SPA Innovation Grant Results Brochure

Australian Youth Self-Harm Atlas

About this Brochure

This brochure presents an overview of the key findings of the Australian Youth Self-Harm Atlas study, funded by Suicide Prevention Australia (SPA). The Atlas study aimed to better understand what influences youth self-harm and suicide risk across geographically distinct regions of Australia. It achieved this by using a mixed methods approach, combining insights from (A) statistical modelling and spatial analyses of national survey and Census data, and (B) the voice of lived experience via focus groups.

At the heart of this research project was the voices of young Australians (≤21 years) with lived experience of self-harm or suicidality. We had discussions with over fifty young people and other stakeholders living in diverse areas across the nation, about their experiences and ideas for future solutions for the youth self-harm and suicide prevention sector. We hope this project elevates and amplifies their voices and contributes to wider efforts of embedding lived experience as a central pillar in the sector. One important take away message for our readers – young people should be at the heart of the design of new and emerging solutions in the youth suicide prevention space. More detailed information about the project can be found in the Summary Report, which can be accessed publicly via Suicide Prevention Australia's website.

> *Young people should be at the heart of the design of new and emerging solutions in the youth suicide prevention space.*
>
> *Key message for our readers*

DATA LANDSCAPE OF THIS BROCHURE

Part A Quantitative

Numeric data used to investigate regional variability of self-harm prevalence, related risk/protective factors, and mental health service use.

(1) Young Minds Matter Survey (YMM) (2013-2014)

YMM is a nationally representative survey of young Australians 11-17 years (n=2,967). Most comprehensive dataset of young Australian mental health and wellbeing[1,2].

(2) Australian Bureau of Statistic (ABS) 2016 Census

Most comprehensive snapshot of the Australian population with ~10 million households[3].

Part B Qualitative

Descriptive or narrative data used to investigate the most pertinent risk/protective factors for key stakeholders in their local regions, and to explore local support services.

(1) Focus Group data (2021-2022)

10 focus groups with young Australians (≤21 years) with lived experience of self-harm or suicidality in regionally diverse regions (across QLD and NSW).

4 focus groups with staff who support young people with lived experience in regionally diverse regions (across QLD and NSW).

1. Lawrence D, Hafekost J, Johnson SE, Saw S, Buckingham WJ, Sawyer MG, et al. Key findings from the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Aust N Z J Psychiatry. 2016;50(9):876-86.
2. Hafekost J, Lawrence D, Boterhoven de Haan K, Johnson SE, Saw S, Buckingham WJ, et al. Methodology of Young Minds Matter: The second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Aust N Z J Psychiatry. 2016;50(9):866-75.
3. Australian Bureau of Statistics [ABS]. Census DataPacks, 2016. [Internet] Canberra (AU): Australian Bureau of Statistics; 2016 [updated 2016; cited 2022 June 20]. Available from: https://www.abs.gov.au/census/find-census-data/datapacks?release=2016&product=GCP&geography=ALL&header=S

Part B Qualitative (continued)
Demographics & Regions of Interest

N=31

Youth Focus Groups (approx. 2 hours each)

	QLD	NSW
Metro PHN	Brisbane North 3 groups; 31.0%	Southwestern Sydney Metro & regional subdivision 3 groups; 31.0%
Regional PHN	Central QLD, Wide Bay, Sunshine Coast 2 groups; 17.3%	Hunter New England & Central Coast 2 groups; 20.7%

% of total participants

18 AVERAGE AGE

Range: 15-21 years

44.8% had attempted suicide in their lifetime

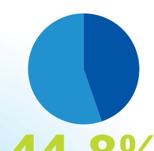
96.6%

HAD ENGAGED IN SELF-HARM

irrespective of intent

72.4% *diagnosed with a mental disorder*

20.7 reported autism or ADHD



66% identified as LGBTQI+

MOSTLY FEMALE

20.6% identified as non-binary, 6.9% as male

One youth participant identified as Aboriginal and/or Torres Strait Islander

N=23

Staff Focus Groups (approx. 1 hour each)

	QLD	NSW
Metro PHN	Brisbane North 1 group; 17.6%	Southwestern Sydney Metro & regional subdivision 1 group; 41.2%
Regional PHN	Central QLD, Wide Bay, Sunshine Coast 1 group; 11.8%	Hunter New England & Central Coast 1 group; 29.4%

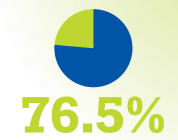
% of total participants

41.2% *provided direct psychological support to young people*

38 AVERAGE AGE

MOSTLY FEMALE

58.8% had self-harming/ suicidal thoughts in their lifetime



76.5% had cared for family/ friends with self-harming or suicidal history

64.7% working full-time

All staff worked at community mental health organisations.

