechanisms. This is an investment in the future of our nation.

The Mental Health Reform package builds on the Gillard Government’s election commitment to take action to tackle suicide. These measures will target those most at risk of suicide in our community – including young Australians – and save lives. Our reforms in these areas have been informed by consultations that I held with stakeholders operating in the health and non-health fields, including through a national program of consumer and carer meetings and a special Mental Health Expert Working Group.

As a direct result of the experiences shared during these consultations, our aim is to really focus on prevention and early intervention. Another is to help people to stay well in, and connected to, the community.

We understand that suicide is a complex and multidimensional issue, its causes rooted in a variety of circumstances, and we recognise that tackling suicide is neither easy nor straightforward. However, we also firmly believe that by working together we can improve the outcomes for vulnerable young people, and watch them grow up to live valuable and productive lives.



Mark Butler
Minister for Mental Health and Ageing
June 2013

INTRODUCTION

This response to the House of Representatives Standing Committee on Health and Ageing’s report, *Before it’s too late*, outlines the Australian Government’s initiatives to tackle the issue of youth suicide.

Suicide is a national tragedy that has a devastating impact on individuals, families and communities – an impact not always obvious or recognised. People from all walks of life take their own life, and the causes appear to be a complex mix of adverse life events, social and geographical isolation, cultural and family background and supports, socio-economic disadvantage, genetic makeup, mental and physical health, coping skills and resilience. Youth suicide is a particular tragedy, in which young lives are cut short and enormous potential is lost.

While the causes and precipitating factors for every individual suicide are likely to be different, there are well recognised risk factors for suicide, and conversely, evidence based protective factors which reduce the likelihood of suicide for individuals and across the population.

The House of Representatives Standing Committee has acknowledged the preceding Senate Inquiry into Suicide in Australia, *The Hidden Toll: Suicide in Australia*, and recognises *Before it’s too late* to be complementary to *The Hidden Toll*. Both reports identify that effective suicide prevention responses require a sustained whole of government approach to suicide, including a combination of universal, population based initiatives and community-led initiatives that target those at particular risk of suicide, underpinned by the best available evidence.

As such, this response focuses on early intervention efforts and efforts to promote good mental health and build resilience and resourcefulness in children and young people, to reduce the incidence and seriousness of problems that develop later in life, and to provide an effective suicide prevention response. Because of the strong relationship between resilience, vulnerability and crisis, the Australian Government targets its suicide prevention efforts across a continuum of suicide prevention activity, supported by early intervention and clinical mental health initiatives.

With mental illness remaining the largest risk factor for suicide and psychological distress often being the ‘tipping point’ to spontaneous acts of suicide and self-harm, the Australian Government plays a national leadership role in improving the lives of Australians living with mental illness, their families and carers. It achieves this through articulating a vision for reform for Australia’s mental health system and driving collaborative effort across the different levels of government, non-government organisations (NGOs) and the private sector.

On 7 December 2012, COAG agreed to release the Roadmap for National Mental Health Reform (the Roadmap), which strongly re-affirms the ongoing commitment of all governments to national mental health reform. The Roadmap sets out the shared vision and aspirations of governments for mental health reform over the next ten years, and includes a

number of important strategies that will help Commonwealth, State and Territory governments tackle mental health issues that are relevant to youth suicide. These include:

- Support for the development and maintenance of appropriate suicide prevention actions;
- Enhancement and implementation of mental health and social and emotional wellbeing programs in parenting, perinatal care, early childhood development, pre-school and school communities;
- Better equipping early childhood and education workers and institutions to support and assist children and young people who may be at risk of developing mental illness and their families;
- Building the competency of early childhood and education workers and institutions to identify and respond effectively to early signs of mental health issues; and
- Expanding early intervention services for young people, ensuring national availability.

To drive mental health, COAG also agreed to establish new governance and accountability arrangements for national mental health reform. This includes the new COAG Working Group on Mental Health Reform (the Working Group), which will oversee implementation of the Roadmap and ensure that mental health reform remains a key priority of the COAG agenda. Recognising the importance of collaboration, the Working Group will also be supported by an Expert Reference Group (ERG), to ensure that the views, expertise and experiences of the mental health sector are embedded in ongoing mental health reform.

A key task for the Working Group and ERG will be to build on the preliminary set of indicators and targets contained in the Roadmap and determine the best set of national indicators and targets to measure government progress towards national mental health reforms. The Working Group and ERG will also develop a successor to the Fourth National Mental Health Plan, for consideration by COAG in 2014, which will convert the high level aspirations of the Roadmap into medium-term actions.

