



Preventing suicide:

THE VOICE OF CHILDREN
AND YOUNG PEOPLE



yourtown

Some people may find the content of these papers distressing. If you start to feel distressed while reading, or you have been thinking about suicide, please talk to someone you trust or call a helpline.

- **Kids Helpline – for ages 5-25 to talk about anything at all**
24/7 phone counselling on 1800 55 1800 or WebChat between 8am and midnight at **kidshelpline.com.au**
- **Lifeline – all ages, for support in a personal crisis**
24/7 phone counselling on 13 11 14 or web chat between 7pm and 4am at **lifeline.org.au**
- **Suicide Call Back Service – for 15 years and over, support when you or someone you know is feeling suicidal**
24/7 phone counselling on 1300 659 467 or see **suicidecallbackservice.org.au**

Where to find more information:

- **Young people:** kidshelpline.com.au, ReachOut.com and Youthbeyondblue.com have some great resources and information for young people who are going through tough times or feeling suicidal, and for young people concerned about a friend.
- **Adults:** You can read ‘Supporting a child who is thinking of suicide’ at kidshelpline.com.au. beyondblue.org.au provide lots of information about anxiety, depression and suicide at any age. If you are a concerned

If you or someone you know is in immediate danger, call 000 for an ambulance.

parent, they have a family guide to youth suicide prevention. ReachOut.com also has a parent site with information to help parents support their teenagers. Conversationsmatter.com.au has tips for safe suicide discussions and other resources for both the general public and professionals.

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Introduction

Suicide is the leading cause of death among young people aged 12-25 years. In 2016, 153 young people in Australia aged between 5 and 19 years died by suicide and many more thought about or attempted suicide.

Many organisations and individuals are working hard to understand what's happening for young people and develop strategies that will make a difference. As a service provider and advocate for young people, **yourtown** is committed to contributing to this work. In October 2015, we published a discussion paper that summarised existing knowledge about youth suicide, highlighted the unique experience of young people and raised a number of questions relevant to providing effective responses.

We strongly believe that the voice of young people needs to be heard, especially when it comes to national plans and policies that affect them. Consequently, we invited young people who had lived experience of feeling suicidal to contribute their views by sharing their experiences of seeking and receiving support when feeling suicidal.

Using an online survey on the Kids Helpline website and promoted through Facebook, 472 children, adolescents and young adults

answered questions about how they got help when they were feeling suicidal, who helped them, which experiences were helpful and which weren't, and what advice they would like to give to other young people, families, friends, and those who provide services for young people like them.

Children and young people want to have a voice: 472 took the time to share their experiences with us.

We believe this project to be unique. Researchers have typically collected information about the experiences of young people through focus groups and interviews. The use of an anonymous online survey enabled us to hear from the most marginalised young people, who may lack the confidence to share their experiences openly in a focus group or interview.

Thank you to all the young people who took the time to share their thoughts with us. Your insights were invaluable and are being shared with experts and decision-makers around Australia.

Chapter 1 Seeking and getting help

ARE CHILDREN AND YOUNG PEOPLE GETTING THE HELP THEY NEED FOR SUICIDE?

Overall, only 42% (n=197) of young people who responded to the survey had ever received any kind of help to deal with how they were feeling. As shown in Figure 1.1, young people typically didn't receive help until their symptoms were severe.

Figure 1.1. Severity of suicidality and receiving help.



28%

who were at the thinking stage had received help



39%

of those who were at the planning stage had received help



47%

of young people who had attempted suicide had received help



Some young people were less likely to have received help than others.

- Males were slightly less likely to have received help than females, but the difference was small (37% vs 43%). This is consistent with previous research showing that males are less likely to seek either informal or formal help for a range of issues, including emotional wellbeing, mental health and physical health.
- Young people who speak a language other than English at home were less likely to have received support than others (21% vs 42%). This is also consistent with other research. Migrant families may have poorer mental health literacy

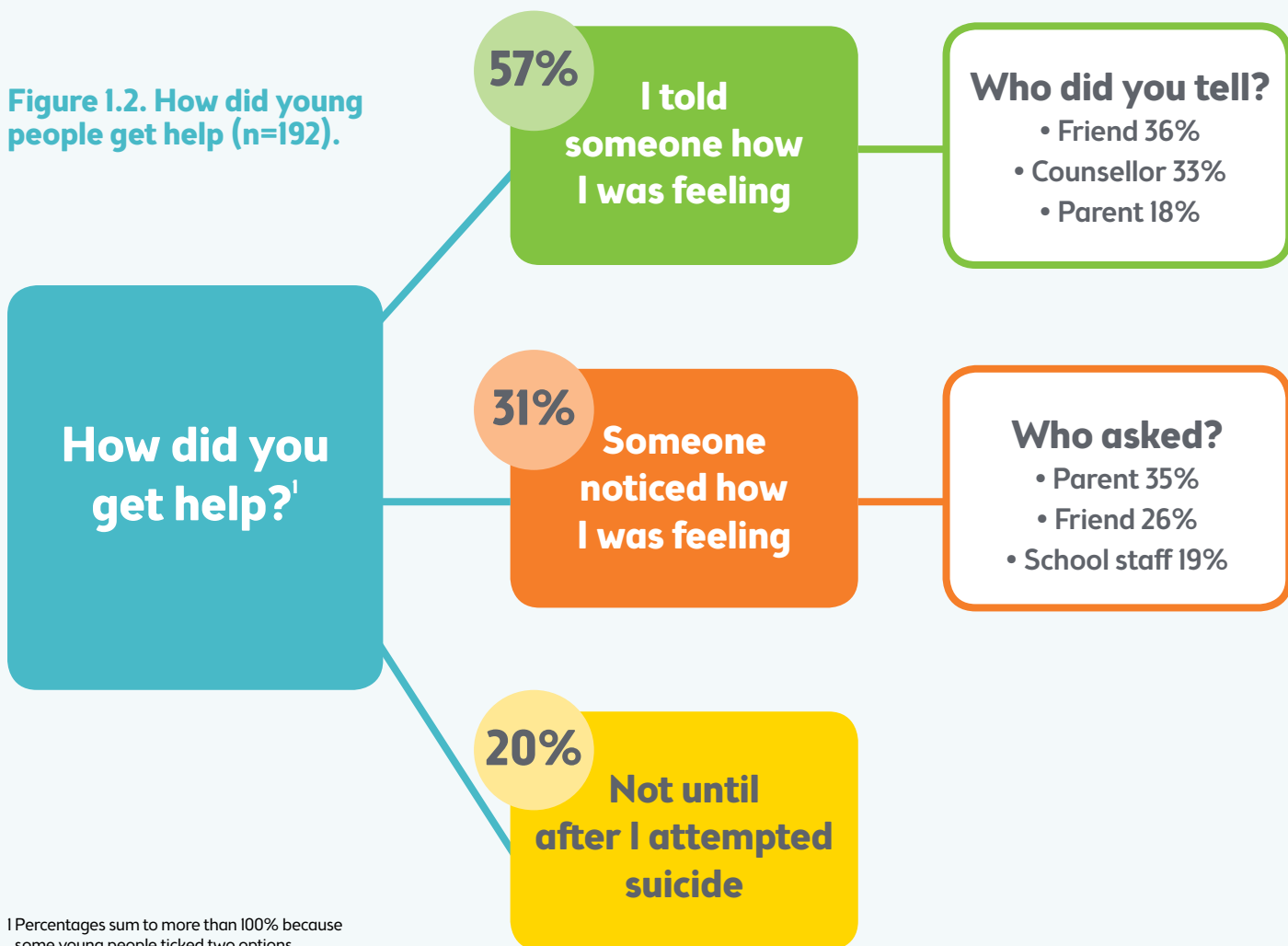
and limited awareness of available support services.

- We didn't find any differences based on where people lived, whether they were Aboriginal and/or Torres Strait Islander, or their sexuality.
- Younger people were less likely to have received help than older people - 59% of those aged 17 years and above had received help, but only 29% of those aged 16 and under. This might be because older people reported more severe difficulties, or it may be that younger people find it harder to seek help or are less likely to be taken seriously when they share their feelings.

HOW DO YOUNG PEOPLE GET HELP?

As shown in Figure 1.2, of those who did get help, more than half told someone how they were feeling, most often a friend or counsellor. Less than a third told us that someone noticed how they were feeling and asked. Although young people were more likely to seek help from a friend than a parent, parents were more likely than friends to notice a problem and ask. Concerningly, one in five of our respondents didn't get any help until after they had attempted to end their life.

Figure 1.2. How did young people get help? (n=192).



¹ Percentages sum to more than 100% because some young people ticked two options.

WHY DON'T YOUNG PEOPLE GET THE HELP THEY NEED?

Many young people don't ask for help, and the people around them don't realise the seriousness of the situation. We know that distinguishing between normal child and teen ups and downs, and the kind of depression or distress that indicates a person is thinking about suicide is extremely difficult. In fact, young people told us they often hide their feelings because they're scared of how people will react or they feel ashamed and embarrassed.

Stigma

The main thing that young people told us prevented them from actively seeking help was the stigma that surrounds mental health problems, self-harm and suicide.

"I didn't want to be judged or thought of differently. There's such a stigma about it so I just kept quiet."

"I find that if I talk to someone they won't understand or they will find me weird and never talk to me anymore."

"Stigma, stereotypes and being too proud to want to ask someone in case they see me as weak or incapable of fixing things myself."

Young people often used the words 'fear', 'afraid' and 'scared' when telling us what made it hard to seek help. This was sometimes to do with stigma and a fear of 'being judged', but was often a fear that people wouldn't believe them and wouldn't do anything to help.

"Being scared that the way I was feeling would be brushed off or called ridiculous or telling someone and them not doing anything to help."

"Scared of what they would say, embarrassed, felt like no one could help."

"No one understands what I'm going through. When I tried to tell someone close to me they thought it was a joke. They didn't take me seriously and didn't help me."

"Just listen and don't judge. When someone says they have an illness, don't respond with 'Are you sure?', 'You don't look like it' or 'Maybe it's just a mood thing' as it can make it worse."

Young people often hide their feelings because they're embarrassed, ashamed and scared of being judged or ignored.

THE MYTH OF ATTENTION SEEKING

Many young people told us they didn't talk to anyone because they feared being labelled an attention seeker.

"I feel so weak. Everyone will think that I'm using it for attention."

"I didn't want to look like I was just saying that I am depressed for attention."

"Every time I think of telling someone, I immediately think they will joke about it and say I'm lying and an attention seeker."

They also described experiences that showed these fears were sometimes justified. Young people's experiences indicated that a range of people, including friends, family and medical professionals, believe the myth that self-harming or talking about depression or suicide is a form of attention seeking that need not be taken seriously.

"My parents assume I'm okay and I'm just trying to get attention and they think I'm trying to be 'that person' when I really honestly need help."

"(What else would have helped?) Having a family that was supportive and listened to me instead of telling me I'm attention seeking or lying."

"For families – your child/loved one is not attention seeking, listen to what is going on for them and ask what you can do to support/help them."

"When I went to my so called best friend for help she made me feel so much worse. All she said was that I was being an attention seeker and I need to grow up and deal with my problems."

"[a friend] would often and still does claim that self-harm is for attention-seekers on Tumblr, and that it's not really a thing."


Responses to our survey were consistent with what we already know. Talking about death or suicide, about feeling hopeless, or about having no reason to live are warning signs that a person is at risk. Asking for help requires courage – people often don't ask until they're desperate.

"If someone comes to you don't laugh at them, help them because it takes a lot of courage to ask for help especially in today's society."

"To family members: If a child tells you they are suicidal, know that it takes great courage to do so, and that they are desperate for help."

"If someone has the guts to tell you about how they're feeling, don't take it lightly! It takes a lot of guts to speak about stuff like [suicide]."

People who disclose that they are thinking about suicide are calling out for help – giving them the attention they need may save their life.



**Suicidal young people are not attention seekers.
In fact, they often don't seek help because they feel
worthless and undeserving.**

Feeling worthless and being a burden on others

In contrast to the idea that young people are 'attention seekers', previous research has shown that suicidal people often don't seek help because they feel worthless and undeserving. A number of responses to the question, 'What made it hard or stopped you from talking to someone or getting help?' reflected these beliefs.

"I felt that I was not worth being helped."

"No one likes me and I feel like I am no longer needed to the world."

"Didn't think anyone could be bothered with me and that they had more important things to worry about."

"I see many other people with problems that seem far greater than my own, so I just stay silent and deal with it myself. When/if I talk about my problems I feel like a burden or I am annoying people."

Young people also put the needs of others ahead of their own and didn't want to worry people.

"I'm extremely close with my mum and tell her everything but after seeing her cry when she saw my cuts 4 years ago I've kept almost every aspect of my mental health to myself. I don't want people to worry about me."

"My brother has exams at the moment so I don't want to tell anyone in case he finds out and gets distracted from his studies."

"I had a lot building up, but everyone thought I was okay. I had a lot of pressure to be that 'perfect child'. I was getting good grades ... and didn't want to let my family down."

"It's hard to tell the people who care about you that you just can't stand being alive anymore ... even though I know [person] struggled with depression in the past, I still can't bring myself to tell her that I am now. I don't want to hurt her. I don't want to be a burden."

Even when it comes to seeking help, young people may blame themselves and feel guilty if they don't feel able to speak up.

"I sat on the couch, told him I needed to talk about some stuff. Took me probably twenty minutes to say that I "might" have "some problems" with "maybe" depression. Maybe. In my head I was yelling at the top of my lungs, screaming and wailing for him to just understand and help me already. He didn't. How could he? He's no mind reader. We watched some TV. Joked back and forth. Then I left. I went home. I felt so guilty. I tried so hard to tell him, to really reach out properly, but I didn't. In the end, I didn't. I felt like such a coward. It wasn't his fault, after all. I was a coward. I didn't tell him much. One day I could die, and he'll be blindsided, crushed even. Because when my life depended on it I couldn't say a thing."

WHAT HELPED YOUNG PEOPLE TO SEEK SUPPORT?

When we asked young people what helped them to open up to someone, a common theme was trust – the importance of having someone that could be trusted to be supportive and not judgmental.

