



Suicide Safe Parenting Geelong

Leaders for Geelong 2020/21

There are elements of this report that some people may find distressing.

If you need support, **Lifeline's Crisis Support 13 11 14 services** are available 24 hours a day, 365 days a year.

Please reach out for help.

Project Group

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Executive Summary

In 2020 Geelong lost seven youths to suicide. Seven teenage boys whose family and friends now grieve. With the increase in reported mental health issues amongst our youth, and the impact of the pandemic on mental health set to exacerbate the situation, we as a community must find ways to provide extra support for our children. We can no longer avoid the conversations that we need to have.

Lifeline Geelong and South West Victoria saw a gap in the local mental health support ecosystem. There is currently a lack of support and education for parents to enable them to be able to identify if their child is at risk and have the appropriate conversations to support their child through this crisis. Lifeline Geelong and South West Victoria is currently developing a range of programs to support youth directly as well as the broader community to prevent youth suicide. This project is one of these programs and seeks to identify solutions to support parents of years seven to nine youth to take a more active role in preventing youth suicide. Jason Doherty, Regional General Manager Lifeline South West Victoria, has been guiding this project as the Project Champion.

In delivering this project we completed research to understand what parents require to provide greater confidence in supporting a child who may be suicidal as well as their attitudes and experiences regarding parenting information services. Research was also completed to understand the current offerings and landscape relating to mental health and youth services as well as suicide prevention. The key findings from this research are:

- Our youth are growing up in a different world to that of their parents when they were teens. As it relates to factors relating to mental health and suicide the divide seems larger than previous generations.
- There is increased concern amongst some parents around mental health and suicide. Yet they feel unsupported and unsure in how to support their children if they were to be at risk.
- Parents don't understand how to navigate the mental health system and many are frustrated about wait times and other difficulties accessing support.
- Parents feel isolated, desperate and a sense of failure due to the lack of support for the family of a child suffering from mental illness.
- There are an increasing number of organisations working in the suicide prevention space. Efforts are siloed, uncoordinated and inconsistent in reach.
- There is general support for an education program for parents aimed at preventing youth suicide.

Based on these findings, and a review of the landscape in which Lifeline operates, the following key recommendations have been made:

- Lifeline invest in a campaign to increase awareness that parents can call Lifeline for help to support their suicidal child.
- Lifeline seek to be an active participant in existing groups that have been established over the last two years with the purpose of preventing suicide.
- Lifeline work with others to collaborate on parenting information services, to deliver solutions quickly and efficiently.
- Lifeline provide additional information on their website for ways to support the child, as well as every other member of the family, during the period where a suicidal youth is waiting to access appropriate mental health services. In addition, investigate other opportunities to support parents during this time, such as peer support groups.
- Develop a local campaign to increase everyone's comfort in talking about suicide; to create awareness of the need to talk about suicide more and educate on simple techniques to assist someone who may be suicidal.



Project Scope and Objectives

Lifeline is a national organisation that focuses on telephone crisis support. Lifeline Direct (LLD) is a wholly owned subsidiary of Lifeline Australia, delivering the suite of Lifeline's services across six geographical regions in both NSW and Victoria, of which Geelong and South West Victoria is one of those geographical regions. Lifeline supports the community and people experiencing mental health issues through accessible crisis support, counselling, education, community capacity building and referral services. From here on in, for simplicity we will refer to Lifeline Geelong and South West Victoria as Lifeline.

Lifeline advocated for the 'Suicide Safe Parenting Group' to purposely collaborate with stakeholders and recommend the development of tools and systems to support parents in prevention of youth suicide. Our major challenge was how should Lifeline create awareness and engagement, and then educate parents and provide confidence to open-up this very important conversation with their children. This would be one program in a series of programs being developed by Lifeline and Headspace to address the issue of youth suicide. The primary target group is Year 7, 8, 9 aged school children's parents. The term Parents applies equally to all genders, carers, supporters and families of youth and adolescents.

Our Objective is to provide lifeline with a series of evaluated initiatives to reduce youth suicide within the Geelong region by empowering parents to communicate and engage with their children in a conversation around suicide risk. These recommendations aim to:

- Provide resources to enable parents to understand when suicide is a risk.
- Equip parents to start and hold a conversation with their child in direct response to this risk.
- Create awareness of the pathways for further support if it is required.

The ultimately objective is to reduce the instances of youth suicide within the region. We note this is one program in a series of programs being developed by lifeline and Headspace to address this issue.

Project Purpose

When we strip back the purpose of this project it is to assist parents safeguard their children from suicide. Throughout this journey we heard some incredible stories, stories of strength, perseverance, frustration, hope, love, and grief. This project has highlighted the necessity for more people to engage in conversations around suicide and for these stories to be heard. We thank all those parents who took part, for sharing the concerns and pain so openly with us.

We particularly thank Ange Shearman for sharing her story below.