The Australian Government’s mental health reform package totals \$2.2 billion over the period 2011-12 to 2015-16. This reform package includes the expansion of youth-focussed mental health and wellbeing initiatives through:

- \$31.3 million over five years commencing 1 July 2011, to establish a nationwide network of school support teams to provide direct support to secondary schools and surrounding communities impacted by suicide or concerned about students at risk. The teams work with schools to minimise the distress caused to staff and students, and to coordinate the appropriate services and resources required. The Outreach to Schools project is being delivered through **headspace**;
- \$197.3 million over five years, on top of a current commitment of \$133.3 million to 2013-14, to expand existing and establish new youth focused mental health services through the **headspace** program. Specifically, the 2011 Budget measure provides funding which will see 90 **headspace** sites funded across Australia by 2014-15;
- \$222.4 million over five years to establish up to 12 youth early psychosis sites, based on the Early Psychosis Prevention and Intervention Centre (EPPIC) model. This built on a 2010-11 Budget measure that provided \$25.5 million over four years to establish up to four sites, bringing the total number of sites to be funded to 16, and the total Commonwealth investment in the measure to \$247.9 million over six years.

The EPPIC model promotes early detection and management of psychosis and holistic support resulting in better mental health and social outcomes for young people experiencing early psychosis and their families; and

- An additional \$61 million over five years to establish 40 new Family Mental Health Support Services announced in the 2011-12 Budget. These new community based services are being rolled out progressively, with the first 13 funded from mid-2012. They will provide family focussed early intervention support to assist children and young people who are at risk of, or affected by, mental illness.

Appropriate prevention and early intervention activities for younger children can prevent more serious mental illnesses developing. To this end, such services are being enhanced for younger children, through:

- \$33.9 million over five years for services for children with mental health and developmental issues through the Access to Allied Psychological Services (ATAPS) program and to support linkages between relevant medical service providers.
- \$11 million over five years for the expanded Medicare Healthy Kids Check, which will include consideration of social and emotional wellbeing and development, and bring forward the check from four to three and a half years of age.

The National Mental Health Commission is another key element of the Government’s commitment to long-term mental health reform. The Commission was established to report and advise on mental health to enable more effective planning to meet the needs of the community; create greater accountability and transparency in the mental health system; and give mental health reform national prominence.

In its first year the Commission focussed on developing the inaugural National Report Card on Mental Health and Suicide Prevention. In its first 12 months, the Commission has also met with over 800 stakeholders and established a variety of partnerships, including Batyr & the Young and Well Cooperative Research Centre on youth specific mental health research.

The Government welcomed the release of the inaugural Report Card, titled ‘A Contributing Life’, on 27 November 2012. The Report Card makes a number of recommendations aimed at governments, service providers and the broader community covering a range of areas important to mental health consumers and their carers. The Government will consider the Report Card and its recommendations carefully as part of the ongoing reform process.

On 23 May 2013, the Government also released Australia’s first National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, supported by \$17.8 million over four years (2012-13 to 2016-17).

The Strategy identifies six broad action areas, which are:

- Building strengths and capacity in Aboriginal and Torres Strait Islander communities;
- Building strengths and resilience in individuals and families;
- Targeted suicide prevention services;
- Coordination approaches to prevention;
- Building the evidence base and disseminating information; and
- Standards and quality in suicide prevention.

The new funding will aim to help to reduce the longer term incidence of suicidal and self-harming behaviour amongst Aboriginal and Torres Strait Islander peoples. Activities will include the establishment of culturally sensitive, local community based suicide prevention networks, a national centre of best practice to provide support to Aboriginal and Torres Strait Islander suicide prevention projects, share learnings and showcase best practice models.

Through the existing National Suicide Prevention Program, the Commonwealth funds two universal school based initiatives for mental health promotion, illness prevention and early intervention, KidsMatter Primary and MindMatters for secondary school.

There are a number of programs under the *Taking Action to Tackle Suicide* package that target young people under broader population based initiatives. Such initiatives include:

- *Community prevention for high risk groups*, which is delivering strategic responses for high risk communities which incorporate known high risk youth, such as the lesbian, gay, bi-sexual, transgender and intersex (LGBTI) population and Aboriginal and Torres Strait Islander peoples; and
- *Targeting men who are at greatest risk of suicide* measure which will deliver a targeted *beyondblue* campaign on mental health for 15-25 year old men to reduce stigma associated with mental illness and encourage more young men to seek help.