“What helped me to talk to someone is to be able to trust them with how you’re feeling.”

“They are people who I trust completely and they are non-judgemental.”

“Knowing that they will listen, I can trust them, they won’t judge, and they actually genuinely want me to be better.”

“I was already engaged in counselling and I trusted the counsellor. I felt comfortable with the counsellor.”

“I told my Counsellor because I trusted her. Even though it was hard for me to talk about anything going on I knew she would understand.”

“They were 2 really good friends that I could trust to listen to me openly and love me but not tell everyone.”

Concern about how their death would affect those close to them gave some young people the courage to speak up.

“Decided to get help to see if there was a chance of getting better because I knew my suicide was going to be really hard on my boyfriend even though I thought he would be better without me.”

“I was at the point where I was seriously worried about myself and I had a visual of what my family would go through if I killed myself.”

A number of young people told us they didn’t tell anyone until they reached a point of desperation. These comments were consistent with what we already know about suicide. Many people who take their own life don’t actually want to die, but they feel unable to continue life the way it is, and death seems like the only option to escape the pain they feel.

“The first episode I had, the thing that made me talk to someone was the fear I would kill myself. I was so up and down, one second I thought it was the only option, next I thought I had the world to live for and killing myself was the stupidest idea I’ve ever thought of. I knew I had to get help before I made that mistake.”

“97% of the time I have been suicidal I haven’t actually wanted to die, I have just wanted the pain to stop.”

“I was scared with how I was feeling. I wanted to kill myself, I wanted to end my life which actually goes against the human instinct of survival. I decided to tell someone because I decided that I needed help urgently or else I could end up dying.”

“I feel so out of place and I just screw everything up. I’m terrified to die but I feel like it’s the last option I have.”

People who take their own life often don’t actually want to die – they just feel unable to continue life the way it is, and death seems like the only escape from their pain.

CONSEQUENCES OF NEGATIVE EXPERIENCES SEEKING HELP

Young people told us that it takes a great deal of courage to seek help for mental health problems and suicidality. Hence, a negative first experience can have

significant consequences for future help-seeking, particularly if the negative first experience is with a professional.

“My family. They didn’t believe me and thought I was lying. So when I attempted I didn’t tell anyone.”

“I was seeing a psychologist with the hope of stopping my self harming. The psychologist told me that I most likely would never stop. Hearing that I went home and of course stopped trying to stop. ... My response was to eventually attempt suicide because I believed her when she told me I wouldn’t get any better.”

“I once called [service] because I was feeling awful but didn’t know if I would do something. The attendant told me to go speak to someone else about it ... When I told her I had no one

to talk to, she proceeded to go through everyone I could talk to. With each answer I said it was impossible, but she would then become defensive about it and start saying I was just overthinking it. The whole incident made me feel worthless and that no one actually cared about my wellbeing, which worsened my bad feelings.”

“I went to a GP who would not give me a mental health care plan because I would not show her my self harming. She was rude and patronising and put me off seeking professional help for a couple of years. She implied that I was making everything up. I felt stupid and small and ashamed.”

“Before seeing the school counsellor, I had gone to the website beyondblue.org and taken a test to determine how low or high my depression was and I scored a high. The test had advised to seek help one being a general practitioner for referral to a person who is equipped to help me. I was in the stages where the thoughts of suicide were constant. I went to a medical clinic after school which was very hard because I was so afraid someone might see me and recognise me there. I asked for a doctor and the entire time a part of me was thinking that I didn’t need to talk to a doctor but another small part said don’t leave yet, maybe they can help. Once I met the doctor, told her my symptoms and what I was feeling and experiencing, all she said was to come back in a few more weeks. She did not do any psych evaluations or anything remotely helpful. I left the clinic feeling heartbroken because I was thinking that if a doctor can’t help me then who can? They are supposed to help but after leaving that office I felt like it was a sign that maybe I am not supposed to be alive. I lost faith in anyone helping me. I felt like the doctor had given me permission to kill myself.”

WHAT CAN OTHER PEOPLE DO TO SUPPORT SOMEONE TO GET HELP?

Young people want someone to ask if they're okay.

"If someone could've noticed. People say I'm Okay, but usually they are lying. There needs to be more awareness."

"I just want someone to ask me if I ever had suicidal thoughts, my reply will be yes. No one really knows how sad I am."

"I could have spoken to someone about how I was feeling, because I think a big part of it was having to keep this massive part of my life to myself. I think I just needed someone to properly ask me how I was."

"For family and friends I would say that just because someone is really down and tells you to go away, don't leave them alone if you are worried ... I have often told someone to go away and just leave me alone when I was suicidal, when all I really wanted was to tell them what was wrong."

"I often can't or won't ask for help if I need it. No matter how badly I need it. The most I can manage is "Hey, so, I think I might maybe have a little problem with depression, maybe." Often with some muttering, mumbling and long periods of silence in between. Even though in my head I'm screaming "help me" at the top of my lungs I can't get a word out."

Friends can help by telling a trusted adult.

"Even if it seems unlikely that your loved one is depressed always tell an adult, teacher or professional just to be sure."

"For friends: watch out for the warning signs, ask your friend if they are considering suicide. Tell a trusted adult. Get your friend help and support."

"Don't be afraid to call an ambulance, even if they say they'll hate you for it."

"My best friend was the one who told the wellbeing teacher who told my parents so in the long run she has helped me so so much. I wouldn't be here without her."

"It would've helped if my family or friends noticed something was wrong. When I used to cut a lot I'd

come to school with bandages up my arm, it wasn't exactly subtle, not once did one of my friends ever think to tell a teacher."

Counselling can make a difference, but young people often need encouragement and support to access professional services.

"[I needed] someone I could talk to who was qualified and didn't involve effort (I was very depressed and couldn't see the point in seeking help)."

"Offer to help them call Kids Helpline or another service and sit with them for support (if they want you to) whilst they make that call, or go with them to headspace or another face-to-face support centre."

Young people told us that although they may not ask for help, they do want help, and they're often hoping someone will notice.

PARTICIPANTS' MESSAGES FOR OTHER YOUNG PEOPLE

"Just be brave and reach out for help and support if you need it, it doesn't make you weak, it actually makes you stronger and it is a really positive step."

"Just take it one day at a time, put yourself out there to the services available because eventually something will make you feel better."

"Speak up. Talk to someone. It's better to talk to someone before these thoughts consume you, and you ultimately do something you regret."

"Reach out for help, until you get what you need. I know it's hard, and I'm sorry this isn't easy. Keep

going and don't give up. It sucks trying to ask for help, but it will be so worth it."

"I would tell the young people to reach out to someone, don't do it alone. You might believe that no one really gets you or that you deserve to feel this way. But just reach out. Let someone in so you don't have to do it alone."

"Talk, talk, talk to someone like Kids Helpline, Lifeline, headspace, or organisations like this especially if you don't feel like you can trust family etc. Talking is the only way out of suicide and it doesn't matter if what you say sounds really dumb you will feel better saying than keeping it inside."

"Talk to someone. Anyone. Find someplace where you can be as anonymous as you'd like, or as known, but just find someone to talk to. Find someone who'll listen. Online forums can work miracles, and strangers can be your angels."

"I think get help as soon as possible is the best advice I can give... Because if you wait too long it will just get worse and worse till breaking point."

"Tell someone. Don't let the fear stop you."



Chapter 2 Young people's experience: What helps and what doesn't

WHERE DID YOUNG PEOPLE GET HELP?

We provided young people with a list of possible sources of support and asked whether they sought help from this source, and if so, how helpful they were. As shown in Table 2.1, the most common sources of support were friends and parents. Many young people had seen a face-to-face counsellor or psychologist, and almost as many had used telephone counselling.¹

Young people with more severe suicidality were more likely to have received some kind of help. In particular, they were more likely to have received professional support from a GP, a counsellor/psychologist, or a psychiatrist, and were more likely to have been in hospital.

WHICH SOURCES OF SUPPORT DID YOUNG PEOPLE FIND MOST HELPFUL?

Table 2.2 presents each source of support in order from most to least helpful. Psychologists and counsellors were the most helpful source of support, and parents and family members were the least helpful sources of support. The results highlight the need to raise awareness and understanding of mental health problems and suicide in the community.

Table 2.1. Number (%) of young people who received help from each source of support. (n=192)

	N (%) who got help from this person
Friend	117 (60.9)
Parent	116 (60.4)
Psychologist/counsellor	115 (59.9)
Telephone counselling	102 (53.1)
GP	100 (52.1)
Online	95 (49.5)
School	93 (48.4)
Psychiatrist	84 (43.8)
Headspace	75 (39.1)
Hospital	70 (36.5)
Other family member	70 (36.5)

¹ This may not reflect the level of use of tele-web services by the broader population of young people experiencing thoughts of suicide. The survey was accessible from the Kids Helpline website, meaning that our sample over-represents users of that website, and probably users of Kids Helpline counselling.

Table 2.2. Number (% of those who used that source) of young people who found each source of support not at all helpful, fairly helpful or very helpful. (n=192)

	Not helpful at all	Fairly Helpful	Very helpful
Telephone counselling ²	15 (14.7)	34 (33.3)	53 (52.0)
Psychologist/counsellor	20 (17.4)	44 (38.3)	51 (44.3)
Friend	16 (13.7)	53 (45.3)	48 (41.0)
headspace	21 (28.0)	25 (33.3)	29 (38.7)
School	25 (26.9)	34 (36.6)	34 (36.6)
Online	18 (18.9)	43 (45.3)	34 (35.8)
Hospital	29 (41.4)	20 (28.6)	21 (30.0)
Psychiatrist	27 (32.1)	33 (39.3)	24 (28.6)
GP	32 (32.0)	43 (43.0)	25 (25.0)
Parent	51 (44.0)	40 (34.5)	25 (21.6)
Other family member	33 (47.1)	27 (38.6)	10 (14.3)

² We note that our sample may be biased because it probably over-represents users of Kids Helpline.

When young people accessed a mental health professional such as a counsellor or psychologist, they usually found that person to be helpful.

“My psychologist has been amazing. I think it helps that she is a bit younger (30s) and she’s very non-judgemental.”

“The trust and rapport I have built with my counsellors has helped me to talk openly and honestly about what is going on and trust what they have to say. My counsellors have really helped me not to give up when I have really felt like the only thing that would be best is to end my life. I’m so grateful to my counsellors.”

As the following stories show, non-mental health professionals such as teachers and GPs can also be extremely useful sources of support.

“When I made the decision to see my school counsellor, she was very patient and let me have a good cry and then slowly asked questions that I felt needed to be asked and no one had ever asked me before. e.g. How long have you been sad or angry? What triggers a bad mood? Are you eating/sleeping? What can I do to help? The last question was probably the best thing anyone had ever asked me. She wasn’t looking at me like another case but as someone who just needs a little help and a hug.”

“I’d just been beaten up pretty bad by a family member. I went to get my injuries checked out by a new GP I had never seen before. She made me feel comfortable enough to tell her what really happened. She treated my injuries and then opened up a discussion about mental health and made another appointment with me to talk about creating a mental health care plan. It was such a positive experience

to come out of such a negative one. The first GP I ever told about the family violence I have/was experiencing at the time didn’t bring up mental health so I felt like I couldn’t bring it up either.”

However, young people described many unhelpful experiences with education and medical professionals, suggesting a need for more awareness and understanding of mental health and suicide among these groups.

School staff were reported to be helpful more often than not, but more than a quarter of young people found them ‘not at all helpful’.

The helpfulness of support from medical professionals, including hospitals, psychiatrists and GPs, varied. For example, while 25% of young people described a GP as ‘very helpful’, 32% described a GP as ‘not at all helpful.’


“Certain staff at my school were extremely unhelpful and told me to ‘suck it up’ and come back to school full time instantly (I was missing a lot of school due to severe anxiety/depression).”

“I met with a psychiatrist who told me I wasn’t very self aware because I couldn’t answer some of his questions. He made me feel dumb and very anxious.”

“One time a doctor told me that my life is fine and that he had gone through harder stuff and I should just be happier.”

“Various staff members (in an adolescent psychiatric ward) were also inappropriate – one told me that I’d never be able to be a teacher because I have scars.”

School staff, medical professionals and community members need training to help them respond to suicidal young people effectively.



Good friends can help young people feel valued and wanted but peers may need support to understand and know what to say.

Close friends were an important source of emotional support for many young people. Good friends were described as listening without judging, showing that they care, and helping the young person to feel valued and wanted.

“Being able to talk to friends about how I feel made me feel like I wasn’t alone and their support helped me through the tough times.”

“Talking to a friend, I felt that they cared and wanted to be there for me. Being able to share with others and have them let me know they were there for me and wanted me around, it made me feel valued and wanted.”

“Friends were really supportive during this time. Although I never told them that I had thought about taking my life, they could see something was up, and were always asking if I was ok and just letting me know that they were there, which was really helpful.”

The broader peer group was often less understanding, both in their general attitude to suicide and their response to an individual. A small number of responses described malicious behaviour by peers, but many unhelpful experiences suggested that peers simply lack understanding of suicidality, are uncomfortable with the situation, and don’t know how to respond appropriately.

“When your friends are around you and they are talking about it. They will start asking questions like ‘Why did you do it?’ ‘Did it hurt?’ ‘What did it feel like?’. Those questions made me feel unsafe and depressed.”

“Had my friend screenshot messages of me talking about my self-harm and sending them to my enemy and getting them spread around my school and losing all my friends because they thought I was an attention seeker.”

“Sometimes when talking to ‘friends’, the type of friends that are around but not really there, sometimes they don’t understand, sometimes they will leave you.”

THE IMPORTANT ROLE OF PARENTS AND CARERS

Our data showed that parents and carers are a very important source of support for children, adolescents and young adults. As noted previously, 60% of respondents who had received help had sought it from a parent or carer. When young people wrote responses to open-ended questions, they wrote about parents more often than any other person.

Concerningly, 44% of young people found their parent 'not at all helpful' and only 22% found their parent 'very helpful'. Findings from analysis of open-ended questions were consistent with this. Descriptions of helpful experiences rarely featured parents, but descriptions of unhelpful experiences were often about interactions with parents. When we counted the number of references to parents that described either a helpful or unhelpful experience, we found that more than 80% described unhelpful experiences.

