



Suicide Prevention Bill 2020 - February 2021

YACSA is the peak body in South Australia representing the interests of young people, youth workers, organisations and networks throughout the non-government youth sector. Policy positions are independent and not aligned with any political party or movement. YACSA supports the fundamental right of all young people to participate in and contribute to all aspects of community life, particularly the decision-making processes that impact them.

YACSA welcomes the opportunity to respond to the Suicide Prevention Bill 2020. Suicide is the leading cause of death of Australians under 25 years of age, and the annual number of young people who died by suicide increased from 279 in 2009 to 458 in 2018¹. People of all ages, cultural backgrounds, gender identities, sexual orientations, and family backgrounds die by suicide, but young people are particularly at risk².

YACSA supports the Suicide Prevention Bill but urges government to ensure that young people are prioritised as a vulnerable group and engaged as part of the Suicide Prevention Council and the development of the Suicide Prevention Plan. This will ensure that policies, programs and responses will be better targeted to reduce suicidal behaviour amongst youth populations.

Young people and suicidal behaviour

The Australian Bureau of Statistics (ABS) Causes of Death data released in 2019, shows suicide is the leading cause of death for Australians aged under 25 years³ ⁴, and the rates of young Australians dying by suicide continues to increase⁵. Annual age-specific rates were highest for people aged 19–24 years (males, 19.1 per 100 000 and females, 5.9 per 100 000)⁶.

While young people are disproportionately impacted by suicide, it is important to acknowledge there are certain youth populations more vulnerable to mental health issues and suicidal behaviour. For example, Aboriginal and Torres Strait Islander (ATSI) young people are significantly over-represented in the data with a suicide rate of 40.5 deaths per 100,000 for 15–24-year-olds. This is more than three times the rate of non-Indigenous young people (11.7 per 100,000 deaths)⁷.

In addition, research has demonstrated a disproportionate number of lesbian, gay, bisexual, transgender and intersex (LGBTI) young people experience poorer mental health outcomes and a greater risk of

¹ Hill, NTM., Witt, K., Rajaram, G., McGorry, PD., Robinson, J. (2020). Suicide by young Australians, 2006–2015: a cross-sectional analysis of national coronial data. *The Medical Journal of Australia*, 30 November 2020. Viewed 19 January 2021, https://www.mja.com.au/system/files/issues/214_03/mja250876.pdf

² Public Health Association of Australia (2020). Submission on the renewal of the 2013 National Aboriginal and Torres Strait Islander Suicide Prevention Strategy. Viewed 19 January 2020, <https://www.phaa.net.au/documents/item/4879>

³ Australian Bureau of Statistics (ABS) (2020). Causes of Death, Australia. ABS cat. no. 3303.0. Canberra: ABS. Viewed 18 January 2021, <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2019#data-download>

⁴ AIHW. (2020). Suicide & self-harm monitoring. Viewed 19 January 2021, <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/populations-age-groups/suicide-among-young-people>

⁵ Australian Bureau of Statistics (ABS) (2020). Causes of Death, Australia. ABS cat. no. 3303.0. Canberra: ABS. Viewed 18 January 2021, <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2019#data-download>

⁶ Hill, NTM., Witt, K., Rajaram, G., McGorry, PD., Robinson, J. (2020). Suicide by young Australians, 2006–2015: a cross-sectional analysis of national coronial data. *The Medical Journal of Australia*, 30 November 2020. Viewed 19 January 2021, https://www.mja.com.au/system/files/issues/214_03/mja250876.pdf

⁷ Australian Bureau of Statistics (ABS) (2020). Causes of Death, Australia. ABS cat. no. 3303.0. Canberra: ABS. Viewed 18 January 2021, <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2019#data-download>

suicidal behaviours than other young people. Compared to the general population, LGBTI young people aged 16 to 27 are five times more likely to attempt suicide in their lifetime, transgender young people over the age of 18 are nearly 11 times more likely to attempt suicide in their lifetime and young people with an intersex variation over the age of 16 are nearly six times more likely to attempt suicide in their lifetime⁸.

The COVID-19 pandemic has also significantly impacted the mental health and wellbeing of young people through the effects of lockdowns and restrictions, as well as through the short and long-term effects to financial stability, employment, housing, future plans, access to services and social connections^{9 10}. The pandemic is making young people more vulnerable to mental ill health and an increase in suicidal behaviour and suicide rates are expected. Young people with existing mental health issues will also likely face an exacerbation of their mental health conditions as the pandemic continues¹¹.

Young people, especially those from vulnerable groups will need assistance, supports and services to navigate the various impacts of the pandemic and should be a priority in any response to mental health, suicide prevention and suicide postvention.

Access to mental health services

Mental illness, diagnosed or undiagnosed, is associated with most suicide attempts, so provision of accessible and appropriate mental health services is critical for any suicide prevention strategy¹². However, COVID-19 has exposed significant gaps in the mental health system, particularly for young people. While mental health services in metropolitan areas and larger regional centres are potentially more accessible, YACSA notes services and programs in rural and remote areas are inadequate or non-existent¹³.

Young people have reported having to travel significant distances to access private and expensive mental health services, while others have described the impacts of long wait times for existing government services. This is compounded by a lack of prevention and early intervention services, limited and scarce outreach services, and a lack of effective detection, assessment, and diagnostic services¹⁴.

To better address mental health issues and suicide prevention services, YACSA advocates for greater levels of investment by both federal and state governments in the provision of appropriate and easily accessible health and mental health services across both metropolitan and rural and remote locations¹⁵. Identifying and addressing gaps in mental health services will be critical for the proposed suicide prevention and postvention plan.