This investment in our young people is responding to the following data:

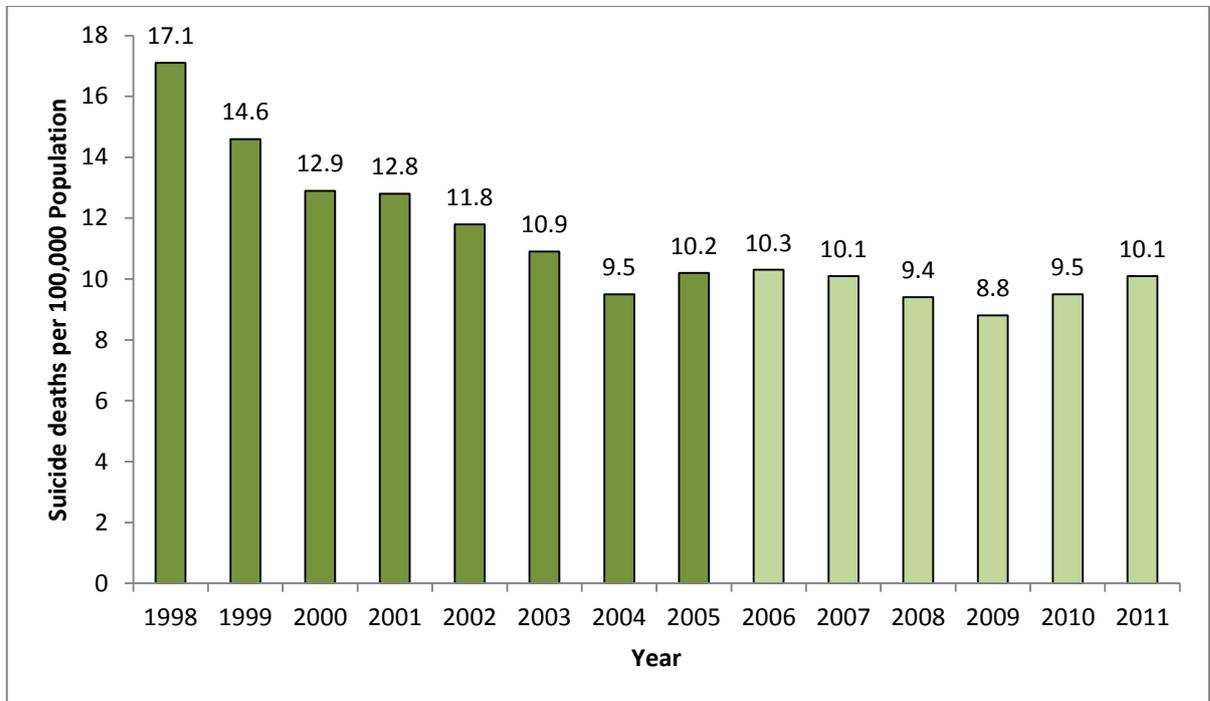
- In 2011, 321 young people aged 15-24 years are reported to have taken their own lives (*ABS: Causes of Death Australia, 2011*).
- While the 2011 age-specific death rate for young males aged 15-19 years (10.4 per 100,000) was the lowest age-specific death rate for men overall, because young people are less likely to die from other natural causes, suicide still accounts for a high proportion (25.8%) of deaths among young males. This has been true each year in the last decade.
- Young women are three times as likely as young men, and twice as likely as the total population, to experience suicidal thoughts, make a suicide plan or attempt suicide (*2007 National Survey of Mental Health and Wellbeing*).
- Only 43.5% of young people who reported suicidal behaviour in the 12 months prior to the 2007 survey used services for help with their mental health problems over that same year.

Within the *Causes of Death Australia, 2011*, the ABS also released data for deaths by suicide for children and adolescents under the age of 15. Over the five year period from 2007 to 2011 there were 53 deaths of children and adolescents under the age of 15 recorded as suicide. 30 of these were males and 23 females. One third of these were Aboriginal and Torres Strait Islanders under 15 years of age.

It should be noted that these data are highly affected by additional sensitivities surrounding these deaths, coronial practices at the state/territory level, and individual coroners’ views about intent, specifically the age or developmental stage at which deaths among the young can be attributed to suicide.

While the number of youth suicides officially reported has generally been declining over the last decade, in line with the trend across all age groups, young people continue to be identified as a priority high risk group for suicide (See Figure 1).