Disclaimer

Some people may find parts of this brochure confronting or distressing. Please carefully consider your needs when reading the following information about youth self-harm and suicidality. If this material raises concerns for you, please contact Lifeline on 13 11 14, or see other ways you can seek support. This report places an emphasis on data, and as such, can appear to depersonalise the pain and loss behind the statistics. The project team acknowledges the individuals, families and communities affected by self-harm and suicide each year in Australia. Aboriginal and/or Torres Strait Islander readers are advised that information relating to Indigenous self-harm is included. The project team supports the use of the Mindframe guidelines on responsible, accurate, and safe self-harm and suicide reporting. Please consider these guidelines when disseminating the brochure's findings.

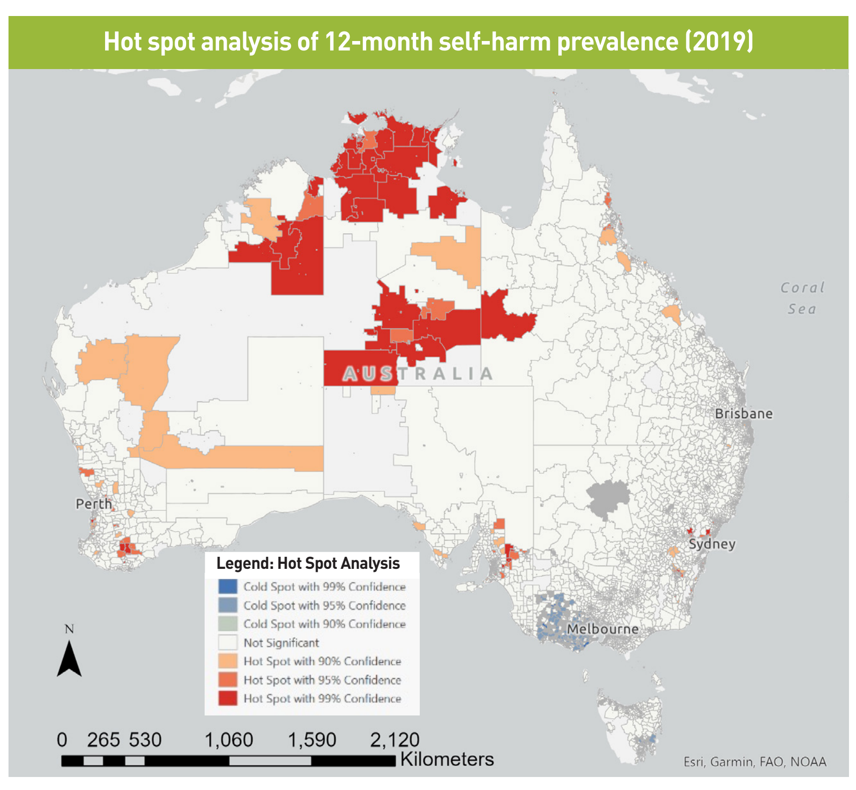
Take Home Messages and Next Steps

Existing Knowledge (prior to project)

- In 2015, the Government announced a renewed approach to suicide prevention through the establishment of a new National Suicide Prevention Strategy. A key component was a systems-based, regional approach led by the Primary Health Networks (PHNs).
- The need to understand suicidal behaviour within small-area geographies is supported by a growing spatial epidemiological literature. However, most research has focused on suicide deaths which may not properly reflect prevention needs, and few studies have focused on young people. This is a priority population where urgent action needs to be taken to prevent suicides in Australia.
- Previous regional variability studies have shown method of self-harm/suicide differs by geography. Aboriginal and/or Torres Strait Islander status, prior exposure to suicide, socio-economic status, and unemployment levels have been shown to be associated with youth self-harm and suicide clustering.