⁸ National LGBTI Health Alliance (2020). Snapshot of Mental Health and Suicide Prevention Statistics for LGBTI People – February 2020. Viewed 20 January 2020, https://d3n8a8pro7vhmx.cloudfront.net/lgbtihealth/pages/549/attachments/original/1595492235/2020-Snapshot_mental_health_%281%29.pdf?1595492235

⁹ Kaleveld, L., Bock, B., Maycock-Sayce, R. (2020). COVID-19 and Mental Health. Centre for Social Impact. Viewed 18 January 2021, https://www.csi.edu.au/media/uploads/csi_fact_sheet_covid_and_mental_health.pdf

¹⁰ Tiller, E., Fildes, J., Hall, S., Hicking, V., Greenland, N., Liyanarachchi, D., Di Nicola, K. (2020). Youth Survey Report 2020. Sydney, NSW: Mission Australia.

¹¹ Ibid.

¹² Ridani, R., Torok, M., Shand, F., Holland, C., Murray, S., Borrowdale, K., Sheedy, M., Crowe, J., Cockayne, N., Christensen, H. (2016). An evidence-based systems approach to suicide prevention: guidance on planning, commissioning, and monitoring. Sydney: Black Dog Institute. Viewed 25 January 2021, <http://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/an-evidence-based-systems-approach-to-suicide-prevention.pdf?sfvrsn=0>

¹³ YACSA (2018). Inquiry into the Accessibility and Quality of Mental Health Services in Rural and Remote Australia. Viewed 19 January 2021, <https://www.yacsa.com.au/publications/rural-mental-health>

¹⁴ Ibid.

¹⁵ Ibid.

Specific comments on the Bill

The development of associated regulations

While the explanatory discussion paper does not commit government to develop regulations associated with the Suicide Prevention Bill, YACSA recommends clear, transparent, and accountable regulations are developed. In particular, detailing how young people and other vulnerable populations will be engaged in the development of the Suicide Prevention Plan and regular engagement and consultation processes.

Protocols for information gathering and sharing can also be outlined detailing what information should be collected, how the data is stored and shared and what other information sources should be utilised.

The regulations will also be critical in outlining the elements of government suicide prevention plans and provide the basis for standardised plan templates that can be used by state authorities and non-government organisations who wish to develop a suicide prevention plan.

Engagement of young people in the Suicide Prevention Council

The interests, opinions and contributions of young people should be represented on the Suicide Prevention Council. As such, YACSA calls for the proposed regulations to specifically name young people, young people from ATSI communities and young people from LGBTQIA+ communities as vulnerable groups to inform the Suicide Prevention Plan.

Further, we recommend the Suicide Prevention Council works with YACSA to develop funded, formal mechanisms for young people and the sector that supports them to have input into the development and evaluation of the plan.

Young people, particularly those with lived experience, have a range of knowledge, thoughts, ideas, and perspectives that can enrich the decision-making process of the Suicide Prevention Council and lead to a more relevant and meaningful Suicide Prevention Plan and program and service response¹⁶.

Funding the Suicide Prevention Plan

The Suicide Prevention Plan and the Suicide Prevention Council must be adequately resourced to ensure it is effective. We note Scotland's Suicide Prevention Action Plan is backed by a significant funding commitment that includes funding for training, funding for suicide prevention services and funding for the operation of the leadership group that oversees the implementation of the plan¹⁷. Similarly, the United Kingdom's Cross-Government Suicide Prevention Workplan provides significant funding for the non-government sector to deliver programs and responses that address suicide prevention and postvention¹⁸.

Prescribed State Authority Suicide Prevention Plans

To ensure cross-government support for the broader Suicide Prevention Plan, YACSA supports Prescribed State Authorities developing their own agency-wide suicide prevention plans. For a consistent approach,

¹⁶ Youth Affairs Council of South Australia, Government of South Australia (2016). Better Together: A practical guide to effective engagement with young people. Viewed online 15 January 2021, https://www.bettertogether.sa.gov.au/media/W1siZiIsJiJwMTgvdMDQvMTgvODEExbHkzMDIwaV9CZXRoZXJfVG9nZXRoZXJfeW91dGhfZW5nYWdlbWVudF9ndWlkZV9zbS5wZGYiXV0/Better%20Together%20youth%20engagement%20guide_sm.pdf

¹⁷ Scottish Government (2018). Scotland's Suicide Prevention Action Plan - Every Life Matters. Viewed 19 January 2021, <https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2018/08/scotlands-suicide-prevention-action-plan-life-matters/documents/00539045-pdf/00539045-pdf/govscot%3Adocument/00539045.pdf>

¹⁸ HM Government (2019). Cross-Government Suicide Prevention Workplan. Viewed 19 January 2021, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772210/national-suicide-prevention-strategy-workplan.pdf

easily adaptable templates and guides should be developed and distributed that outline the obligations of authorities under the broader plan and the legislation.

YACSA also supports non-government agencies developing their own suicide prevention plans, but this should not be a legislative requirement. To develop a suicide prevention plan, the government must provide adequate resources, for example, guidelines, templates, training and, where appropriate, financial support.

Data collection

Inconsistent data collection, and difficulties accessing data across agencies and jurisdictions is a barrier to the delivery of evidence-based suicide prevention initiatives¹⁹.

YACSA supports the development of a suicide register but recommends the register is part of a coordinated data collection process including state and national data collection sources. This will not only assist the Suicide Prevention Council to identify trends and develop responses, but when published, will allow the youth sector to access the latest data in a central location.

¹⁹ Black Dog Institute (2021). National data needed for suicide prevention to succeed. Viewed 19 January 2021, <https://www.blackdoginstitute.org.au/news/national-data-needed-for-suicide-prevention-to-succeed/>



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