Figure 1: Suicide deaths among 15-24 year olds per 100,000 population, 1998-2011



Source: Australian Bureau of Statistics, 3303.0 - Causes of Death, Australia, 2011

(a) Data for 2006, 2007, 2008 has been finalised see 3303.0 - Causes of Death, Australia, 2011 Technical Notes 2 (www.abs.gov.au)

(b) Data for 2009 and 2010 have been revised. See 3303.0 - Causes of Death, Australia, 2011 Technical Note 2 and Explanatory Notes 92-95 (www.abs.gov.au).

(c) Data for 2011 is still preliminary and subject to a revisions process. See 3303.0 - Causes of Death, Australia, 2011 Explanatory Notes 92-95. (www.abs.gov.au)

RESPONDING TO THE INQUIRY RECOMMENDATIONS

The Australian Government’s suicide prevention efforts are not confined to the health portfolio or specific expenditure under the National Suicide Prevention Strategy. The Commonwealth also invests extensively in mental health promotion and awareness, help seeking and suicide prevention through broader education, community welfare, homelessness, employment, and mental health programs and services. Mental health services and programs, broader health initiatives such as Aboriginal and Torres Strait Islander health programs, and drug and alcohol support also comprise an important platform from which Commonwealth programs across a range of portfolios contribute to efforts to prevent suicide. Commonwealth agencies administering programs for high risk groups and working in frontline service delivery also provide essential supports to people at risk of suicidal behaviour and protect against risk factors that may be associated with suicidality.

The following sections outline the Government’s response to the ten recommendations of the Standing Committee on Health and Ageing’s report *Before it’s too late: report on early intervention programs aimed at preventing youth suicide*, grouped against three key themes:

1. Suicide Reporting and Statistics
2. Research
3. Targeting Services for Young People

1. SUICIDE REPORTING AND STATISTICS

Two sources currently report national data on suicide deaths in Australia.

1. The Australian Bureau of Statistics (ABS) is the independent statutory authority responsible for the routine collation of data on suicide and other causes of death. The ABS adheres to strict coding rules and data handling legislation for all data and publicly releases the annual *Causes of Death, Australia* publication.
2. The National Coroners Information System (NCIS) is a national internet-based data storage and retrieval system for Australian coronial cases.

The Commonwealth Response¹ to the Senate Community Affairs References Committee report *The Hidden Toll: Suicide in Australia* notes the many inter-related factors that contribute to possible under-reporting and outlines activity to improve reporting quality and mechanisms. The Australian Government continues to support data improvements by the ABS through membership of the Mortality Statistics Advisory Group and other forums.

The Commonwealth is a member of the National Committee for Standardised Reporting of Suicide. This Committee is an initiative of Suicide Prevention Australia and brings together a collective of relevant stakeholders to examine priorities in suicide data collection and system improvements, but does not hold suicide data itself.

Recommendation 1

The Committee recommends that the National Committee for the Standardised Reporting of Suicide consider options for, and the feasibility of, extending the scope of social and demographic suicide data routinely collected and reported on, to include information on:

- ethnicity;
- culture;
- geography;
- educational attainment;
- employment status; and
- socio-economic status. (para 2.23)

Recommendation 2

The Committee recommends that the National Committee for the Standardised Reporting of Suicide consider options for providing increased access to disaggregated suicide data. (para 2.24)

Response

The Australian Government supports these recommendations in principle and appreciates the potential value of additional high quality statistics. Some of the additional social and demographic data recommended by the Standing Committee, particularly information relating to country of birth, Aboriginal and Torres Strait Islander origin and geographical

¹ Commonwealth Response to *The Hidden Toll: Suicide in Australia*, 2010. Available at <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-c-commresp-suicide>

location is currently collected. However reporting and increased disaggregation is, in some cases, constrained by data quality, national privacy and data handling legislation and essential procedures required to protect individual confidentiality.

It is noted that in the *Causes of Death Australia 2011*, the ABS released for the first time, data relating to death by suicide for young people under the age of 15. While the suicide deaths of young people in this age group had been included in the ABS reporting of total numbers of suicide, they had not been previously released as a separate age group due to issues of confidentiality given the relatively small numbers, but also due to their sensitive nature. The ABS worked with the National Committee for Standardised reporting on suicide to facilitate a release process for these data.

In other cases, the information recommended, particularly in relation to culture, education attainment, employment status and individual socio-economic status is not collected consistently within jurisdictional infrastructure and does not currently support robust statistical reporting. The Australian Government acknowledges the efforts of national committees such as the National Committee for the Standardised Reporting of Suicide in progressing improvements in data collection and reporting and will look to address both information gap and data access issues through Commonwealth membership in such committees.

