



# Feedback on South Australia's next Suicide Prevention Plan 2022-2025

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**Feedback on South Australia's next Suicide Prevention Plan**

Thank you for the opportunity to inform South Australia's Suicide Prevention Plan 2022-2025 (the Plan). I invite you to consider this letter alongside my February 2021 submission providing feedback on the draft Suicide Prevention Bill 2020.<sup>i</sup>

To provide this feedback, I held a conversation on the 13th of April 2021 with a group of five young people aged between 16 and 18 years old.

The survey questions via YourSay provided an initial guide to our conversation and the first question that was asked by this group was what the definition of suicide prevention is in this context. They were aware, for example, of the individual mental health plans, but did not know how these plans would work together.

The conversation soon broadened as it became clear that young people's knowledge and understanding of suicide prevention is influenced by their understanding of a range of complex, intersecting issues and experiences related to suicide. As one young person put it, there is "no clear indicator of the why, what and how of suicide prevention... it can be different for all people depending on the factors that influence the way they are feeling".

Young people highlighted what they saw as inadequate responses to help-seeking, both by parents and peers in the community, by schools and the media, and at a service level.

The young people we talked to unanimously agreed that they did not know what to do or where to go if there was a suicide attempt or death by suicide among their peers, or if a friend was suicidal. They said that when the trusted adults around them – in families and schools – are not open to talking about it, it is harder to deal with and to know where they can go for support.

At the same time, they emphasised that often the focus of conversations around mental health and suicide is solely on talking, without offering tools to manage difficult conversations and respond appropriately. This leaves young people without the practical knowledge and skills to support themselves and others. While young people said it is common for them to ask or be asked 'R U OK?', they noted that often people 'aren't prepared for anything negative'.

*"Spreading awareness is one thing but action is where progress can really occur ... Not just about what but also, arguably, more importantly, about what to do. Eg. You should check in with your peers consistently and ask "r u ok?" but are you ready for "no"."*

*– 16 year old*

This submission will outline the key issues and considerations that these young people thought were important to be considered and included in the Plan. What they said reflects what I have heard in conversations with thousands of young people across the state during my four years as their Commissioner.

Their insights make a strong case for why young people must be included in ongoing conversations and decision-making regarding suicide prevention. Given that the issues, barriers and solutions identified by children and young people are not always the same as those that dominate adult conversations, their voices must be embedded in this state-wide plan as well as the suicide prevention plans developed by State authorities.

*“Most importantly, when it comes to young people suicide prevention, involve young people in the conversation”*  
- 16 years old

Based on the above, I make the following specific recommendations to guide the development of South Australia's Suicide Prevention Plan 2022-2025, including that the Plan:

- 1. Recognises that the importance of each suicide prevention activity varies according to a range of individual and societal factors. Appropriate youth suicide prevention efforts requires an understanding of the complexity and diversity of young people's lives and the challenges they face.**
- 2. Addresses key barriers to help-seeking and support as identified by young people, recognising that there is a significant difference between asking for help and receiving the right help at the right time.**
- 3. Commits to actions – at a school, community and service level – that equip children and young people with tools to support themselves and others, and engage young people in ongoing discussions and decision-making around suicide prevention and postvention.**
- 4. Has actionable goals, timelines and outcomes, and is monitored each year and reported on publicly. It should also clearly articulate how the Plan interacts with other strategies.**

I hope this conversation summary and recommendations – supported by my previous submission – are helpful to the Committee. If you have any questions, please do not hesitate to contact me.

Yours sincerely,



**Helen Connolly**  
Commissioner for Children and Young People

1. **That the Plan recognise that the importance of each suicide prevention activity varies according to a range of individual and societal factors, and appropriate youth suicide prevention efforts requires an understanding of the complexity and diversity of young people's lives and the challenges they face.**

The Suicide Prevention Plan Survey currently available via the YourSay consultation website asks respondents to rate the importance of each suicide activity. It appears to be a significant oversight that the survey does not include postvention or appropriate responses to suicide as a potential part of effective prevention.