Many descriptions of parents' responses to disclosure of mental health problems or a request for help highlighted a lack of understanding of suicide and mental health problems and a tendency to either not believe the young person or to trivialise their feelings.

For this reason, we have dedicated a separate chapter to young people's experience with and advice for parents and carers – "Chapter 3: Messages for parents and carers."

YOUNG PEOPLE'S EXPERIENCE: WHAT HELPS?

Two key forms of support were consistently described as making a real difference and setting young people on a road to recovery:

1. Professional counselling and psychological therapy
2. Caring relationships with others.

There was some overlap between the roles of these supports, with many young people writing about the importance of their relationship with a counsellor or psychologist as much as about the 'treatment' provided. Hobbies, interests and music were also described as helpful by some respondents.

Professional counselling and psychological therapy

Counselling and psychological therapy was described as beneficial because it provided a safe space for the young person to share their thoughts and feelings, and because young people gained self-awareness and learnt strategies to manage their emotions and stay safe. This applied to face-to-face, telephone and online counselling services.

"It has taught me that whatever I am feeling is okay, that my feelings are there for a reason and I don't need to be sorry for them. Having the space to just say whatever is on my mind or what I am feeling, to be able to just get it out. It enabled me to learn patterns and learn my strengths, and to use those in the times that I need them the most to help keep me safe."

Young people told us that quality professional counselling made a real difference.

“Finding a counsellor that I connected with and actually having a place to go where I feel safe. Having access to online support literally saved my life.”

“Having someone to talk to and a 'rational' voice to help me work things through when things have gotten really overwhelming and hard to think clearly ... The strength based and client-centred approach my counsellors have used has really helped me to hold onto hope, believe in myself a little more and find myself and strengths.”

“I started seeing a Psychologist, and she was helping me deal with my feelings and I was also doing ongoing workshops at [organisation] and they were helping me get out of my comfort zone. That combination was the best thing that ever could have happened to me.”

“Calling [service] a lot was the best thing I ever did to overcome suicide - the counsellor made me think about practical ways of feeling safe which is not something I thought of on my own. These calmed me down and forced me to think of different things instead of the constant loop of suicide ... Explaining my story really helped clarify my feelings for myself and took a terrific weight off my shoulders and had an immediate effect of reducing my suicidal behaviour ... Finally through the counsellor's support and the relationship I began to experience different parts of life and learn and practice new skills.”

Caring relationships with others

Feeling suicidal can be an extremely isolating experience, and many young people felt completely alone.

“Sometimes when you're feeling so down and alone it can feel like there's no way out and you're stuck with all these suicidal thoughts and plans.”

“Although I have friends and was living with my family at the time, I felt alone.”

“Despite having friends and people around me, I would often feel alone, hopeless and worthless.”

“My mum noticed I lost my appetite so having someone looking out for me helped because I was sick of being alone.”

Consequently, supportive relationships with trusted others were extremely important. Even in professional relationships, feeling that the counsellor genuinely cared and was not simply doing his/her job was just as important to young people as the content of counselling or therapy.

“The conversation [with a counsellor] felt exactly like one I would have had with my Grandad before he passed away which were always so important to my development as a young person. One hours conversation went quickly, however I will never forget the life changing and potentially saving conversation. I have used it whenever I doubted how many people truly care for me as I can never say he didn't go above and beyond his duty to support me.”

“The fact that she [counsellor] has always been there for me whenever I called was very powerful. It demonstrated to me that I am important and that the person that I was talking to cares about me.”

“One face to face counsellor I had always used to call to check up on me the next day. That made me feel important and valuable but my current counsellors don't do that and it's okay because I know they are busy with clients but it's nice to feel remembered.”



We know that people who are suicidal often believe they are a burden, and that others would be better off without them. Consistent with this, young people told us that it was important to feel wanted, valued and cared for.

“What helped and saved me was someone deeming me as worthy and important.”

“Being able to share with others and have them let me know they were there for me and wanted me around, it made me feel valued and wanted.”

“I feel that when I was most depressed and suicidal, what I really wanted was someone that I feel really cares about me. I was constantly looking for evidence that people actually and genuinely care about me/genuinely want to be there for me.”

“Something else that had helped me was that I had a teacher at school who I really loved and respected and without focusing me, he just let me know he cared and wanted to see me make the right decisions.”

“I think that the support of my friends really helped me because they were always there for me and I can tell them mostly anything and having them as friends made me

realise that I shouldn't leave this world yet I should stay put because I have people who care about me and love me for who I am.”

For a small number of young people pets helped them feel needed.

“I take a step back and see that there are good things in life. Like my dogs. They're always happy to see me.”

“There's also my dog. I always think of her and how I couldn't leave her.”

“I have a cat, a rescue. She came to me because she was in a really bad place ... Sometimes when my head has me confused and I'm going dark places I think of her. I like to joke that's she's my guardian angel. I saved her once. She returns the favour day by day.”

“...my worker was a god send. Even when I didn't say anything because I was so scared she stayed and didn't give up on me.”



“I was constantly looking for evidence that people actually and genuinely care about me...”

Often, young people simply wanted someone to listen patiently and without judging.

“My friends support has been good. They let me rant to them whenever I feel bad.”

“People listening and being patient with me and not expecting me to feel better straight away.”

“I just go on to web counselling and say I am feeling down and because I don't know them and I don't worry about them judging me I can say what I feel and I leave feeling so much better.”

“Getting the support from people that I trusted and that I knew had my best interest at heart. They cared and showed me they would be there for me when things got tough. They listened even though they heard the same thing over and over again.”

For some, connecting with others who had similar experiences was useful.

“I think finding an online community of people similar to me really helped. I felt like there were people I could trust.”

“Since I have been at uni, I have found a group of friends who also struggle with various mental health issues. We try not to drag each other down but we have a pact and plan in place for if anyone feels that self harm or suicide is on their minds. It's comforting to know that they will help me get help if needed.”

Hobbies and interests

A number of young people described hobbies as a useful way to distract themselves from negative thoughts and/or to relax.

“Music helps me relax and helps push away negative thoughts.”

“Music is my anchor on bad days I blast songs in my car and sing along like I am famous and everyone loves me.”

“My passion for dance has helped me. When I feel upset, I put all my emotions into dance.”

“Skateboarding gave me an escape and to express myself in the way I wanted to and I could be alone. Skateboarding saved my life.”

“Keeping myself busy. Not with stressful things like school work, but rather leisurely things like creating music playlists or taking photographs.”

For some young people music played an important role that went beyond diversion, to providing a sense of belonging and connection to others.

“Music. I know the music isn't directly to me but when other people told me I was fat, ugly and worthless my bands said otherwise.”

“The only thing that has really helped is music. It makes me feel like I have a place to belong.”

“To be honest music has helped me as I feel like it speaks to me on another level and I can relate to it ... bands make me feel like I have someone that is connecting with me and sharing their experience.”

“I didn't need a diagnosis or structured therapy I just needed/need someone to tell me I'm not alone and listen.”

YOUNG PEOPLE'S EXPERIENCE: WHAT DOESN'T HELP?

It is important to note that for each negative experience described in the following section, we are only able to report the perspective of the young person. It is likely that the other person involved in each interaction would have a different perspective, and both perspectives may be equally valid.

Also, the fact that we received numerous descriptions of negative experiences does not indicate that most young people

have negative experiences. It may be that young people who have had negative experiences were more motivated to participate in our consultation than others.

Nevertheless, we believe that understanding and accepting young people's perspectives and their interpretations of their interactions with others is crucial to engaging them and providing effective support.

Young people described numerous experiences of seeking support that not only provided no benefit, but intensified their negative thoughts and feelings. A number of themes were evident in these experiences, including feelings being trivialised and not taken seriously, disbelief, and a lack of knowledge and understanding about mental health problems and suicide. For example, young people were told that it was just a phase, that they should just 'be happy', or simply to 'get over it.' These comments often came from family and friends, but school staff, medical professionals and emergency services were also mentioned.

Trivialising young people's feelings

The most common theme appearing in descriptions of unhelpful experiences was the young person's feelings being trivialised and not taken seriously.

"I was told by that teacher that she knew I wasn't gonna harm myself.

This made me feel like I needed to prove to her but I wasn't going to. It makes me upset till this day."


"After building up the courage to reach out to my mum to tell her I was feeling suicidal and that I really needed help, all she said was 'Try not to worry so much.'"

"My friends said yeah I think I'm depressed too, then went on to say some random things that happen to anyone, depressed or not. That did not help at all because she just passed it off like yeah, it's just nothing."

"My mum told me it was just a phase which made me feel like she didn't care when she really did and just didn't know the full story."

"When I said I wanted to die, I didn't want to be here, I was told to get over it and that everyone has bad days."

This sometimes appeared to be a function of age, with the responses of both parents and professionals suggesting a belief that a child or early adolescent could not be truly suicidal.



"A lot of people don't understand how it feels, and that it's not something you can just 'get over'."

“My dad tries to talk to me and it's really not helpful because I want to speak and tell him how I feel. He tries to tell me to stop being stupid or silly because to him it's just a teen thing.”

“I saw a psychologist, the first one ever and she blamed my mood swings on my period????”

Disbelief

Young people also described instances of people simply not believing them, and accusing them of being an ‘attention-seeker’.

“Hospital nurse told me I was faking it!”

“When people questioned if it was real/ said that it would go away or when they compared it to something trivial. It would make me think that I was wrong and a liar and then I'd feel worse.”

“I have been to two medical professionals regarding anxiety. The first insisted there was nothing wrong with me, basically scolded me, and sent me off. The second, to seem like they actually had a clue how to deal with me, sent me off with a prescription for reflux tablets.”

“When I tried to tell someone close to me they thought it was a joke. They didn't take me seriously and didn't help me.”

“When I first reached out to my ‘best friend’ for help, he saw the cuts on my arm and said ‘I don't believe you cut yourself, I think it's just red paint and you are after attention’.”

“When I first told my mum I was depressed she said I was too young and that I was being stupid.”

“Having a family that was supportive and listened to me instead of telling me I'm attention seeking or lying [would have helped].”

“One of my friends finally gained the courage to talk to her mother about how she was feeling. It was really brave but her mother just said that it wasn't true and that she was fine. Her mother didn't even want to say the word depression.”

Judgemental attitudes

A small number of young people described overtly judgemental attitudes.

“After spending a week the first time in hospital with amphetamine withdrawals I had to go back to my GP and get a referral to a psychologist, unfortunately the second day I was out I used again because I was suicidal and using was keeping me sane and I was honest to this GP who then judged me rudely and asked me what I expected her to do and that I was stupid. It made me feel worse and of course want to use more.”

“I was treated badly by the nurses because my wounds were self inflicted, and they admitted to me that they were supposed to call the mental health team and have them do a skype session to assess me. But that they couldn't be bothered.”

“When I went to my so called best friend for help she made me feel so much worse. All she said was that I was being an attention seeker and I need to grow up and deal with my problems. I thought I could trust her with my biggest secret and she just made me feel like my mental illness was my fault.”



Lack of knowledge and understanding of suicide

Descriptions of experiences that demonstrated a lack of understanding of mental illness and suicidality were common. In particular, young people encountered beliefs that there should be an identifiable reason for suicidal thoughts (e.g., negative life events), and that overcoming depression or suicidality is a simple matter of deciding to 'get over it'.

"The 'but you have so much to live for' or 'people have it worse than you' speeches have negative impacts."

"If attempting to console someone who is suicidal, understand that that person's feelings are not rational. So do not attempt to 'talk sense into them' or to argue their feelings away based on logic. It will not work because those feelings do not arise out of a logical framework."

"I had a counsellor from a 'suicidal talk service' recently tell me to 'just don't think like that' when I was really distressed and just wanted to end my life."

Difficulty accessing services

Difficulty accessing professional services was mentioned as a problem by a small number of young people. Our survey questions were very broad, meaning that young people were free to write about whichever issues were most important to them or uppermost in their minds. These issues were people, relationships and stigma. It is important to note that this does not imply that providing easy access to appropriate services is not an important issue.

Difficulties with service access included waiting times for face-to-face services, cost of services, and a lack of services in the local area.

"Easier access to professional help – less waiting times and better Medicare subsidies so treatment is more affordable."

"Definitely easier access to professional help would have helped immensely – it still would. Services like headspace are there but kind of inaccessible from where I am."

"Professional services probably would have helped but we don't have many places where we live we have expensive GPs and school counsellors but not much else that I know of."

"It took a long time to be able to seek 'professional services' – about three months and that was during a time in my life where I really need help but all the services either 'couldn't cater for me because they didn't access that area' or were full!!!! NEED MORE SERVICES!!"

A couple of young people referred to long waiting times in online and telephone counselling queues as a problem.

Young people's responses also highlighted a need to overcome barriers that arise from a lack of parental support. Accessing services often requires parents to provide children and adolescents with their Medicare card, transport, and the financial resources to

meet gap payments. As described previously, parents do not always accept the seriousness of a young person's need, and hence do not assist them to access professional services. In some situations, parents own challenging circumstances meant they were unable to support their child.

A small number of young people specifically referred to this issue.

"Family actually being there for me and supporting me rather than discouraging me from accessing support."

"I saw a psychologist for a while until my dad was furious with me for it and said I could not do it anymore."

"Also I think it'd be cool for some programs where people with depression could go to for free, because I have no money and my parents don't do nothing so it'd be cool to go out and do something to help yourself instead of staying in your room on netflix all day."



PARTICIPANTS' MESSAGES FOR FAMILY AND FRIENDS

Young people told us they don't expect family and friends to have all the answers, just to listen without judging, show that they care, and help them get professional support – even when they say they don't want help.

"If a friend tells you they are depressed or suicidal (or you see their self-harm scars) and you do not know what to say, don't say anything, instead just listen. You are not expected to have the answer, just to be a friend."

"Friends: don't leave your friend, they need you ... if they say go away say 'no I'm your friend I don't care if you don't want me here I'm your friend I don't leave friends behind'"

"Look out for your friends – ask if they are okay, and mean it, and listen! There is more to life than school!!!!!! Care for each other, and show your love!"