The Government also notes that the COAG Working Group on Mental Health Reform will examine the need for a mental health data-sharing protocol for consideration by COAG by mid-2013. As a longer-term initiative, the Working Group will also assess the value of the large number of national mental health data sets to determine whether they are providing information that is person-centred, whole-of-life and can demonstrate whether the range of services necessary for an individual to keep well are being provided. The Working Group may identify opportunities to rationalise or amend data sets and opportunities to improve linkages across collections. As well as engaging closely with the Expert Reference Group, the Working Group may draw on technical data expertise as required.

2. SUICIDE RESEARCH

Investments are being made in suicide research through the National Health and Medical Research Council, and through funding for research activity under the National Suicide Prevention Program. The National Centre of Excellence in Suicide Prevention also provides advice and evidence of best practice on suicide prevention in Australia and overseas.

Recommendation 3

The Committee recommends that the Australian Suicide Prevention Advisory Council liaise with the National Health and Medical Research Council, the Australian Research Council, government departments (including state and territory government departments) and other agencies with a role in this domain, to develop a priority research agenda for youth suicide, with a view to jointly supporting a coordinated and targeted program of research. (para 3.42)

Response

The Australian Government supports this recommendation and is taking action to address it.

The National Health and Medical Research Council (NHMRC) is committing \$26.2 million over five years (from 2011-12) to prioritise applied research in mental health and strengthen the strategic research capacity within the mental health research community. Through this reform initiative, the NHMRC issued a targeted call for research for up to \$13 million into the prevention of, and early intervention in, mental illness in children and young people.

NHMRC has also allocated \$7.4 million to three new Centres of Research Excellence, with two based at the University of New South Wales and one at the University of Queensland. These Centres of Research Excellence will focus on the issues of suicide prevention, substance abuse and better mental health planning and will work to support the transfer of research outcomes into improved knowledge, better health systems and improved treatment for individuals and their families.

This initiative is for additional research and will not preclude or limit applications for mental health related research projects through the NHMRC's normal competitive project grants process.

The National Centre of Excellence in Suicide Prevention continues to support governments, non-government organisations, academics and community groups in their work on suicide prevention. A publicly available half-yearly critical literature review outlines recent advances and promising developments in suicide prevention research. Youth suicide responses will be a specific category of future literature reviews. Research is currently disseminated via the [Griffith University website](http://www.griffith.edu.au/health/australian-institute-suicide-research-prevention/research/national-centre-excellence-suicide-prevention) at <http://www.griffith.edu.au/health/australian-institute-suicide-research-prevention/research/national-centre-excellence-suicide-prevention>

The Young and Well Cooperative Research Centre, funded by the Australian Government Department of Innovation, Industry, Science and Research, is also conducting research into

how technology can be used to ensure that all young Australians are safe, happy, healthy and resilient. Led by the Inspire Foundation, it brings together young people, researchers, practitioners and innovators from 63 organisations from across the not-for-profit, academic, government and corporate sectors to improve the mental health and wellbeing of people aged 12 to 25.

Representatives of the NHMRC attended the most recent meeting of the Australian Suicide Prevention Advisory Council (ASPAC) on 23 April 2013 to discuss the issues that impact suicide prevention research.

The Australian Government has asked ASPAC to prioritise the identification of suicide prevention research activity, including youth, in the implementation of the National Suicide Prevention Action Framework, and will continue to support research initiatives in this area.

Additionally, both the National Male Health Policy and the National Women’s Health Policy 2010 identify mental health as a priority health issue and are supported with funding for the expansion and establishment of Longitudinal Studies.

The Australian Longitudinal Study of Women’s Health is established and notes the higher prevalence of depression and anxiety among females and a higher occurrence of plans to suicide and suicide attempts. Additional funding of \$5.3 million over four years (from 2010-11) has been provided to add a new, younger cohort to this 17-year study. This new cohort of “Generation Y” women will allow longer term comparisons of the health and wellbeing of Australian women over time.

The National Male Health Policy Longitudinal Study will be the first of its kind and will focus on measures of the social determinants of health, including mental health. It will pay particular attention to key life events such as commencing high school, employment entry and early relationships.