Young people highlighted that all suicide prevention activities are important, but that the importance of each activity will “be different for all people depending on different factors” that influence their circumstances.

Given this complexity, communities and systems need to be flexible enough to respond appropriately. Someone who is being bullied, for example, will require a different response to someone who has a psychiatric illness.

In order to maximise the effectiveness of youth suicide prevention, the Plan also needs to understand issues young people are facing, and the kinds of complex issues and experiences that might cumulate and lead to suicidal ideation or behaviour: lack of sufficient support networks, trauma or adverse childhood experiences, stress and hopelessness, lack of opportunities, mental illness, school systems that fail to promote positive mental and physical health, and other pressures and expectations.

Further, given the complexity and diversity of issues and experiences related to suicide, young people emphasised that there are not always warning signs, or that warning signs are hard to identify. This is made more difficult by stigma and assumptions made about “who can be suicidal”, which can be a significant barrier to help-seeking.

*“Stigma is a really big issue in instances like these. For some people, they feel like they can't be suicidal because they have the ‘perfect family’ and they play sports, they're doing well at school and have lots of friends so they can't be depressed. This could also be shown in seeking help. The view is ‘I don't have anything wrong with me, so I don't need to see someone’... This actually means that seeing signs is not always available because it can sometimes all be ‘in people's heads’. What we need is to have open conversations and in a non-judgemental format with less stigma around ‘who can go see a psychologist’.”*

– 16 year old

2. **That the Plan addresses key barriers to help-seeking and support as identified by young people, recognising that there is a significant difference between asking for help and receiving the right help at the right time.**

Young people consistently raised that there is a significant difference between reaching out and asking for help, on the one hand, and actually getting the right help at the right time, on the other.

*"It's also about amending and working on the system of help in place because asking for help is one thing but to receive help poses a whole other scenario where the responsibility for help to be provided is now on authorities"*

- 16 years old

They said it is exhausting and difficult when there's so much awareness about reaching out, but when they do, it isn't dealt with properly. While it is common for them to ask and be asked "R U OK?", they felt that others were not prepared to hear a "no" answer, and that they simply would not know what to say or do if someone else was to say that they are not okay.

*"People ask others if "they're okay" "are you okay" but don't generally mean it. Or if they do they aren't prepared for anything negative unless there is prior knowledge that something is wrong."*

- 18 years old

Young people identified the following financial, attitudinal and structural barriers that make it difficult for them to both seek help and receive it. They acknowledged that different groups experience these barriers differently and disproportionately, and that the needs of young people living in regional areas, Aboriginal and Torres Strait Islander children and young people, children and young people from refugee and migrant backgrounds, and LGBTQIA+ children and young people must be considered.

### **Parental consent**

Young people identified requirements related to parental consent as a significant barrier to seeking and receiving support. Young people said that in some cases there are issues that young people are not ready to talk to their parents about, while in other cases, parents are part of the problem. Yet, parental consent is often a requirement to receive professional help, such as a mental health plan.

*"There is an issue concerning parental consent especially when it comes to mental health as the parents could be part of the reason or a restrictive. As well as cost..."*

- 18 year old

Current policies and laws are dependent on parents and guardians having their child's best interests at heart, ensuring that they have the ability to advocate for their children to get the support they need when they need it. However, in some households this may not be the case, and having a parent included in any process may not be helpful for the child-parent relationship. Even where parents do consider their child's best interests, this can be a barrier.

Young people felt that mental health should be treated the same as physical health, and that young people should be able to decide for themselves, seek help confidentially and have their rights to privacy respected.

### ***Insufficient support and a lack of privacy at school***

School should be one of the places where support services, networks and information should be available to children and young people. Yet, young people said that while getting help generally “is hard enough, to get help in schools is a whole other problem”.