"If you don't know what to say, that's alright, be honest and let them know that, but also let them know that you are still happy to listen to what's going on for them. Offering to help them call [service] or another service and sitting with them for support (if they want you to) whilst they make that call, or going with them to [service] or another face-to-face support centre. Reassuring them that it's going to be ok."

"To friends and family members, I would say that the best thing you can ever offer to a young person that wants to give up is unconditional love, support, encouragement, constant

reminder of their talents and abilities, thinking highly of them would give them hope and most importantly, be genuine and non-judgemental."

"And to the parents and friends I'd wanna say please be patient, I know it can be frustrating to see us like this when there is seemingly no reason ... But we can't help it either so please keep supporting us and trying your best. One day it'll all be worth it hopefully."

THE IMPORTANT ROLE OF PARENTS AND CARERS¹

As outlined in **Chapter 2: What helps and what doesn't**, parents and carers are a very important source of support for children, adolescents and young adults; 60% of respondents to our survey who had received help had sought it from a parent or carer. When young people wrote responses to open-ended questions, they wrote about parents more often than any other person.

How helpful were parents?

As shown in Figure 3.1, 117 young people reported seeking help from a parent, and 51 of them (44%) reported that the interaction was 'not at all helpful.'

Findings from analysis of open-ended questions were consistent with this. Descriptions of helpful experiences rarely featured parents, but descriptions of unhelpful experiences were often

about interactions with parents. When we counted the number of references to parents that described either a helpful or unhelpful experience, we found that more than 80% described unhelpful experiences.

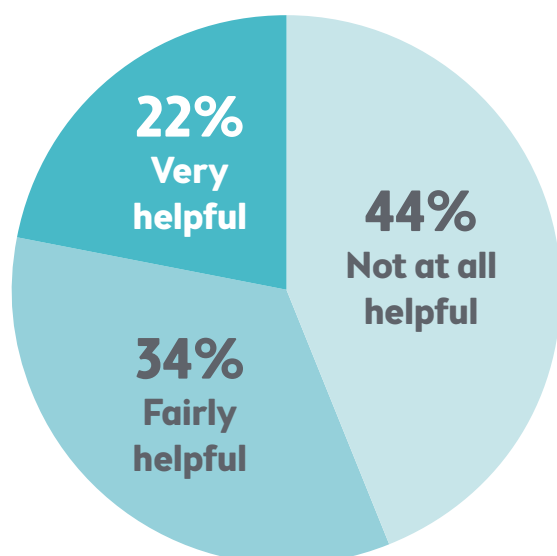
Many descriptions of parents' responses to a disclosure of mental health problems or a request for help highlighted a need for education to raise awareness, reduce stigma and increase understanding of suicide and mental health problems in children and young people. In particular, young people reported that sometimes parents simply don't believe them when they disclose thoughts of suicide and that they make light of their concerns. Young people want their parents to listen without judging, take them seriously, show that they care, and help them get professional support.

As outlined previously, each parent would almost certainly have a different perspective to their child, and both perspectives may be equally valid.

Nevertheless, we believe that understanding young people's perspectives and their interpretations of their interactions with parents is crucial to encourage help-seeking, improve parent-child communication, and enhance families' capacity to provide effective support for their children.

¹ When we refer to parents in this paper, we are referring to an adult who plays a primary role in caring for a child or young person. This could include grandparents, foster carers and others.

Figure 3.1. How helpful were parents? (n=117)



LACK OF UNDERSTANDING OF MENTAL HEALTH DIFFICULTIES AND SUICIDE

Young people's stories suggested that parents often mean well, but don't know what to do.

"My family is very supportive in their own way. But if they had been able to learn more about how to communicate with family members that are experiencing feelings of self harm or suicide, I feel it would have enabled them to connect with me more. Some of the things they did over the years that they thought helped had actually done the opposite."

"They'd put it off to other factors; bad sleeping patterns, not doing things and being active in doing things (e.g. things I like to do) or being social, even online (which is where I spend a lot of time). And then I get really confused because my mum has told me multiple times that she really cares and it kills her to see me sad and if I want to check myself out for things, that is good. So it's a constant push and shove of 'yes this is a good idea' and 'don't worry you'll get over it'."

Young people thinking about suicide often hold a negative concept of themselves and believe they are a burden on others. Hence advice from parents was sometimes interpreted as criticism and well-intentioned comments exacerbated feelings of guilt. In many cases, young people felt worse after talking to a parent than before.

"My mum will tell me that going for a walk or run would really help and joining the gym would help

but what she doesn't understand is when I'm at a low I just can't get up or do anything. I don't have the energy to even eat let alone exercise! And that makes me then think my mum thinks I'm fat, I am fat, I'm lazy, she hates me, I hate me. And so on."

"My mother tried to talk to me about suicide once, however, probably because she was uncomfortable did it in a very joking manner, then demanded I tell her all of my self harm and suicidal thoughts. I felt both undervalued and violated. I dealt with it by further pushing myself away from her."

"Saying things like, 'I would just die if you ever tried to kill yourself, oh you haven't, have you?'... Sometimes people think they're being helpful but they're just making you feel really guilty and terrible."

Young people's responses suggested that some parents didn't recognise that depression is an illness and hence didn't understand that the young person can't simply 'get over it'.

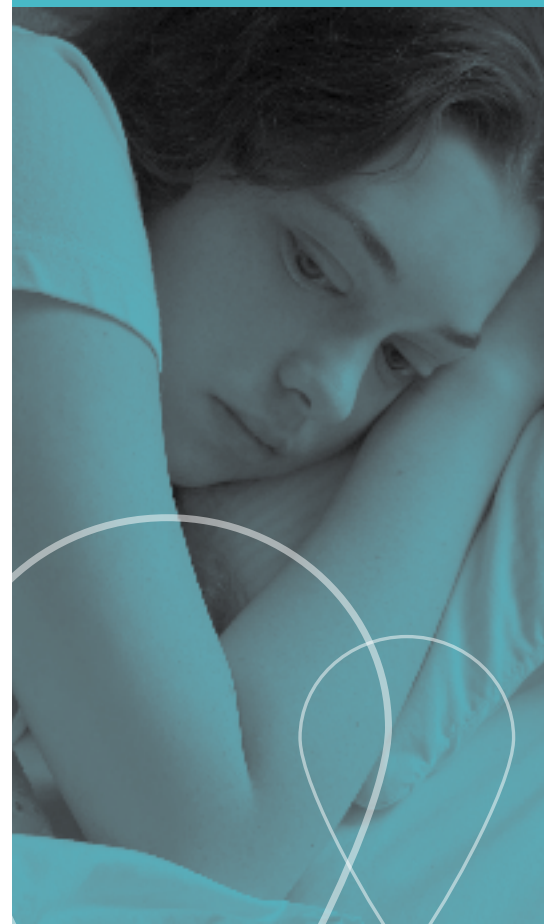
"Educate people on mental illness being an illness rather than a 'flaw' or 'part of one's personality'."

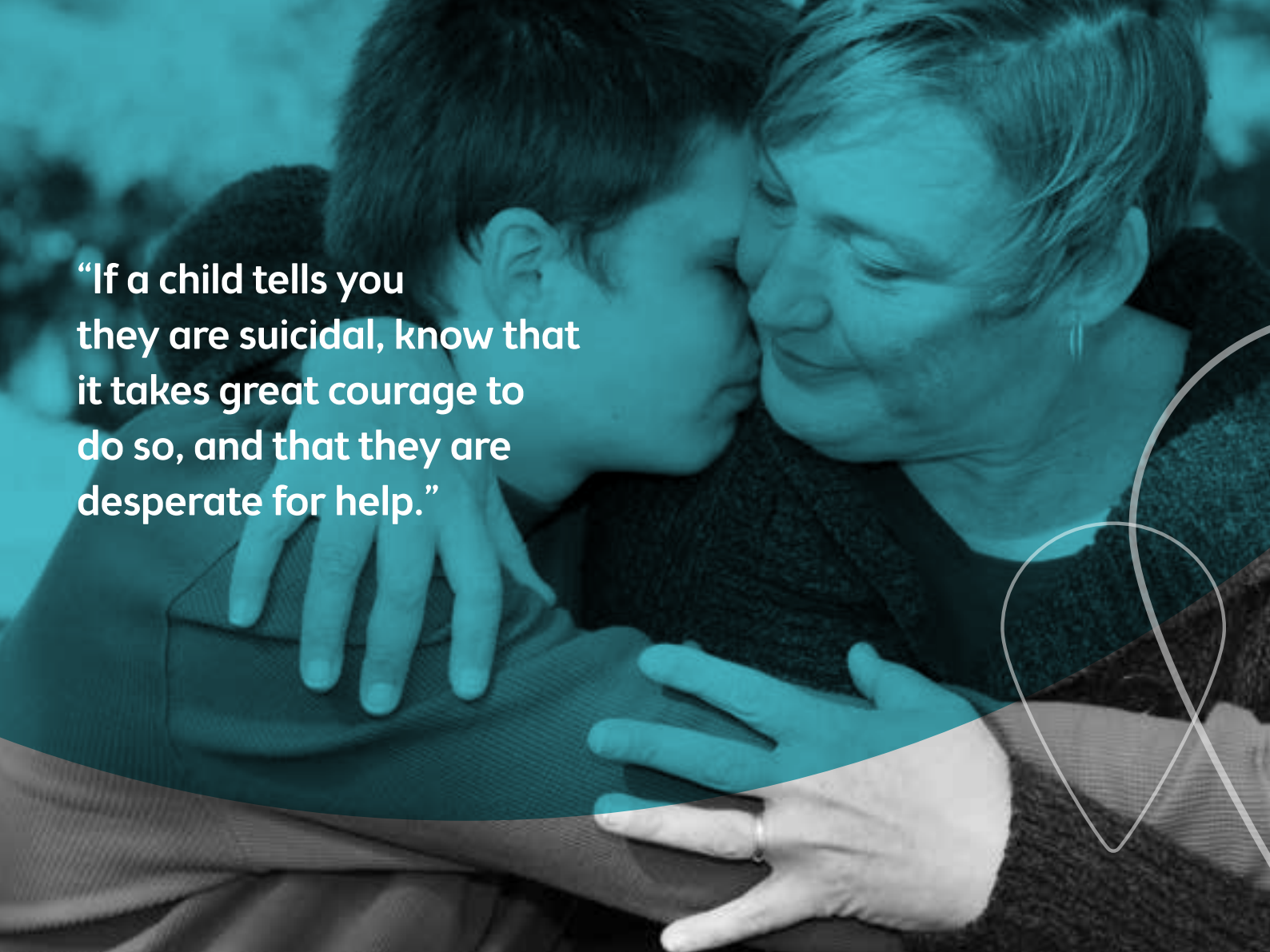
"My parents, they gave me a lecture and my dad yelled at me which made me feel shitty and I cried."

"My mum doesn't believe in mental health problems generally and wasn't supportive or understanding."

"It is important for families to be educated on the matter ... Don't treat the situation like it isn't important and the person should be able to get over it, there is no quick fix."

"My parents always say 'calm down' or 'be happy', I know they mean well but they make me feel like I'm broken or something."





“If a child tells you they are suicidal, know that it takes great courage to do so, and that they are desperate for help.”

MINIMISING YOUNG PEOPLE’S FEELINGS

Many children and young people told us that parents trivialised their feelings, and didn’t take their concerns seriously.

“I can’t talk to my mother – she doesn’t listen, doesn’t care, doesn’t understand, doesn’t believe me, or downplays it.”

“My dad tries to talk to me and it’s really not helpful because I want to speak and tell him how I feel. He tries to tell me to stop being stupid or silly because to him it’s just a teen thing.”

“One of my friends finally gained the courage to talk to her mother about how she was feeling. It was

really brave but her mother just said that it wasn’t true and that she was fine. Her mother didn’t even want to say the word depression.”

“My mum told me I was being ridiculous when I told her I felt huge. I didn’t really deal with it. Just made me feel alone and unsupported.”

“After building up the courage to reach out to my mum to tell her I was feeling suicidal and that I really needed help, all she said was ‘Try not to worry so much’.”

“I also wish that while my family tells me that they do always care, sometimes it seems they just dismiss my problems or dumb them down, so that makes me feel like they’re insignificant.”

PARENTS ALSO NEED SUPPORT

Learning that your child is thinking about suicide can be extremely distressing for parents. A number of young people described parental anger and distress, and we know from other research that parents of children who self-harm may experience anxiety, depression and social isolation. Parents need support, both for their own wellbeing and so they can effectively support their child

“Probably just with the distress of mum really brought me down, I felt guilty for making her worry and concerned for my welfare – sometimes she got so distressed she would yell and it wasn’t exactly what I needed at that moment.”

PARTICIPANTS' MESSAGES FOR PARENTS AND CARERS

Young people want their families to:

- **Ask if they're okay and offer to help**
- **Learn about mental health and suicide. Understand depression is an illness and feeling suicidal is not a choice**
- **Take children and young people seriously:**
 - **they are not attention-seeking**
 - **it can happen to anyone**
- **Know that it's okay not to have all the answers:**
 - **just listen, be patient, show them you care, and**
 - **help them get professional support.**

"To family and friends, don't pretend to understand if you don't, we don't want advice we just want someone to listen and be there. We might not want to talk at that moment but knowing you're there in the future is comforting."

"Be there for your children, listen to what they are saying and don't be ashamed if you need to ask for support for your child from an outside source. It doesn't mean you're weak as parents, it shows you want what is best for your child and their health and wellbeing."

"For families – your child/loved one is not attention seeking, listen to what is going on for them and ask what you can do to support/help them and follow through with the plan you have come up with your loved one. You may feel the need to ask lots of questions but go at their pace. Don't blame or judge. Always be open, honest and LISTEN. Just as scary as it is for you, imagine how scared the young person is. Reassure them that it's going to be okay."

"For the parents: listen to your kids and be there for them. Don't judge them and let them receive help."

"Family, the person hasn't done this to hurt you or have a go at your parenting skills. Don't be angry, they are doing this because they love you. They think they aren't worth your love."