Recommendation 4

The Committee recommends the Department of Health and Ageing, in conjunction with state and territory governments, facilitate the sharing of evaluations of existing programs and youth-suicide research across the entire suicide-prevention sector, through the establishment and maintenance of an online program-evaluation clearinghouse. (para 3.50)

Response

The Australian Government supports this recommendation and has initiatives in place to address it.

The LIFE Communications project and [living is for everyone](http://www.livingisforeveryone.com.au) website (www.livingisforeveryone.com.au) provide a broad sector communication strategy and resources, facilitate the sharing of expertise, knowledge and information between stakeholders, and conduct workshops on evaluating suicide prevention projects. The LIFE website provides links to relevant research, including that of the National Centre for Excellence for Suicide Prevention, and provides details of projects funded under the National Suicide Prevention Program.

The National Mental Health Commission, established on 1 January 2012, is a small, focused agency with an accountability and advisory role. Its functions include: providing advice on program evaluations; identifying opportunities to maximise the use of data to inform policy development and to increase data sharing and consistency; highlighting gaps within mental health service systems; and engaging consumers and carers in mental health policy and service improvements.

Additionally, an evaluation of the National Suicide Prevention Program is currently underway and is scheduled for completion in June 2013. This evaluation will examine how effectively the aims and objectives of the National Suicide Prevention Program, and projects funded under it, have been met.

3. TARGETING SERVICES FOR YOUNG PEOPLE

Expanding early intervention programs for young people

As part of mental health reform, the Australian Government is investing \$491.7 million over five years for the expansion of youth focused early intervention models, such as the expansion of **headspace** to 90 sites nationally, and the *Outreach teams to schools* measure which delivers suicide postvention and risk awareness services.

In addition, the KidsMatter Primary program is being expanded with investment of \$27.9 million over five years, under the *Taking Action to Tackle Suicide* package. This program aims to support mental health promotion, prevention and early intervention for all children through universal evidence-based school and early childhood programs. This investment will assist schools to help children to develop social and emotional skills, and create a supportive school environment.

MindMatters is a mental health promotion, prevention and early intervention initiative for Australian secondary schools. It provides evidence-based resources for classroom use, training for teachers, support for school leadership and strategies and resources to increase student’s awareness of mental illness, reduce stigma and increase help-seeking behaviours.

ADVISORY MECHANISMS

Recommendation 5

The Committee recommends that the Australian Government, in consultation with state and territory governments and other key stakeholders, undertake appropriate consultation and engagement with young people to:

- **further develop approaches to youth suicide prevention as part of the National Suicide Prevention Strategy;**
- **develop new youth suicide prevention initiatives and programs;**
- **to evaluate existing youth suicide prevention measures; and**
- **share information. (para 4.19)**

Response

The Australian Government supports this recommendation, and has initiatives in place to address it.

For example, **headspace** Youth National Reference Group is a diverse group of young people, ranging in age from 16 to 25 years, who have either experienced a mental health issue or who have an interest in the area. The group assists **headspace** in a variety of ways and provides a platform for engagement and consultation to ensure **headspace** services resonate with young people. This group is being engaged to ensure the service delivery model of the *Outreach to schools* measure complements current activity in terms of school based suicide prevention and postvention support.

The Family Mental Health Support Service (FMHSS) 2011-12 budget measure which is funded for \$61 million over five years, is designed to provide early intervention and intensive support for children and young people affected by, or at risk of, mental illness and their families. This measure is in recognition of the fact that mental illness in adults often has its origin in childhood and adolescence. Young people experiencing mental illness are at increased risk of attempting or completing suicide. Providers funded under this measure will be required to meet the National Standards for Mental Health Services which include Standard 3: *Consumers and carers are actively involved in the development, planning, delivery and evaluation of services*. By meeting this standard, providers will involve young people in the process of ensuring the services are appropriate and effective in responding to their mental health needs.

In addition, the Australian Government Office for Youth manages the Australian Youth Forum, a formal communication channel between the Australian Government, young people and the youth sector. The Forum engages directly with young Australians so that their voices can be heard and reflected in government policies and programs.

The Forum model employs a number of mechanisms to support the engagement of young people. These include the Forum website, discussion topics, online surveys, social media and direct engagement events. The Forum also engages an eleven member Forum Steering Committee, and funds the Australian Youth Affairs Coalition.

Effective participation models and consultative mechanisms that actively engage young people, such as **headspace** Youth National Reference Group, and those established under the Australian Youth Forum, reassert the value in providing opportunities for young people to contribute at a national level to help shape the decisions that directly affect them.