Among the young people who engaged in our conversation, there was consensus that suicide is not talked about at school. They felt that the “go-to” response is most often to talk to the school counsellor. However, school counsellors are not necessarily trained in psychology, and there is a general understanding (or perhaps misunderstanding) that students only see the counsellor if they have a mental illness, rather than for their “general wellbeing or life stress”.

A lack of respect for their privacy and confidentiality was another barrier to support at school. Young people talked about not telling the school counsellor everything they would like to because “everybody knows” the counsellor will feed what they say back to their parents or teachers.

### ***Cost and a lack of accessible information***

Whether children and young people seek help with or without their parents, cost can be another significant barrier to getting the right help at the right time. Even for those who can afford it, young people said there needs to be more child and youth-friendly information about how to get a mental health plan and the payment options available, including how Medicare works and the possibility of bulkbilling. This information should be accessible for all children and young people, including those from culturally and linguistically diverse backgrounds or refugee and migrant backgrounds.

### ***Support comes “too late”***

The young people who took part in our conversation were concerned that services and support are focused at the “pointy” end, with support only available once things have escalated to a crisis point. This barrier exacerbates the “I can’t be suicidal” mindset, where people feel that their situation is “not yet bad enough” to get help.

They want access to responses and services – in schools, communities, services and in their informal networks of peers and family – at an earlier time. This includes support systems and services, face-to-face as well as online or telephone, that can be accessed by young people directly, independently, privately and safely. This may include better training for workers who could be exposed to people with suicidal ideation.

Young people also said that the hours at which services are available are limited, particularly out-of-school hours. They noted a lack of services generally and the need for more services to be available to children and young people if the Plan is to be successful and sustainable.

*“Currently not enough services for when help is reached out. Patients in the health system must be treated as clients not as problems.” 17 years old*

### **Stigma and stereotypes**

Young people are aware that issues related to mental health and suicide are discussed more openly today compared to previous generations. However, this does not necessarily mean that young people are being equipped and supported by adults to deal with these issues effectively.

Young people talked about how stigma persists as a barrier, alongside stereotypes around age and gender. They wrote about how society raises women “to talk” about their emotions and men to “bottle it up”, and this negatively impacts everyone, regardless of gender identity. They also spoke about the stereotype of “angsty teenagers”, which often serves to minimise or hyperbolise what they are going through and ultimately limit their help-seeking behaviour.

*“Stereotypes of men “don’t/can’t talk – men are strong” “females have emotions”.  
Brought up to believe can or cannot talk.”  
– 18 year old*

### **3. That the Plan commits to actions – at a school level, community level and service level – that equip children and young people with tools to support themselves and others, and engage young people in ongoing discussions and decision-making around suicide prevention and postvention.**

The young people who participated in the conversation all agreed that they simply would not know what to do or where to go if a friend there was a suicide attempt or death by suicide among their friends, family or community. More needs to be done, in schools, clubs and community to not only raise awareness, but also to provide children and young people with practical tools to help themselves and others, and to include them in ongoing decision-making around suicide prevention and postvention.

*“Most importantly, when it comes to young people suicide prevention,  
involve young people in the conversation”  
– 16 years old*

This includes tools to navigate social media as a key part of the hyper-connected digital world young people are growing up in. Young people see social media as a tool that can be both good and bad, depending on how it is used. Yet, they often talk about how adults overemphasise the negative impacts of social media on children and young people’s wellbeing, sometimes to a point where it is perceived to be the cause of all their problems.

*“Important to point out that a lot of blame and stigma is placed on social  
media when in reality that’s not the reason the world has “changed”/gotten  
“worse””  
– 16 year old*

Young people seek more practical and constructive conversations and guidance on how to properly navigate this tool in positive, safe and empowering ways as part of their everyday reality. They describe how social media “has only created more awareness

because society now has greater and faster access to knowledge that something is wrong.”