"Even if you don't understand, just be there as support, help them get the support they need."

"For parents/friends – let your loved one know that you are there. Listen without judgement and be there."

"For the family and friends, always be open. If you think your loved one seems a little more down than usual, a little more closed off, anything, then check how they are feeling. Even if their problem seems insignificant to you, it may be the end of the world to them. Be gentle. Be there for them, as I'm sure a lot of you are. Make sure they realise that they are loved, and will always be loved."

"Be there for the young person. Listen to them and don't make judgements. Don't get angry at them. They need support and love during this time. Allow them to seek support and the access to professionals and people outside the family unit. Not everything can be fixed by families."

Chapter 4 Implications for policy and practice

INTRODUCTION

A wide-ranging analysis of current policy and practice is beyond the scope of this chapter and our aim in writing it is not to provide comprehensive advice to policy makers or service providers. In most cases, results of our consultation with young people are consistent with existing research and practice. Our aim is to highlight the issues that young people told us are important to them, and to draw particular attention to those that we believe warrant increased consideration in the current policy and practice arena.

This chapter focuses on the following topics:

- Consultation with young people
- The centrality of relationships
- Connecting young people to professional counselling and psychological services
- Duty of care, emergency services and hospitalisation
- Whole of community education
- Gatekeeper training
- Holistic responses, including support for families
- School based programs
- Technology and the internet.



CONSULTATION WITH YOUNG PEOPLE

The consultation on which this paper is based was undertaken by placing an online survey on the Kids Helpline website. The only promotion of the survey was an advertisement on Facebook, which targeted 15 to 25 year olds. No incentive was offered for survey completion. The survey generated more than 750 click-throughs and was at least partially completed by 472 young people. The number of responses and significant time spent by many young people clearly indicate that young people want and value opportunities to share their thoughts and experiences.

Current suicide prevention and mental health policy in Australia recognises the importance of incorporating insights from those with lived experience of suicide.¹ Nevertheless, consulting with young people can be challenging. Hence, the views of children and adolescents are often missing from discussion.


Greater efforts need to be made to consult and collaborate with young people, particularly those who are marginalised and at-risk. Consultation is often undertaken with small groups of people with lived experience, for example, through representation in advisory mechanisms or focus groups. It is important to investigate a range of consultation methods to ensure that marginalised young people, who may lack the capacity to engage in advisory groups, also have a voice.

Our experience with an online survey suggests that this method has potential to be used more often, due to its ability to reach a broad cross-section of young people, including those from at-risk groups such as Aboriginal and Torres Strait Islander young people, young people from culturally and linguistically diverse backgrounds, and young people from rural and remote areas. Respondents to our survey ranged in age from children under 13 years to young adults, and comprised 22% young people who identified as LGBTIQ, 5% who identified as neither male nor female, 7% who identified as Aboriginal and/or Torres Strait Islander, and 6% from outer regional and remote areas.

Given the high-risk nature of these groups, our sample probably under-represents them as a proportion of suicidal young people. We also note the disadvantages of online survey methods in regards to the depth and quality of data collected, and potential ethical issues for researchers. Nevertheless, the results indicate that high-risk groups can be reached in this way, and an approach that specifically targets these groups is likely to have greater reach than that achieved by our efforts.

¹ 'The Roadmap for National Mental Health Reform 2012-2022' (Council of Australian Governments, 2012).

Children and young people want to have a voice: 472 took the time to share their thoughts and experiences with us.



“Just be there to listen to them. Nurture them, support them and just care for them. We just want to feel like we are wanted.”

THE CENTRALITY OF RELATIONSHIPS: IMPLICATIONS FOR SERVICE PROVIDERS

The importance of providing a youth-friendly service and building a strong therapeutic relationship to engage and work effectively with young people is well-known. Nevertheless, research and policy often focus on the importance of developing evidence-based strategies and treatments. Young people's responses to the question, 'What advice would you give to service providers?', highlighted relationships as being key to recovery from their perspective. In particular, young people suggested that service providers need to be non-judgemental, more understanding and show that they care. Correspondingly, some asked that service providers be less clinical and spend more time listening.

“Don't just tell them how their brain works or that puberty is messing them up. Sympathise with them, be empathic, cry with them, make them feel important and make them feel like their problems are worth being like that.”

“LISTEN! Try to actually understand what's going on. Stop jumping to medications and diagnosing everything.”

When young people wrote about helpful experiences with a counsellor or psychologist, their stories were most often about feeling valued and cared for by the counsellor or psychologist. They wrote about the benefits of a trusting relationship with a reliable counsellor much more often than they wrote about the benefits of 'treatment'. This is

consistent with previous research, which reported that the most important characteristics of mental health professionals identified by suicidal young people were positive personality traits (e.g., friendly, patient), being understanding, active listening and being non-judgemental, while 'competence' was ranked as the least important trait.²

Young people's comments highlight the importance of youth specialist services, which can provide counsellors who are expressly trained and experienced to interact and connect with young people.

² Sophie Isabelle Hyman et al., "Youth-Friendly" Characteristics of Professionals in Mental Health Settings, *Vulnerable Children and Youth Studies* 2, no. 3 (23 November 2007): 261-72, doi:10.1080/17450120701660594.

Young people told us they feel alone, view themselves as worthless, and believe they are a burden on others who would be better off without them. Their survey responses suggested they are looking for 'evidence' they are wrong in the behaviour of others, including mental health professionals.

Young people also highlighted that it takes time to build a trusting relationship. They wanted service providers to realise that they often find it difficult to open up so they hide their true feelings. They expected that a good counsellor should realise this and persevere, but not pressure them to share personal thoughts and feelings before they are ready.

"Please be patient. We're not being stubborn. We're just scared. Try to understand."

"Be patient with young people that call and seek help. Don't judge a book by its cover because I was one that was able to mask myself very well... My counsellor didn't know about the severity of my feelings. My recovery was aided with her staying in my life and walking with me regardless."

"My worker was a god send. Even when I didn't say anything because I was so scared she stayed and didn't give up on me."

They told us that relatively simple actions such as a follow-up phone call after a counselling session can make a significant difference, because actions that appear to go beyond 'duty' demonstrate to a young person that they matter and that the service provider genuinely cares about them. Conversely, even a small action can have significant negative consequences when a young person interprets it as evidence they are not valued as a person.

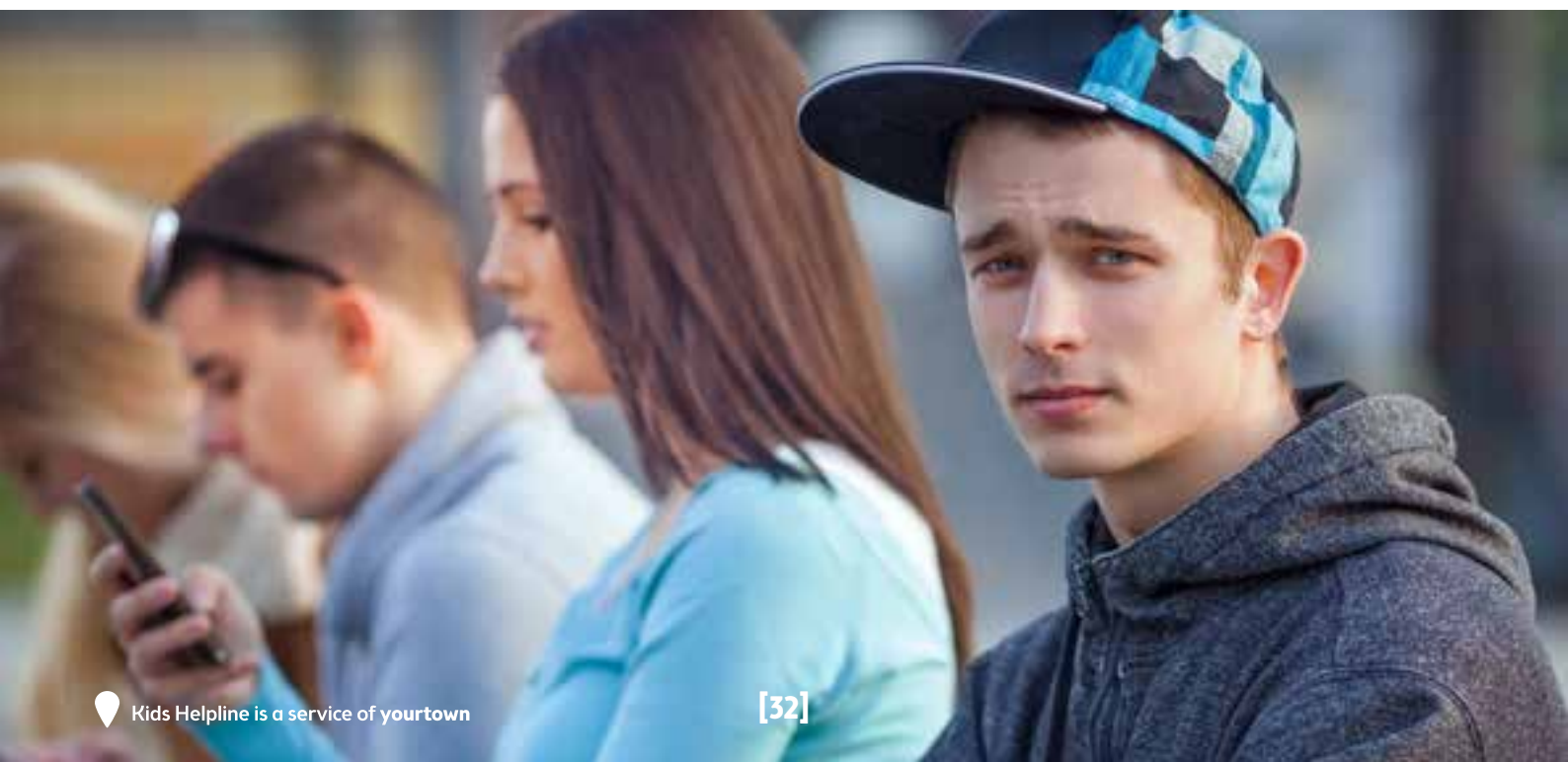
"Please be open minded, patient and understanding. We are not just cases but people."

"One face to face counsellor I had always used to call to check up on me the next day. That made me feel important and valuable."

Of course, this focus on relationships does not mean that evidence-based treatments are not important. It does, however, highlight differences in the way young people think about treatment, and what they consider important, in comparison to policy makers and service providers. Young people are sometimes considered difficult to engage in treatment, and understanding what matters to them may provide useful insights into how best to engage them.

"I like it when the counsellors are interested in me as a person and my life and not just my symptoms cause it makes me trust them and I feel comfortable to share more about the darker thoughts."

"Don't be distant. Offer advice and comfort. Please don't just nod your head, I want input. I want it to be a two way conversation. I don't want you to feel sorry for me. I just need support and some love."



CONNECTING YOUNG PEOPLE TO PROFESSIONAL COUNSELLING AND PSYCHOLOGICAL SERVICES

Young people clearly identified counsellors and psychologists as the most helpful form of support for suicidal thoughts and behaviours. Of 115 respondents who had seen a counsellor or psychologist, 44% reported the experience to be 'very helpful', 39% reported it to be 'fairly helpful' and only 17% reported it to be 'not at all helpful'.

However, many young people do not access these services. Results of the consultation suggested three main issues that need to be addressed:

1. Barriers to seeking help
2. Taking young people's concerns seriously
3. Access to services.

Barriers to seeking help

Most participants in the consultation had not sought support, and those around them either did not notice or did not respond to the seriousness of the situation. Overall about 40% of respondents had received help. Of those who had received help, 20% did not receive it until after a suicide attempt. The main barriers to seeking help were stigma, feelings of worthlessness, and concern not to hurt or burden others. "Chapter 1: Seeking and getting help" provides a detailed description of these issues.

Young people do want help, including professional counselling and psychological services. Nevertheless, they may intentionally hide their feelings due to a fear of 'being judged' or called an 'attention-seeker'. Although feelings of fear and

shame may prevent active help-seeking, young people told us they often hint at their feelings and are hoping someone will notice.

"If people saw through my smile and realized it was fake a lot of the time ... if professionals picked up the vibe more often then maybe I'd be in a better place ... often I may be trying to hint towards how I'm feeling without actually saying it as I may be too embarrassed or worried about being judged."

Consequently, connecting young people to services requires more than simply encouraging help-seeking. For some young people fear is paralyzing; they want to ask for help, but simply can't get the words out. Two young people said that they would never have told anyone, but when directly asked, they couldn't lie. Many young people clearly indicated that they want those around them to be proactive, that is, to directly ask how they are, offer to help and follow-through with that help. A number of respondents specifically asked that adults, particularly parents, help them to gain access to professional services.

Taking young people's concerns seriously

For a significant number of young people, their first experience of seeking support served to demonstrate that their fear was not unfounded. As outlined in "Chapter 2: What helps and what doesn't", some young people described having their feelings trivialised or minimised, while others described building up the courage to speak to someone, only to have their concerns

"I just want someone to ask me if I ever had suicidal thoughts, my reply will be yes. No one really knows how sad I am."

dismissed completely. That is, seeking help did not always result in receiving help. Concerningly, these experiences occurred with professionals such as school staff, GPs, and even counsellors, as well as with family and friends.

In addition to having a significant negative effect on a young person's immediate wellbeing, negative responses to help-seeking sometimes lead to the young person isolating themselves further and had the potential to delay future help-seeking by years. Consequently, ensuring that every young person receives a helpful response every time they ask for help, regardless of who they approach, is crucial.

As one young person said,

“And even if you believe that the young person is ‘making it up’ or ‘just doing it for the attention’, you have to take them seriously. Because you could be wrong ... The amount of workers and services that I have slipped through the cracks over the years, simply because they thought I was faking it. If just one of them had learnt a little about young people feeling suicidal and used some of that to connect with me, I would have been able to connect with one of them sooner and told them what was going on ... You might be their ‘I’ll try one last time then I’m done’, you need to always take them seriously.”

Access to services

Young people's responses highlighted a number of well-known barriers to accessing services, including waiting times, location, cost and difficulty finding the right service.