New Knowledge (based on current project)

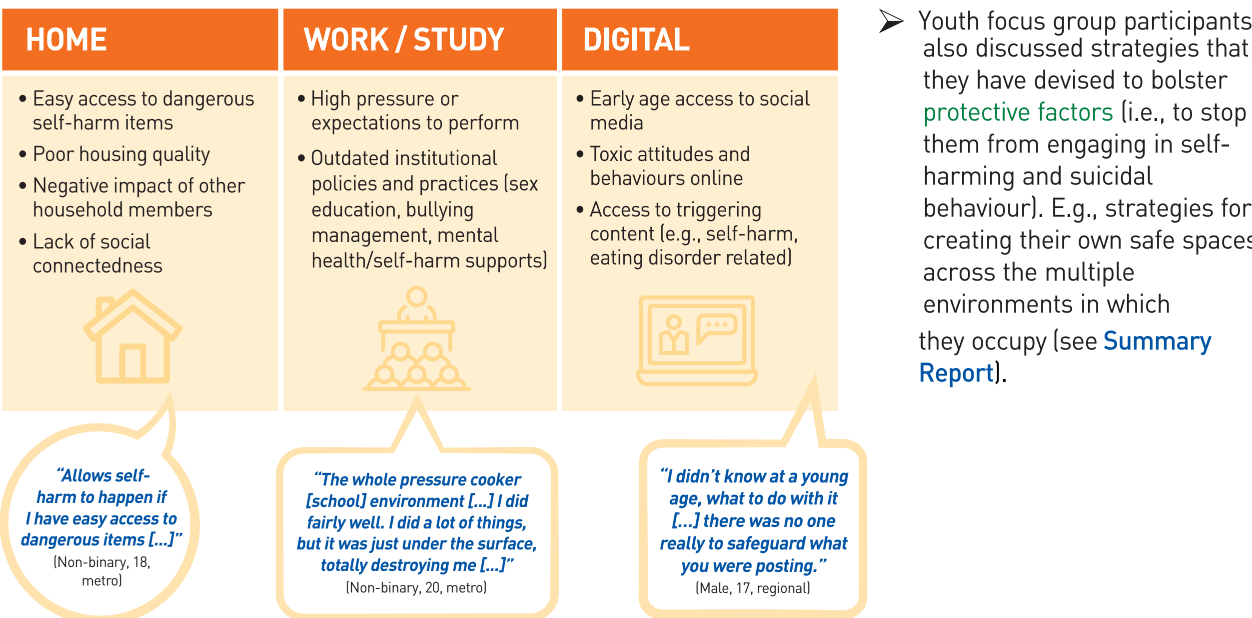
- There was overall large variability in youth self-harm prevalence (non-suicidal and suicidal) across the nation. This provides further support for the National Suicide Prevention Strategy of a systems-based regional approach.
- **Northern Territory**, **Western Australia**, and **South Australia** had the overall highest state prevalence. Hot spot analyses identified local areas in each state and territory where future youth self-harm/suicide prevention efforts should be prioritised, including youth self-harm clustering in metro and regional areas across Western Australia, Northern Territory, Queensland, Victoria, and New South Wales (see map below).



Map created using ESRI ArcGIS Pro software. Prevalence maps of self-harm (irrespective of intent) are based on synthetic estimate modelling of survey and Census data (see Summary Report).