While the focus of suicide prevention efforts is often on starting conversations and talking, however, young people also identify key protective factors, crucial to effective early intervention and prevention. This includes active efforts by leaders and decision makers across the community to support opportunities for young people to meaningfully engage in their communities, have positive relationships and social connections, and be physically and mentally active and healthy.

*“Spreading awareness is one thing but action is where progress can really occur”*  
– 16 year old

The following table highlights young people’s suggestions for action inside and outside of health, at a school level, community level and service system level:

What can be done in schools	What can be done in communities	What can be done at the service system level
Schools should be prepared to talk about suicide and implement school-based suicide prevention programs that have shown to improve knowledge, confidence and improve outcomes. <sup>ii</sup>	Build and invest in child and youth-friendly infrastructure and transport, where young people can see themselves and their interests and diversity reflected. <sup>iii</sup>	Age-appropriate, child-friendly information about available services and payment options should be available to improve health literacy and support help-seeking.
Schools should promote the support services available inside and outside of school, and clarify the role of counsellors in order to challenge assumptions about “who can seek help”.	Activate young people’s health and wellbeing through removing barriers to young people’s participation in play, gaming, sport and other physical activity. <sup>iv</sup>	All service system staff and professionals should be kind, value diversity and treat young people as people and “as patients, not as problems”.
All school counsellors and school staff should respect a child or young person’s right to privacy and confidentiality.	Provide meaningful opportunities for young people to engage and contribute to their community through volunteering, work and other informal activities.	Services should be stigma-free, bulkbilled, available out of school hours and in a range of accessible formats (face-to-face, online and via telephone) and without parental consent.
School-based Relationships and Sexual Health (RASH) education should promote healthy relationships and	Support young people with practical knowledge, skills and tools to support	All service system staff and professionals should protect children and young people’s

protect young people's sexual safety and wellbeing.	themselves and others, both online and offline.	rights to privacy and confidentiality.
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**4. That the Plan has actionable goals, timelines and outcomes, and is monitored each year and reported on publicly. It should also clearly articulate how the Plan interacts with other strategies.**

Upon reading South Australia's previous Suicide Prevention Plan, it is recommended that the 2022-25 Plan is developed with goals, timelines and outcomes that are articulated clearly. The Plan should also be subject to monitoring, with an annual report on its progress to be made publicly available each year of the Plan's lifespan.

It is also important for the Plan to specify where it sits in relation to other state policy and strategy, including the Wellbeing SA Strategic Plan 2020-2025 and the SA Mental Health Services Plan 2020-2025. The interactions between these plans should be explicitly mapped so as to avoid actions being rolled out in silos, or the duplication of actions or outcomes. This will also ensure that any actions undertaken in one plan do not undermine or affect those taken in line with any other plan.

<sup>i</sup> South Australian Commissioner for Children and Young People, "Feedback on the draft Suicide Prevention Bill 2020", February 2021. Available at <https://www.ccyp.com.au/wp-content/uploads/2021/01/2021-02-12-Feedback-on-the-draft-Suicide-Prevention-Bill-2020-Final.pdf>.

<sup>ii</sup> Orygen National Centre for Excellence in Youth Mental Health, Raising the bar for youth suicide prevention, 2016. Available at <https://www.orygen.org.au/Policy/Policy-Reports/Raising-the-bar-for-youth-suicide-prevention/orygen-Suicide-Prevention-Policy-Report?ext>.

<sup>iii</sup> South Australian Commissioner for Children and Young People, 2019. Youthful Adelaide: What young people have said will make Adelaide more youthful. Available at <https://www.ccyp.com.au/wp-content/uploads/2019/09/CCYP-Youthful-Adelaide-Report-V5-Web.pdf>.

<sup>iv</sup> South Australian Commissioner for Children and Young People, 2020. Press Play: Activating young people's health and wellbeing through play. Available at <https://www.ccyp.com.au/wp-content/uploads/2020/08/Screen-Press-Play-Report.pdf>.