When some young people sought help from a service that was not equipped to work with them, they were simply turned away. As highlighted previously, for a young person who already feels worthless, this type of response can have significant negative consequences. Services that are unable to work with suicidal young people may need education or training to actively help young people find a more appropriate service.

“I went to see a psychologist on campus, after jumping through so many hoops to see her, [she] said the service was not for serious problems, but I should research and look online. I felt so distraught that after an enormous amount of effort I was too messed up for the system, walking home I very nearly deliberately walked into traffic.”

“[service] made me feel very very worse. They literally just abandoned me as soon as I was ‘weight restored’ from my eating disorder. They did not address my suicidal thoughts, or even let me bring it up with them, and also didn’t address any of my other issues. It makes me feel pathetic and abandoned.”

Lack of parental support was an issue for some young people. In addition to the need for parents to provide transport, a Medicare card and the financial resources to meet gap payments, some parents were described as actively discouraging access to professional support.

“I think it’d be cool for some programs where people with depression could go to for free, because I have no money and my parents don’t do nothing so it’d be cool to go out and do something to help yourself instead of staying in your room on Netflix all day.”

“[What else would have helped?] Family actually being there for me and supporting me rather than discouraging me from accessing support.”

One young person reminded us that some of the most high risk young people may not be in school, and that it's important that easily accessible pathways to support are provided for those young people.

“I came from a very disadvantaged background (missed a lot of school) so I feel that services, the government, etc should remember that some of the young people needing their services the most, go forgotten. For example the children of parents too drunk to remember to take them to school or the home-schooled whose parents may control every bit of information they had access to.”

These experiences suggest a need for more services that can be accessed without parental support, that is, free services that do not require a Medicare card, in easily accessible locations. Telephone and web-based counselling services are an obvious way to address this need. We are aware that our sample may be biased; nevertheless, it is worth noting that of 102 young people who had used a telephone counselling service, 52% found it ‘very helpful’, 33% found it ‘fairly helpful’ and only 15% found it ‘not at all helpful’.

“I called [service] when I was in my room and couldn’t stop crying. I had my antidepressants and pills and a knife and I was getting ready

to kill myself but then I decided to call [service] because they've always helped me. I felt very alone but talking to someone helps. Even though my regular counsellor wasn't on it helps to talk because they never judge or freak out at me if I say I'm feeling suicidal. They helped me to put away the pills and work on my safety plan. Sometimes the feelings get so dark and scary and I get terrified but knowing I can talk to a professional is really comforting and they make me feel safe and they make me believe in myself that I can get through the urges."

Moreover, tele-web services were attractive to young people because they are available 24/7 and allow young people to remain anonymous. The assurance of confidentiality was an important characteristic for many young people.

It is important that helplines are not seen as a crisis service only; young people described using telephone and web counselling as early intervention, during crisis, and through recovery. A number of young people described an ongoing association with a telephone counsellor as an important relationship in their life, which helped them feel valued and important. Responses to the question, "What helped?" included:

"Finding a counsellor that I connected with and actually having a place to go where I feel safe. Having access to online support literally saved my life."

"The fact that she [counsellor] has always been there for me whenever I called was very powerful. It demonstrated to me that I am important and that the person I was talking to cares about me."

"Calling [service] a lot was the best thing I ever did to overcome suicide ... the counsellor made me think about practical ways of feeling safe which is not something I thought of on my own ... Explaining my story really helped clarify my feelings for myself and took a terrific weight off my shoulders. Finally through the counsellor's support and the relationship I began to experience different parts of life and learn and practice new skills ... Since the counselling I hardly even think of suicide due to applying and reapplying the skills I learned and trying new experiences as much as I can."



DUTY OF CARE, EMERGENCY SERVICES AND HOSPITALISATION

A number of young people's responses demonstrated knowledge that services have a duty of care, which limits confidentiality when a young person is considered at serious risk of harming themselves, someone else, or when there is a concern about child protection. Consistent with other research, comments indicated that duty of care obligations and associated limits to confidentiality present a challenge to help-seeking that warrants consideration.

A fear that emergency services would be called or parents would be contacted created a barrier to disclosing suicidality after having sought help for some young people.

"I've always been very careful to not disclose for fear that I would be intervened and that she would enact her duty of care."

"There have been times where I purposely haven't reached out and told ANYONE that I am feeling highly suicidal because I feared that I would end up back in the hospital involuntarily. Luckily I was able to get through those times by myself and nothing really bad happened to me."

In some cases, concerns about duty of care had long term negative consequences for help-seeking and young people suggested that the concept of duty of care needs to be explained more clearly.

"I didn't get help for my self-harm and suicidal thoughts for 6 years cause I was too scared about who the counsellors would tell. Explaining confidentiality and duty

of care more clearly can help to ease the anxiety around telling someone for the first time."

"Being upfront and honest I feel is the best way to do things instead of 'surprise the cops are at your door' (this has happened to me) ... Health professionals not being upfront and honest has left me with even bigger trust issues, I do not trust health professionals lightly now. I am frightened they'll call the cops on me."

A number of young people who had experienced a duty of care response believed that the decision was not the best response to the situation. Consistent with other research³, respondents to the survey often found their experience with emergency services and hospitals unhelpful and reported that the duty of care response had done more harm than good.

"Don't immediately call the cops if someone says they want to die. Listen to them first and see why they feel that way. There's a good chance you could talk them out if it. I've been taken to hospital numerous times for suicidal thoughts and none of them were helpful. It would have been much more helpful for someone to just show me I'm not alone and listen to how I feel."

"Just being taken to the hospital by police, ambulance, psychiatrists etc. under the law and actually being at the hospital. It doesn't help me at all, in fact it makes me worse. I get distressed and try to hurt myself in the hospital whether it is banging my head repeatedly against the wall or punching the wall over and over again until I bruise. I just want to get out of there because you are treated like a prisoner in a jail. It may keep me safe in the sense that I can't kill myself, but mentally it destroys me."

Young people's comments suggest an urgent need to investigate alternative emergency care responses, in particular, responses that do not involve police and avoid hospitalisation as much as possible. Current guidelines in regards to appropriate terminology when talking about suicide state that the phrase 'commit suicide' should not be used, because the word 'commit' implies a crime or a sin. Yet, a service response to a person at imminent risk of suicide is likely to involve the person being forcibly transported to hospital by police, leaving them feeling as if they had committed a crime.

"[I] showed up at my private psychologists clinic, sat with her, then next thing I knew the cops were in the room. The very place I felt safe in was no longer. Put in an ambulance by the very psychologist/help person I trusted, cops travelled with me like I was a criminal ... Got to the hospital had a mental health worker who was scary and strict. Asking for my next of kin, I felt unsafe, I refused to give. I tried to leave the hospital ... Ended up star fished to the bed in restraints. I'd never tell anyone if I was truly at risk as I never want to be in hospital or have the police called on me. The day it happened I died, I will never be the same person ... I attempted suicide soon after."

³ 'Lessons for Life: The Experiences of People Who Attempt Suicide: A Qualitative Research Report.' (SANE Australia and University of New England, 2015).



WHOLE OF COMMUNITY EDUCATION

Programs are urgently needed to increase understanding of mental health problems and suicidality amongst children and young people. In particular, young people told us that they want others to learn to:

- Pay attention if a young person seems to be going through a tough time, ask if they're okay, offer to help, and follow through with the offer.
- Understand that depression is an illness, feeling suicidal is not a choice, and recovery takes a long time.
- Take children and young people seriously when they share their feelings and voice their concerns
 - they are not attention-seeking
 - it can happen to anyone – suicide does not discriminate.

- Know that it's okay not to have all the answers:
 - just listen, be patient, show them you care, and
 - help them get professional support.

"I think maybe if people were more educated on mental illness, it may help to explain why I feel certain ways. It's also good to teach people that all some people need is someone they can talk to."

A whole of community approach is needed because young people seek support from parents, siblings, friends, teachers, youth workers, medical professionals, counsellors, psychologists, and others. Young people's survey responses highlighted that judgemental attitudes can be found amongst all these groups. Hence, anti-stigma campaigns and community education programs that target all members of the community are needed.

"I wish I could walk up the driveway of my psychologist office and not look around at who might see me entering, I wish I didn't have to be afraid that the wrong person might find out and judge me for being unwell."

"I suffered a long time before seeking help, I think deeper education needs to be taught in mental illness including where to access help and warning signs so friends can help friends AS WELL AS STIGMA ISSUES!!! I thought (and I thought right) that people would make fun of me if I told them what I was thinking so I hid!!! I think so much needs to be changed!!!"

"Many times it has been emergency department doctors/ ambulance officers making comments about how suicidal people are wasting the time of medical personnel and are simply attention seeking/manipulative. I have been called a waste of time and a waste of a hospital bed. I have been called a burden on the health system."

“When I picked up a food package I was lectured about budgeting. I hadn’t eaten for a long time. I was in a really bad place. I felt ashamed.”

As highlighted previously, it is crucial to ensure that every young person receives an appropriate response every time they seek help, regardless of who they choose as a source of support. The experiences shared by young people clearly demonstrated significant negative effects on wellbeing and future help-seeking when an attempt to seek help received an inadequate or inappropriate response.

“I saw a psychologist who laughed at me because I was 13 and experiencing crippling anxiety and depression. ‘you’re gonna be a fun one.’ I never went back and I’m still completely scarred.”

“I went to a GP who would not give me a mental health care plan because I would not show her my self-harming. She was rude and patronizing and put me off seeking professional help for a couple of years. She implied that I was making everything up. I felt stupid and small and ashamed.”

The significance of stigma as a barrier to help-seeking is well known, but young people highlighted an issue that may not be recognised: some adults simply don’t believe children and young people when they say they are feeling depressed or suicidal. This issue was described in more detail in “Chapter 2: What helps and what doesn’t.”

Our data does not explain this, but responses suggested beliefs that suicidality needs a clear cause, and a tendency to assume that a young person with no obvious problems could not be truly suicidal. Education needs to highlight the fact that suicide can happen to anyone, that suicidal thoughts can start young, that it takes courage to seek help, and that every young person should be taken seriously.

“[What was unhelpful?] Telling me to stop being sad, or that I can’t feel sad because my life is ‘okay’.”

“I talked to my mum and the school counsellor and the counsellor just told me it was puberty and made me read a book about puberty which made me feel like my problems weren’t real. My mum told me it was just a phase.”

“[What else would have helped?] Being taken seriously when I said I wanted to die, I didn’t want to be here. I was told to get over it and that everyone has bad days.”

“I was young and felt like nobody would think that I felt like that because of my age and because nothing “bad” had happened in my life to make me feel that way.”

GATEKEEPER TRAINING

Gatekeeper training is considered one of the most promising suicide prevention strategies, and programs typically focus on training professionals who work with young people to identify and respond to young people at risk. Results of the consultation confirmed the importance of gatekeeper training for school staff and GPs. Of those respondents who had sought help, 52% had sought it from a GP, but almost a third reported the experience to have been 'not at all helpful'. Similarly, 48% had sought help from school staff, including both school counsellors and teachers, but one in four found the experience 'not at all helpful'.

“While I was at school I was receiving ‘support’ from the Year 10 Coordinator. After a few months, because I was still depressed, he blamed me for ‘not doing anything to help myself recover’.”

“Counsellor from school, tried to get it in my head that my friends helped me self harm cause its ‘trendy’.”

“GP – was very insensitive and not confidential which put me off seeing a psychologist later on and gave me a bad view on professional help.”

“The first GP I ever told about the family violence I have/was experiencing at the time didn't bring up mental health so I felt like I couldn't bring it up either.”

Young people's stories also confirmed that school staff and GPs can be extremely useful sources of support if trained to respond appropriately. “Chapter 2: What helps and what doesn't?” provided more detail in this regard.

Parents are often missing from discussions of gatekeeper training, but our results indicated that educating parents is crucial. Parents are a primary source of emotional support for children and young people; as outlined in “Chapter 3: Messages for parents and carers”, respondents to the survey wrote about experiences with parents more than anyone else. Moreover, for children and adolescents, parents hold the keys to accessing professional services.

Concerningly, young people's survey responses showed that many parents struggle to support their children appropriately and effectively. Some may feel they are to blame, others that the disclosure of suicidality is a deliberate attack on their parenting skills, or that suicide is something that ‘only happens to other people’. Hence, ensuring that parents have the knowledge and skills to effectively support their children needs to be a key part of youth suicide prevention policy.

SCHOOL-BASED PROGRAMS

Programs promoting mental health and resilience

Evidence suggests that suicide education and awareness programs in schools are potentially effective, but our consultation results suggest that programs currently delivered in Australian schools may not be effective in engaging and supporting students experiencing suicidal thoughts. The Australian Government has committed to an end-to-end school-based mental health program, which will build on the existing KidsMatter and MindMatters programs, as part of its suicide prevention strategy. KidsMatter and MindMatters have traditionally focused on promoting mental health and resilience, and have not included specific education about suicide.

Only one respondent to our survey mentioned any kind of school-based program for students. It may be that survey respondents had not participated in a school-based program, but alternative explanations are that they did not find the focus on mental health and resilience relevant to their needs, or that the programs failed to inspire a response, either positive or negative.

Emerging evidence suggests that school-based programs that specifically target suicidality can be delivered safely in schools. Nevertheless, we note that the lone comment we received about a school-based program suggested potential negative consequences for some students that need to be considered.

“When we were at school this year, we had to do a unit on mental health and all that, I got all choked up and everyone looked at me and I had to leave the room and I cried and I was really embarrassed.”

The characteristics of our sample and their comments highlight the need for school-based support to start early and continue into tertiary education. One in five (21%) of the survey respondents was aged 13 years or younger, and two young people specifically suggested that education about self-harm should start in primary school.

“I think more education on these sorts of things needs to be done and we should be starting early in primary school. It’s unlikely but people do cut in primary school. I would know because I did in Year 6 and nobody understood which made it so hard.”

Two comments identified a need for a school-based program to include tertiary education settings. In particular, these young people clearly felt the lack of pastoral care in the tertiary setting in comparison to high school. Given the known risk of young people falling through the cracks as they transition from child to adult mental health services, programs to support tertiary students to access appropriate assistance would be beneficial.