The Hon Mark Butler MP, Minister for Mental Health and Ageing, has consulted directly with young people through face-to-face discussions and online forums, hosted by the Inspire Foundation. These events have provided young people (14-25 years) the opportunity to directly engage with the Minister, prioritise topics for discussion and make recommendations for youth mental health service reform.

The recently revised and expanded membership of the Australian Suicide Prevention Advisory Council for the first time includes a young person with experience in mental health advocacy. Over the coming months, the Council will continue to review the *National Suicide Prevention Strategy Action Framework* for the period 2011-2014 giving consideration to youth related initiatives and the particular vulnerability of young people.

Additionally, the Roadmap provides for a number of important strategies that will help Commonwealth, State and Territory governments tackle mental health issues that are relevant to youth suicide prevention, including:

- Enhancement and implementation of mental health and social and emotional wellbeing programs in parenting, perinatal care, early childhood development, pre-school and school communities;
- Better equipping early childhood and education workers and institutions to support and assist children and young people who may be at risk of developing mental illness and their families; and

- Building the competency of early childhood and education workers and institutions to identify and respond effectively to early signs of mental health issues.

The Australian Government will continue to engage with young people on the development and implementation of policy and programs that affect them.

REFERRAL AND CARE COORDINATION

Recommendation 6

The Committee recommends that the Australian Government establish well defined linkages with existing programs addressing issues of cultural, educational, employment, social and economic disadvantage, so that initiatives under the National Suicide Prevention Strategy are recognised as an integral part of a holistic approach to youth suicide prevention. (para 4.22)

Recommendation 7

The Committee recommends that the Australian Government, in consultation with state and territory governments and non-government stakeholders, establish partnerships between departments of education and community-based service providers to ensure continuity of care for school leavers by facilitating referral of students to external counselling services where appropriate. (para 4.25)

Response

The Australian Government supports these recommendations and has taken action to address them through a range of policy and program responses across several portfolios.

A range of programs are funded by all Australian Governments to establish linkages and referral for the holistic care of clients. Such programs include psychosocial programs and support groups, respite for young carers, and support services for young people facing family breakdown.

The **headspace** program of youth focused mental health services will be expanded to 90 sites nationally. **headspace** provides an entry point for services by engaging a range of youth workers and mental health professionals within headspace sites, and by referring young people to other appropriate services.

Delivered nationally, the MindMatters initiative is a resource and professional development program supporting Australian secondary schools in promoting and protecting the mental health, and social and emotional wellbeing of all members of school communities.

The initiative utilises a range of strategies and resources to engage secondary school students. The program aims to increase a student’s awareness of risk and protective factors, support them to maintain good mental health and builds their capacity to engage in help-seeking behaviours.

The Department of Education, Employment and Workplace Relations directly delivers a number of programs that address disadvantage for young people. Youth Connections Providers strengthen services for at risk young people and ensure that providers of other services in a region are connected and young people are able to access help when they need it, regardless of their institutional context, including high school, tertiary studies and Vocational and Educational Training programs.

These providers also build strong collaborative relationships with providers of other services to at-risk young people, including other Australian government providers, such as legal services, Centrelink and Job Services Australia, and relevant state and territory initiatives and programs.

By working with the School Business Community Partnership Broker in their region and other state and territory programs, Youth Connections Providers assist to build the capacity of those working with at-risk young people, including schools and education providers, to be better skilled at:

- early identification of at-risk young people;
- delivering more effective interventions and support, which may include mentoring for at-risk young people;
- developing reengagement strategies for at-risk young people returning to the learning environment; and
- developing links with, and access to, services and support available in the region.

In addition, the National School Chaplaincy and Student Welfare Program workers regularly deal with issues relating to disadvantage in the school setting. It is a requirement of this program that workers are able to refer students to appropriate support services as required.

The Commonwealth also invests in youth engagement and wellbeing programs to support protective factors. The Sporting Chance Program is an example of how sport and recreation are used as a vehicle to increase the level of engagement of Aboriginal and Torres Strait Islander students in their schooling. The objective of the program is to bring about positive educational and wellbeing outcomes for Aboriginal and Torres Strait Islander students. The program has two elements:

- **School-based sports academies** – innovative, intensive and high-quality, sports-focused learning and development for secondary students.
- **Education Engagement Strategies** - a range of sport and recreation-based activities to engage students in education in remote communities (less intensive) for primary and secondary students.

To further support senior students and school leavers, the Commonwealth also provides information addressing disadvantage through programs such as Vocational Education and Training in Schools, Trade Training Centres, National Trade Cadetships, and National Indigenous Ranger Cadets.