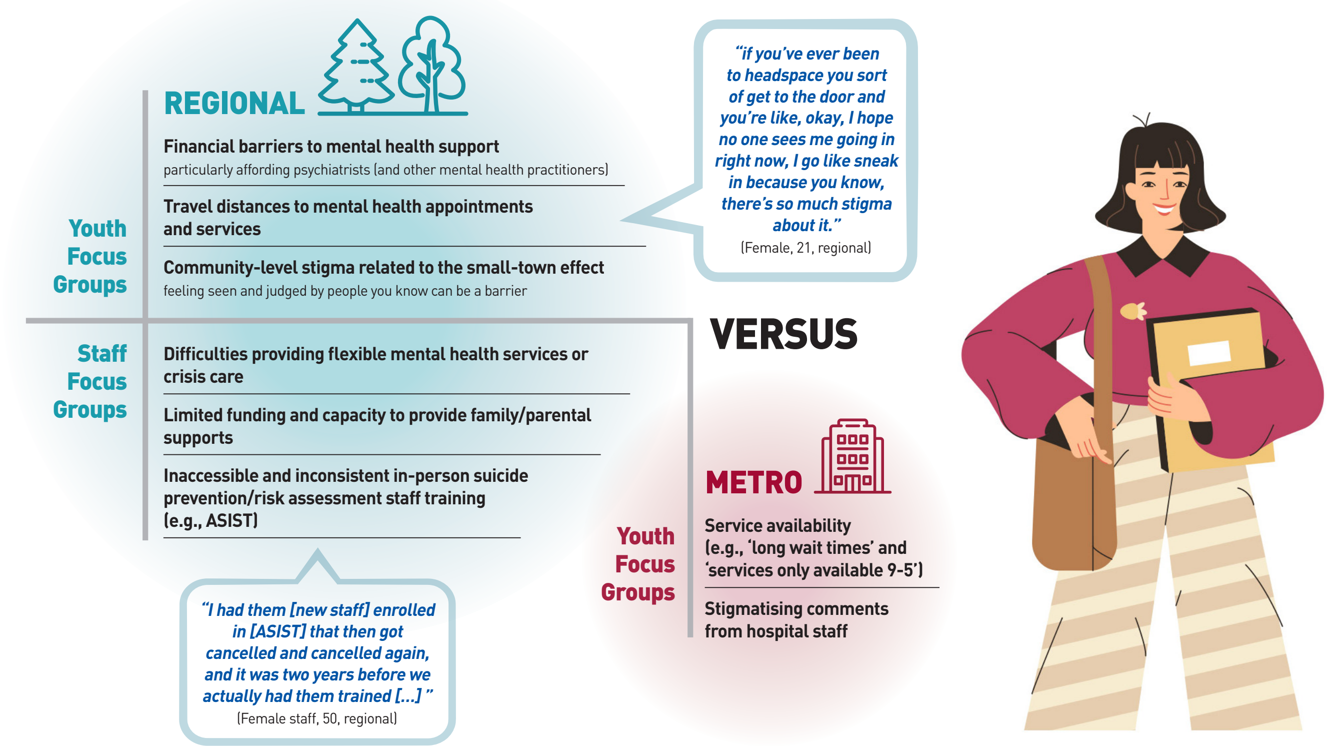
- **Mental ill health**, **parent unemployment** and **being born in Australia** were key risk factors of youth self-harm in nationwide quantitative modelling. These factors should inform general (national) targets for future youth self-harm suicide prevention initiatives, including targets for further research inquiries. Spatial mapping showed all associations with self-harm differed geographically across Australia (in size and direction), emphasising the complexity of these relationships, and the potential value of small area geographic data for guiding more targeted suicide prevention planning.

- Focus groups explored in-depth the environments in which young people live, work, learn, and play, and how these impact on young people's self-harming and suicidal behaviours. Self-identified risk/protective factors in youth focus groups were largely consistent with key factors in our quantitative analysis, providing additional and needed richness. Overall, the **home**, **high school**, and **digital environments** were perceived as most influential by youth participants – these settings should be priority areas (key **risk factor themes** outlined below). Themes related to financial barriers, transportation issues, and small-town effects were more prominent in regional than metro areas. Impacts of recent stressors (COVID-19, climate change) were also explored (see Summary Report).



- Youth focus group participants also discussed strategies that they have devised to bolster protective factors (i.e., to stop them from engaging in self-harming and suicidal behaviour). E.g., strategies for creating their own safe spaces across the multiple environments in which they occupy (see Summary Report).

- Nationwide quantitative analyses showed **70% of young people reporting self-harm or suicidality did not use services** for their mental health in the previous 12 months. Nearly half of this group reported an unmet need of care. Both metro and regional youth focus groups faced similar broader issues/barriers, related to mental health stigma and service accessibility. However, the nature of these problems differed in **metro versus regional qualitative themes**. For example, regional youth focused on community-level stigma, whereas metro youth focused on stigmatising comments from hospital staff. See below a summary of more prominent qualitative themes in regional vs. metro areas.



- In focus group discussions, there was overlap between **youth and staff 'blue sky thinking'** suggested improvements for the sector. These included: **(a)** increasing afterhours supports; **(b)** greater provision of missing middle services; **(c)** structural changes (e.g., increased connections between the mental health and school system, and separate, less clinical pathways to safe spaces); and **(d)** including peer workers at all levels of the sector. These commonalties between staff and young people with lived experience should be areas of greatest priority.
- Blue sky thinking themes focused on improved intake processes, financial solutions, increased youth-specific inpatient facilities, housing supports (youth), and themes related to addressing community stigma, the need for less clinical 'horizon widening' therapeutic approaches, and more accessible in-person suicide risk assessment training (staff) were more prominent in regional than metro areas. In both metro and regional groups, young people felt strongly about the central role of youth in service innovation; that youth have lots of knowledge that should be shared and respected.