“Actual services at university, really anything, but even an auto generated email when you miss class would have made a huge difference to me.”

“I didn’t have many friends because ‘no one likes a guy that self harms’.”

Programs to reduce stigma, increase understanding and encourage supportive relationships

Some young people wrote about experiencing stigma amongst peers at school, for example, peers making inappropriate jokes about mental illness or victimising the young person. Hence, anti-stigma programs are important.

“Sometimes at school people make jokes about depression and stuff.”

“Some people started to tell me I was better off dead and all those types of phrases.”

However, young people’s experiences with peers and friends suggested that providing specific education/training regarding how to respond when a friend or peer discloses suicidality or a mental health problem is at least as important.

A number of young people referred to losing their friends because of their mental health problems. This sometimes appeared to be linked to stigma, but other responses suggested that friends felt uncomfortable, didn’t know how to respond, and may not have recognised the young person’s need.

“Overall, I’ve found that most people just avert their eyes when I mention my anxiety, depression and issues. Metaphorically, I mean. They just look the other way, change the topic as fast as they can and try to pretend they didn’t hear what they heard.”

“My friends said yeah I think I’m depressed too, then went on to say some random things that happen to anyone, depressed or not. That did not help at all because she just passed it off like yeah, it’s just nothing, along with my anxiety.”

“I spoke to a friend about it and it didn’t help at all! They just said, ‘oh ... maybe like call a helpline or something ... yeah ...’ And never discussed the subject with me again.”



TECHNOLOGY, THE INTERNET AND SOCIAL MEDIA

The internet provides an unprecedented opportunity to disseminate educational messages to young people and the community more broadly. Responses to the 2015 Child and Adolescent Survey of Mental Health and Wellbeing showed that around 40% of young people with a major depressive disorder had accessed information about mental health online, 13% had accessed information about services in the community, and almost 30% had used an online assessment tool to determine whether they needed professional support.⁴ Of those respondents to our consultation who had sought help, 50% (n=95) had sought it online. Of those, 36% found it 'very helpful' while only 19% found it 'not at all helpful'.

The internet also has potential as a medium to deliver suicide prevention interventions. Evaluation of the effectiveness of online and app-based interventions is limited at this stage, but they show promise because they are easily accessible, may reduce barriers to help-seeking, can be widely disseminated, and are potentially cost-effective in comparison to face-to-face services. The Australian Government's response to the Review of Mental Health Programmes and Services⁵ includes a number of references to steering people towards digital and self-help resources if they are considered to have low level needs.

Young people's comments in our consultation showed that many are distressed that their concerns are trivialised or not taken seriously, even by mental health

professionals. It is important to ensure that encouraging referral to less intensive digital services in the first instance does not exacerbate this problem by suggesting to young people that their problems don't warrant the support of a real person. Young people told us they intentionally hide their feelings due to stigma, and downplay the severity of their suicidality due to fear of being hospitalised. Consequently, there is a real risk of mistakenly assessing suicidal young people as low needs.

"Even though I have (and still do) reach out for help, I sometimes underplay my feelings. I still inherently feel that I am not as important as other people and tend to act less needy/desperate."

Whether online interventions need to be accompanied by personal support (that is, therapist-guided care programs) is an issue needing further investigation⁶, but results of the consultation suggest that this may be the case for suicidal young people. As outlined previously, young people clearly identified relationships with others as key to recovery, and wrote about the value of a caring, trusting relationship with a mental health professional more than the value of 'treatment'.

In contrast to the policy and research focus on the potential of online technologies, and the multitude of apps targeting young people experiencing mental health difficulties, few respondents referred to technology or apps as a form of support. Only one wrote about the hazards of social media (e.g., cyberbullying, trolling), which are often mentioned in the mainstream media.

A small number reported information found on social media as a positive influence, and used social media as a way to overcome

isolation. Comments supported the potential of online peer-support groups, or other uses of social media to connect young people to others with similar experience.

"Honestly the best thing for me was when one day I was reading all these positive quotes on Tumblr about how you only get one life to live, so why waste it being sad?"

"The internet. Tumblr, blogs. Whether they be true or not, many of the tips did help. And there was some comfort that these people may have been there and know more than someone who's just read about it in a textbook."

"Honestly, me joining a fandom has helped immensely. The reason many join one is to escape reality of everyday life. I have made friends because of it, and without them I know I wouldn't have made it this far."

"I think finding an online community of people similar to me really helped. I felt like there were people I could trust."

"Maybe start an online group where you could get kids any age just to join in talk about what's bothering them with other people that are feeling the same way they are."

⁴ David Lawrence et al., The Mental Health of Children and Adolescents Report on the Second Australian Child and Adolescent Survey of Mental Health and Wellbeing (Canberra: Department of Health, 2015).

⁵ Australian Government Department of Health, 'Australian Government Response to Contributing Lives, Thriving Communities - Review of Mental Health Programmes and Services' (Commonwealth of Australia, 2015).

⁶ Azy Barak and John M. Grohol, 'Current and Future Trends in Internet-Supported Mental Health Interventions', Journal of Technology in Human Services 29, no. 3 (July 2011): 155-96

HOLISTIC, INTEGRATED RESPONSES, INCLUDING SUPPORT FOR FAMILIES

The Australian response to suicide has traditionally been biased towards a mental health perspective, but recognition of the need for holistic responses across a range of areas including homelessness, drug and alcohol, domestic and family violence, family and relationships, employment, and more, is increasing⁷. While young people did not speak directly to this issue, a number of responses highlighted the need for an approach that considers suicidal behaviour in context. For example:

“After spending a week the first time in hospital with amphetamine withdrawals I had to go back to my GP and get a referral to a psychologist, unfortunately the second day I was out I used again because I was suicidal and using was keeping me sane and I was honest to this GP who then judged me rudely and asked me what I expected her to do and that I was stupid.”

“[What else would have helped?] Somewhere to shower, store my bag of clothes when I went to school, wash my clothes.”

“Listen to us. Try to get an understanding about what’s happening in all different parts of our lives.”

Consistent with research that demonstrates the benefits of integrated services, a number of young people described the value of having a team of people providing support in different ways.

“The ongoing support from my team at [service]. My psychologist helped me realise my thought processes and helped me challenge them and a counsellor continued that when he left. An exercise physiologist helped kick start my reliance on staying active to become more mentally well. As well as this, the support I’ve gotten from an external psychiatrist has been good and well.”

“Having an experienced group of health professionals (GP, psychologist, psychiatrist) who could collaborate with each other to provide me with the help I needed.”

“Having regular and constant support/access to proven genuine and caring professionals like my GP, psychologist and counsellor. I had a team of people.”

As highlighted in “Chapter 3: Messages for parents and carers”, young people who participated in our consultation emphasised the crucial role of parents and carers as sources of support. Beyond this, family functioning is fundamentally important for children’s social-emotional wellbeing and resilience. A number of young people described problems in the family environment as a significant source of stress that contributed to their suicidality. Consequently, suicidal children and adolescents need a holistic response that takes the home environment into account and includes family counselling and support where appropriate.

“If my parents/family were a lot more understandable or persuadable instead of always screaming and fighting. I would of found that a lot better.”

“I always try to forget about [suicide] through singing, playing the piano, reading, listening to music, or just hanging out with

friends. Yes it does help but when each day you wake up in the morning and your mum and dad are fighting and your brother and dad are fighting it doesn’t help.”

“I think if my family life were a little more stable and if my parents were in a position to support me, it would have helped. Alas this is not the case. My father is an alcoholic who spends the better part of everyday drunk ... My mother has enough to deal with without me adding more to the issues.”

“I honestly think going to a hospital will help, because I live in a house with lots of stress. And people at a hospital are there to help you and they can be better than parents. Taking a break from my house and family.”

Moreover, even when families appear to be functioning well, parents need support to cope effectively with their own emotions. Learning that your child is considering ending his/her own life is distressing for any parent. Young people described parental anger and distress, and we know from other research that parents of children who self-harm may experience anxiety, depression and social isolation⁸, which affects their capacity to provide effective support to their child and adds to the child’s distress.

⁷ Suicide Prevention Australia, ‘Discussion Paper. One World Connected: An Assessment of Australia’s Progress in Suicide Prevention’, 2014.

⁸ Anne E. Ferrey et al., ‘The Impact of Self-Harm by Young People on Parents and Families: A Qualitative Study’, *BMJ Open* 6, no. 1 (1 January 2016): e009631, doi:10.1136/bmjopen-2015-009631.

YOUNG PEOPLE'S MESSAGES FOR SERVICE PROVIDERS

"Take each person that reaches out seriously. Be true. Be genuine. Be caring. Be honest. Be understanding. Be non-judging. Be there for them."

"Always be there even if they push you away."

"Be non-judgemental – really. And treat them like a valued person, not a patient. Treat them like you are really glad they are talking to you and let them know that."

"I think that sometimes counsellors have to know that we lie about our suicidal thoughts sometimes cause we are scared that the police will be called or our parents will be told."

"Often young people are just looking for someone to talk to and not necessarily looking for extensive treatment."

"Don't judge, be kind, let them know you care and help them to understand that things can be different and they won't always feel the same way. But mostly be kind, one nice person can make a difference."

"Don't be forceful or overly clinical, be gentle, understanding and simply listen to what they have to say."

"Don't focus so much on the negative side to it. Yes, it's important to confirm safety and immediate risk to self but it's also important for the young person to be heard and to be able to have their story told without feeling like they'll get put into a hospital if they talk about their thoughts."

"Don't interrogate, support. Young people are like flowers – we're shut tight as a bud and it takes careful nurturing, love, and sunshine to make us open ourselves to the world."

"Please be open minded, patient and understanding. We are not just cases but people. Don't send us away when we try to ask for help because that might be our last. If you can't help, find us who can."

"Listen to the young person, they know a lot more than you think."

**"Stop judging. Listen.
Don't assume. Care more."**



yourtown AND KIDS HELPLINE

Formerly BoysTown, **yourtown** has been supporting children, young people and their families since 1961. Our services include:

- Kids Helpline, a national 24/7 telephone and online counselling and support service for five to 25 year olds with special capacity for young people with mental health issues
- Parentline, a telephone counselling service for parents and carers in Queensland and the Northern Territory
- Family refuges
- Parenting and family support programs
- Training and employment services
- Work enterprises
- Indigenous employment and wellbeing services.

yourtown staff work with children and young people who are at risk of suicide every day, across all these services, particularly Kids Helpline (KHL). In 2017, KHL received more than 10,500 contacts related to suicide, which constituted 16% of all counselling contacts.

- 79% were from young people experiencing suicidal thoughts
- 6% were from young people expressing an immediate intention to suicide or involved a current suicide attempt
- 12% were from young people concerned for another person, and
- 1% were seeking information about suicide.

In 2017, KHL initiated almost 800 emergency care actions related to suicide, an average of 15 per week.

yourtown MISSION

To enable young people, especially those who are marginalised and without voice, to improve their quality of life.



Appendix A

Background, method and description of respondents

METHOD OF DATA COLLECTION

Young people were consulted using an online survey, which was open from October 2015 to February 2016. The survey was promoted on the Kids Helpline website and through Facebook ads targeting 15-25 year olds. The ads invited any young person who had ever thought about taking their own life to participate.

The survey included a combination of qualitative and quantitative questions. Qualitative questions were intentionally broad, because we aimed to find out what was important to young people, rather than leading them to write about a pre-determined set of issues. For example, we didn't ask about stigma, we simply asked 'what made it hard or stopped you from talking to someone or getting help?'

A copy of the survey questions is included on page 49.



DESCRIPTION OF RESPONDENTS

Demographics

Of the 472 young people who completed the online survey, 75% (n=354) were female, 16.7% (n=79) were male and 4.7% (n=22) identified as 'gender diverse' or 'other'. The remainder either did not respond to the question or 'preferred not to say'.

Of 414 who provided their age, one in five (n=99) was aged 13 years or

younger, more than half (n=233) were aged between 14 and 19 years, and the remainder (n= 82) were young adults aged 20 or over.

Approximately 22% (n=103) of participants identified as LGBTIQ and a further 21% (n=99) preferred not to say. Those who preferred not to say tended to be in the younger age groups (almost half were aged 13 years and younger).

Thirty-four (7.1%) participants identified as Aboriginal and/or Torres Strait Islander and 91.5% (n=432) said they speak English at

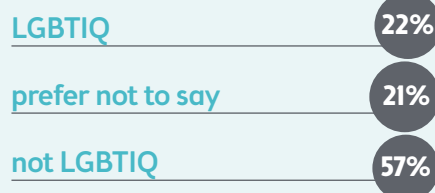
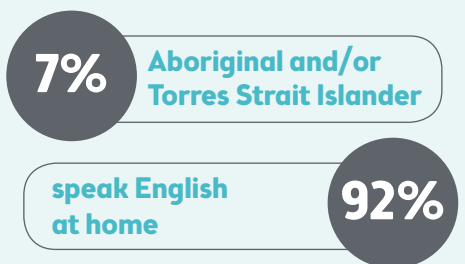
home. Participants came from all over Australia, but most were from New South Wales (25%), Victoria (16.3%) and Queensland (15.9%).

A residential postcode was provided by 335 (71%) respondents. Of these, 73.1% (n=245) lived in major cities, 19.1% (n=64) lived in inner regional areas, and the remaining 7.8% (n=26) lived in outer regional and remote areas.

472 YOUNG PEOPLE COMPLETED THE ONLINE SURVEY



75% Female
17% Male
5% Other
3% prefer not to say



Severity and recency of suicidality

Every young person who answered the survey had thought about suicide at some time in their life; this was a criterion for participation. As shown in Figure 1, 80% had made a plan of how to end their life and more than half had made a suicide attempt in the past. Of these, many experiences were recent: 77% had experienced suicidal thoughts, 52% had made a plan and 27% had made an attempt during the six months prior to completing the survey.

At the time of completing the survey, 32% of respondents described themselves as still thinking about suicide as much as ever, 48% said they felt “better than before,” but were still thinking

about suicide, and 20% reported that they no longer think about suicide.