NATIONAL CURRICULUM AND TRAINING

Recommendation 8

The Committee recommends that the Australian Curriculum, Assessment and Reporting Authority include social development education and mental health as a core component of the national curriculum for primary and secondary schools. (para 4.35)

Recommendation 9

The Committee recommends that social development and mental health education for older secondary school students include specific components to assist them to be better prepared for moving from school into the workforce or higher education, and aware of the full range of services available to assist them as they transition from child to adult services. (para 4.37)

Response

The Australian Government notes these recommendations, and recognises that schools play a key role in guiding children in their social development and supporting the transition from school into the workforce or higher education.

Australian Education Ministers have agreed that the Australian Curriculum, Assessment and Reporting Authority (ACARA) should give priority to health and physical education in phase 3 of the development of the Australian Curriculum. During development of the health and physical education curriculum, content such as social development and mental health can be considered and opportunities to participate in consultation will be made available.

The MindMatters initiative provides mental health promotion, prevention and early intervention for Australian secondary schools and has the capacity to support the needs of students throughout their senior secondary education.

The student empowerment component of MindMatters supports the engagement of secondary school students in promoting positive mental health to young people to support resilience building and community engagement.

The Roadmap provides for a number of important strategies that will help Commonwealth, State and Territory governments tackle mental health issues that are relevant to youth suicide prevention, including:

- Enhancement and implementation of mental health and social and emotional wellbeing programs in parenting, perinatal care, early childhood development, pre-school and school communities;
- Better equipping early childhood and education workers and institutions to support and assist children and young people who may be at risk of developing mental illness and their families; and
- Building the competency of early childhood and education workers and institutions to identify and respond effectively to early signs of mental health issues.

The Australian Government will continue to work with states and territories to address the principles of these recommendations.

Recommendation 10

The Committee recommends that teachers receive mandatory training on mental health awareness, including specific training to develop their capacity to recognise and assess suicidal risk. (para 4.51)

Response

The Australian Government supports this recommendation in principle, noting that both government and non-government education authorities have responsibility for the organisation, funding and delivery of school education, includes training.

The MindMatters initiative aims to increase a school's capacity to implement a 'whole-school' approach to mental health promotion, prevention and early intervention by providing hardcopy resource materials, a website, and the opportunity to engage in professional development and implementation support for teachers and school personnel.

The Commonwealth provides funding for the ResponseAbility Teacher Education Program which provides evidence-based resources on mental health and suicide prevention for pre-service education; tertiary and Vocational and Educational Training sectors; teachers and early childhood staff.

The Australian Government has also committed \$550 million over five years from 2008-09, to the *Smarter Schools - Improving Teacher Quality National Partnership* (TQNP) in recognition that teacher quality is the single greatest in-school influence on student engagement and achievement. The TQNP provides a platform to raise student performance and to support other school reforms targeting low socio-economic status school communities and literacy and numeracy outcomes.

Under the TQNP, Australian governments are working collaboratively to implement a range of nationally significant and sustainable reforms targeting critical points in the teacher 'lifecycle' to attract, train, place, develop and retain quality teachers and leaders in our schools and classrooms. These measures are supported by other reforms including those that will develop effective workforce planning and support, improve teacher remuneration structures, increase school-based decision-making and improve teacher education and professional development.

A key reform under the TQNP, the new National Professional Standards for Teachers, is a public statement about what teachers are expected to know and be able to do at all career levels. Standard 1 – *Know students and how they learn* includes the expectation that teachers will develop and implement strategies for students with disability including students with mental health issues. The Standards also encourage teachers to engage with parents and carers in the progress of their child’s education.

Another key reform is nationally consistent accreditation of initial teacher education programs. All programs will be assessed under agreed National Program Standards to ensure that all graduates are appropriately trained and well prepared to begin their career

in the classroom. All graduates must demonstrate they meet the graduate level standards, as outlined in the National Professional Standards for Teachers, in order to obtain provisional registration.

Additionally, the revised National Safe Schools Framework² endorsed by all ministers for education through the Ministerial Council for Education, Early Childhood Development and Youth Affairs in December 2010, was launched on 18 March 2011.

The Framework provides Australian schools with a vision and a set of guiding principles that assist whole school communities to develop positive and practical student safety and wellbeing policies. The Framework and a supporting resource manual are now available to all Australian schools.

² National Safe Schools Framework, 2011. Department of Education, Employment and Workplace Relations. Available at:
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