> *"I have been in and out of the public mental health system since I was 16, so that's 5 years of experience of the good, the bad, and the ugly"*
>
> (Female, 21, regional)

Youth Blue Sky Thinking

Service accessibility improvements

- More supports at nights/weekends when young people most vulnerable
- More text based supports
- A night bus to safely connect young people with afterhours supports

More inclusive/ diverse supports

- Gender inclusive supports
- Peer workers at all levels
- Moving away from strict inclusion criteria
- Respecting/listening to young people

Financial innovations

- More equity based services
- Bulk billed psychiatrists (particularly regional areas)

Structural innovations

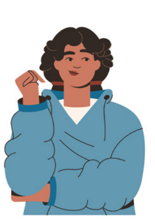
- More mental health hospitals/ facilities designed for youth
- More in-between services
- Increased connectivity between mental health system and schools

Community/staff MH training + literacy

- Staff training focused on sensitivity & stigma (particularly hospital staff)
- More resources for parents

Next Steps

- Establishing partnerships between hospitals, coroners, police, and other relevant data custodians in youth self-harm clustering regions identified in nationwide hot spot analyses, to make real-time data more readily available, particularly at a localised level.
- Increased research efforts and program planning focused on improving youth mental health (via mental illness prevention efforts) and programs focused on improving the employment and socio-economic outcomes of single parents in Australia.
- E-safety discussions focused on monitoring online self-harm/suicide related content, and liaising with social media platforms to implement more comprehensive safety mechanisms.
- Education programs for parents and school staff (including teachers, principals) focused on improving understanding of youth mental health, self-harm, and gender and sexual diversity.
- Discussions with PHNs and other service planners about key service use barriers and suggested improvements provided by youth and staff focus group participants in regional versus metro areas.



Support Services and Resources

Telephone and Online Support Services

If you or someone you know is feeling distressed, please contact relevant support services in your area. This may be your GP or a mental health or community support service. Some Australian services are listed below, including their phone numbers, websites, and links to their online chat-based services.

Crisis Support lines

Kids Helpline | **Ph: 1800 551 800** | **Web: www.kidshelpline.com.au**

Australia's free confidential 24/7 online and phone counselling service for young people aged 5 to 25. They also offer an online chat support service.

Suicide Call Back Service | **Ph: 1300 659 467** | **Web: www.suicidecallbackservice.org.au**

A nationwide service providing 24/7 telephone and online counselling to people affected by suicide. The suicide call back service offers services to anyone who is feeling suicidal, who is worried about, caring for or has lost someone to suicide. They also offer an online chat support service.

Lifeline Australia | **Ph: 13 11 14** | **Web: www.lifeline.org.au/**

24 hour crisis support and suicide prevention services for all Australians experiencing emotional distress. They also offer an online chat support service.

MensLine Australia | **Ph: 1300 789 978** | **Web: www.mensline.org.au**

MensLine offers free professional 24/7 telephone counselling support for men with concerns about mental health, anger management, family violence, addiction, relationships, stress and wellbeing. They also offer an online chat support service.

1800 Respect | **Ph: 1800 737 732** | **Web: www.1800respect.org.au**

24 hour support for people impacted by sexual assault, domestic or family violence and abuse. They also offer an online chat support service.

13 YARN | **Ph: 13 92 76** | **Web:www.13yarn.org.au/contact-us-13yarn**

13 Yarn is an Aboriginal & Torres Strait Islander free crisis support line available 24/7. This confidential service connects you to Aboriginal and Torres Strait Islander support people to yarn to about your needs, worries or concerns.

Non-Crisis Support Lines

headspace | **Ph: 1800 650 890** | **Web: www.eheadspace.org.au/**

headspace provides supports for young people, including supports for mental health, physical health (including sexual health), as well as alcohol and other drug support services. They also offer an online chat support service.

Beyond Blue | **Ph: 1300 22 4636** | **Web: www.beyondblue.org.au**

Beyond Blue provides information and support to help everyone in Australia achieve their best possible mental health, whatever their age and wherever they live. They also offer an online chat support service.

Butterfly Foundation | **Ph: 1300 789 978** | **Web: www.butterfly.org.au**

Butterfly Foundation is there for anyone in Australia impacted by an eating disorder of body image issues. They provide information and referrals to health professionals. They also offer an online chat support service.

QLife | **Ph: 1800 184 527** | **Web: www.qlife.org.au**

QLife provides anonymous and free LGBTI peer support and referral for people in Australia wanting to talk about sexuality, identity, gender, bodies, feelings, or relationships. They also offer an online chat support service.

Contact

Copies of this brochure or any other publications from this project may be obtained by contacting:

Dr Emily Hielscher, Chief Investigator

Email address: Emily.Hielscher@qimrberghofer.edu.au

We would like to thank our funders, partner organisations, wider collaborators, and research participants. It takes a village to conduct research of this kind. So thank you for your invaluable contribution to this important work.

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