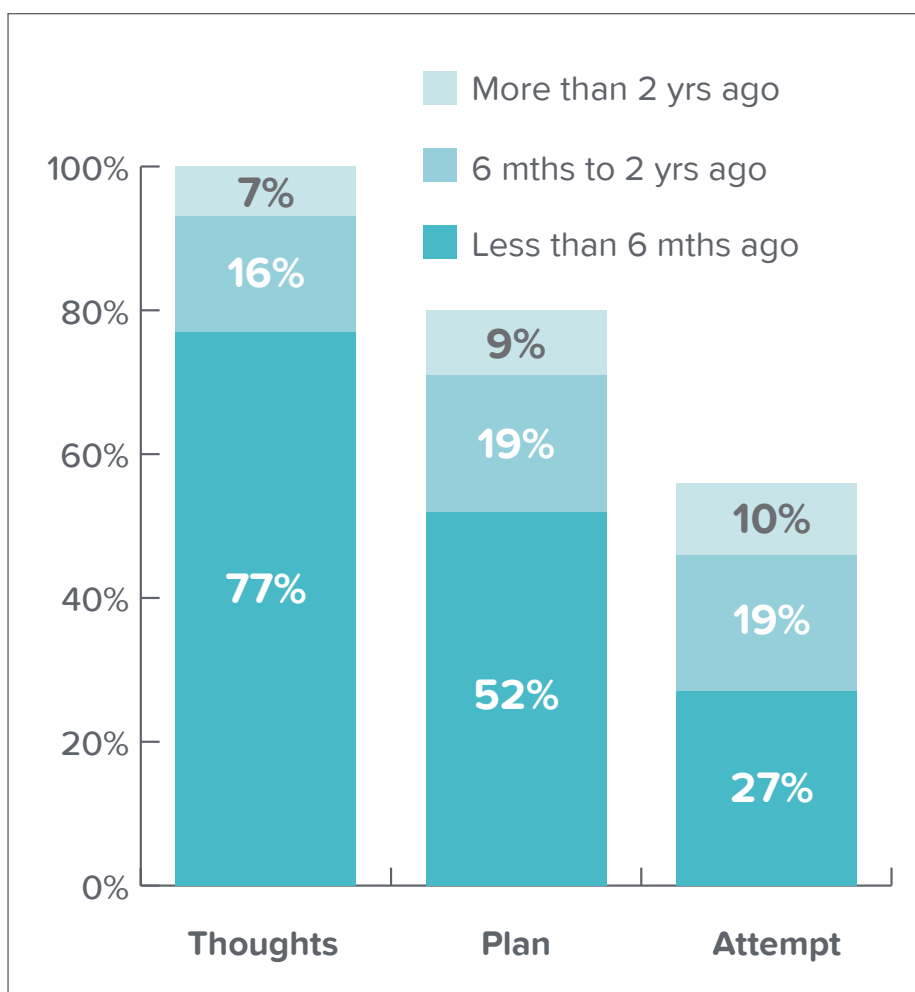
Some groups reported more severe suicidality than others. As shown in Figure 2, females were more likely to have made a suicide plan and suicide attempt than males and LGBTIQ participants were more likely to have made a plan or attempt than non-LGBTIQ participants. This is consistent with other research indicating that females make more suicide attempts than males (although males are more likely to die by suicide) and that LGBTIQ young people are at high risk for suicide. The likelihood of having made a suicide attempt also increased with age.

Limitations of the sample

Young people self-selected to complete the survey when they found it on the Kids Helpline website or saw a Facebook ad, which targeted young people aged 15 – 25 years. Although our respondents were diverse, the sample may not be representative of the population of suicidal young people in terms of background characteristics; hence, the data do not indicate the prevalence of suicidality in different groups (for example, the fact that 75% of respondents were female cannot be interpreted to mean that 75% of suicidal young people are female).

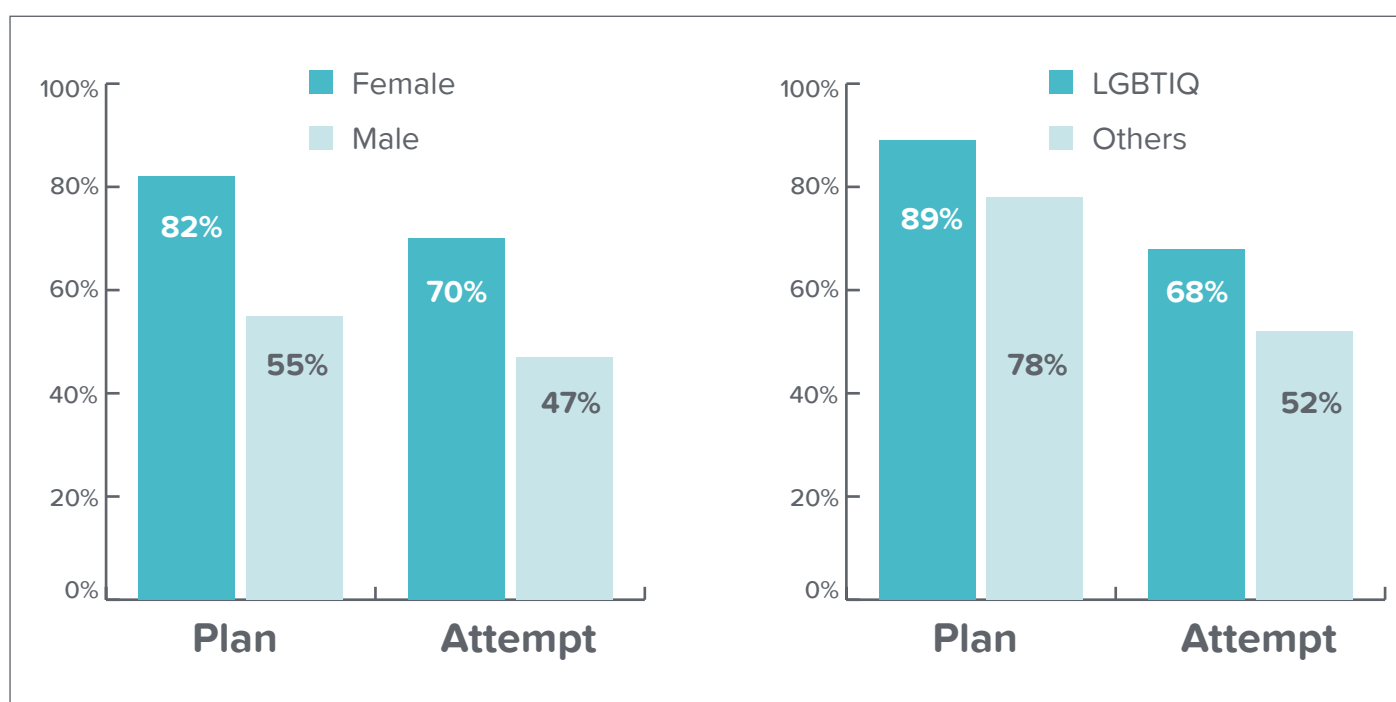
This also means that the views expressed and experiences described in the survey may

Figure 1. Severity and recency of suicidality



LGBTIQ young people are at high risk for suicide. They were more likely to have made a suicide plan and more likely to have attempted suicide than others.

Figure 2. Severity of suicidality by gender and LGBTIQ status



not represent the views and experiences of all young people. In particular, we note that many of the younger respondents were users of the Kids Helpline website and that our sample probably over-represents young people who have sought support from Kids Helpline counsellors.

We wanted to investigate whether different groups of young people

reported different experiences with seeking and getting support. It was difficult to draw any firm conclusions for two main reasons.

Many characteristics of young people were inter-related. For example, older respondents and females were more likely to have received professional support than others, but this may be explained, at least in part, by the more severe

suicidality reported by those groups.

In addition, the small number of people in some groups means that comparison may be unreliable. For example, only 13 Aboriginal and/or Torres Strait Islander young people and four young people from a non-English speaking background responded to questions about seeking and getting help.

SURVEY INSTRUMENT

1. How old are you?
2. I identify my gender as:
 - Male
 - Female
 - Intersex, trans, gender diverse
 - Other _____
 - Prefer not to say
3. I identify as:
 - Aboriginal
 - Torres Strait Islander
 - Both
 - Neither
4. The main language my family speaks at home is:
 - English
 - Other _____
5. The suburb or postcode where I live is:
6. I identify as LGBTIQ
 - Yes
 - No
 - Prefer not to say
7. Have you ever: (tick all that apply)
 - Thought about killing yourself
 - Less than 6 mths ago
 - 6 mths to 2 years ago
 - More than 2 years ago
 - Made plans to kill yourself
 - Less than 6 mths ago
 - 6 mths to 2 years ago
 - More than 2 years ago
 - Attempted to kill yourself
 - Less than 6 mths ago
 - 6 mths to 2 years ago
 - More than 2 years ago
8. Did you get help from anyone when this was happening?
 - No
 - Yes

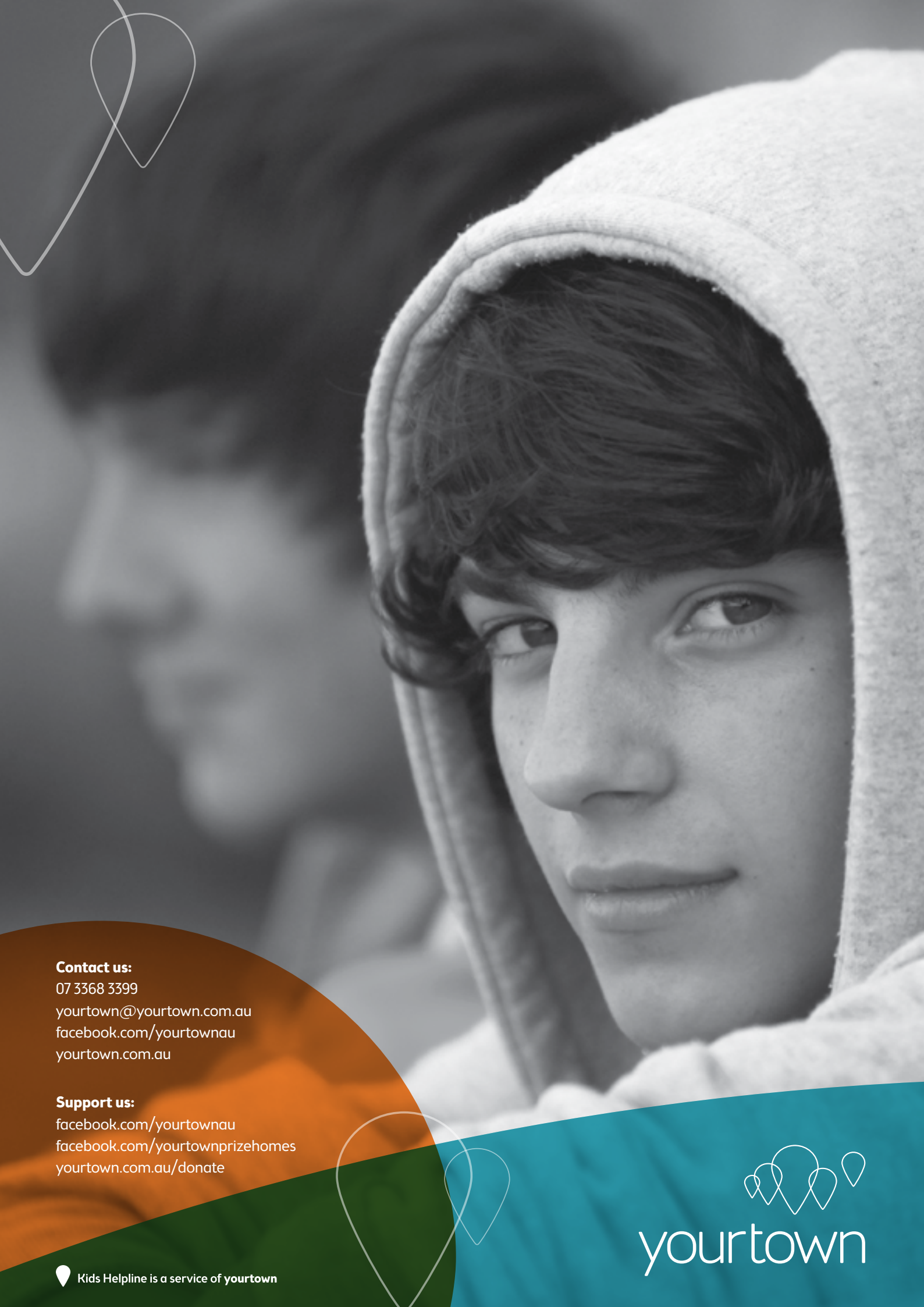
If no: What has made it hard or stopped you from talking to someone or getting help?

If yes: How did you get help?

 - I told someone how I was feeling - who did you tell?
 - Someone noticed how I was feeling - who noticed?
 - I didn't get help until after my suicide attempt
 - Other _____
9. (For those who said they told someone)
We know that many young people who feel suicidal never tell anyone. What helped you to be able to tell someone?
10. Who else did you get help from? And how helpful were they? (not at all helpful, fairly helpful, very helpful)
 - Friend
 - Parent
 - Other family member
 - School (e.g. teacher or school counsellor)
 - Telephone counselling e.g. Kids Helpline or Lifeline)
 - Online
 - GP (local doctor)
 - Psychologist
 - Psychiatrist
 - Hospital
 - Headspace
 - Other mental health service
 - Other _____
11. How would you say you're going now?
 - No better - I still think about suicide as much as ever
 - Better than before, but I still think about suicide
 - I don't think about suicide anymore
12. What do you feel has helped you? You can tell us a short story of a good experience of support if you like.
13. What else would have helped? (anything family or friends could have done? professional services?)
14. Did you have any experiences of support that were unhelpful or made you feel worse? What happened? And how did you deal with it?
15. Based on your experiences, is there any advice you would like to give to other young people, their family and friends?
16. What advice would you give to the people who provide services for young people who are feeling suicidal?



yourtown
let's create brighter futures



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 Kids Helpline is a service of yourtown