Thank-you to the Geelong Leadership team for the opportunity to talk with them regarding this initiative to make a difference for youth in our community of Greater Geelong. If we can save one child's life, one family's pain and save young people from grief they should never experience, then our efforts are more than worth it.

It has been one year and four months since our family changed forever, with the blindsiding suicide of our 16 year old son. There really are no words for any family who lose a child, and who lose a child so suddenly and without a WHY.

There are certainties I now hold,

Vulnerability is power.

Thoughts and feelings are extreme and dissipate in teenagers, but impulsive actions have permanent consequences.

No child, who's brain is not fully developed is in full choice, children choose to remove a pain or shame, trauma or feeling, not remove a life.

SUICIDE does not discriminate.

Trauma is completely subjective, it can be a small experience for one person and a horrific encounter for ANOTHER.

COVID-19 circumstances in 2020 – 2021 are and will continue to have a massive impact on the mental health and wellbeing of our young people.

A sense of self, a true connection with oneself can be dependent on connections with others, but most importantly a connection with oneself is a vulnerable and personal journey, with influence from many life factors.

Anxiety and depression in children does not always present with obvious signs.

A peer group is the most influential part of a teenager's life, there life line, influence, support and nemesis.

Social media is our teenager's power and their poison.

Empirical evidence shows that those around a person passing due to suicide are vulnerable for a period of approximately five years. We need to keep those affected by suicide close and always be mindful of vulnerability in disenfranchised grief.

We definitely need to have open conversations around teenage mental health and suicide. Again, vulnerability is power, it has power over shame and trauma.

Grief does not subside; you just learn to build a life around it.

I started to write and re write this contribution and then decided it best to share what was already written. These are some of the words I spoke at my son's funeral to the vulnerable and grieving family and friends impacted by Louie's passing.

Our Louie

No mother, father sister or brother want to be standing here where we are today. It's not right that parents bury their children. I don't want to be the one saying it. But I am. This is real and this is permanent.

There are no rules in death, and I want to speak honestly and from my heart with vulnerability, maybe there are some that don't want to or can't hear what I have to say, and that's ok too.

I believe Vulnerability is power. Around this, why we are here today, my Louie, gone.

It's a bigger conversation we need to be having.

There really are no words to express this day, I don't believe it's truly possible. But I will try.

We all love our Louie, we saw him, heard him, held him and listened to him.

Louie was HEARD, Louie did SPEAK, He WASN'T WEAK, he WAS Smart and articulate and COULD share his feelings. He was a talented musician, travelled the world, had all opportunities, stability and so much love and many friends.

He was beautifully emotionally connected and sensitive, maybe too much, if that's a thing.

Sometimes he WOULD withdraw. He was a teenager.

He was deep and fast and passionate and close to his family and friends, oh so close.

Louie was grieving, that's normal, his own loss of two friends and a close family friend.

He had moments of self-doubt, that too is normal.

All emotions are as valid as each other, joy, happiness, pain, anger, solemnity, passion, jealousy, fear and desire, pride, doubt, confidence, and many more!

There is a bigger conversation than 'R U OK'. Bigger than 'Kids talk to your parents' and bigger than 'parents talk to your kids'. We are in a living hell, we are broken, our family will forever be changed.

Our teenagers are absolute, big balls of feelings, energy, emotions and doubts, surging with hormones and yang energy.

They need connection, physically, and mentally, just the energy of another and most importantly the energy of another teenager their friends, peers, just the same as cubs. So much going on, hormones, experiences, taking chances, pushing boundaries, exploring, rebelling, growing, understanding and surges of confusion.

The joys are as high as the lows are low.

The dark choice in that moment for our son, we will never know, no one will, those in that place are gone forever. The outcome is absolute, permanent, no coming back, changed universe forever for him and for us.

Lives shattered. Friends still living broken and scared and feeling helpless.

And we can't lose any more precious kids. This could be anyone at any time, this situation does not choose a type, there is no profile.

Yes, we have to reach out, we were, we did, we do. Yes, we have to be available, we were always. Yes, we have to be loving, encouraging, unconditional and connected, we were. There are no clear answers. There is no clear clinical approach or formula.

We will never understand the moment of pain for someone who takes their life, maybe they do maybe they don't know at the time that's its absolute, permanent, and unchangeable in that second. But we do know it's overwhelming for whatever reason and has permanent consequences and no more chance to live life.

I believe in God, in whatever form, the omnipotence of it, I know God is holding our son.

I want to believe that this was a mistake, that in the moment and height of emotion for him it was pain he wanted to make go away not life. To believe this will get me through.

We will never know. No one has been to where they are and come back to say!

The dark tunnel of hell we are in is long, painful, scary and gut wrenching, we will be in this tunnel before we see the light again, but we will. Our family will breathe and grow and live.

We love Louie, we will forever miss our beautiful, magnificent son.

We want him back, to cuddle to kiss to annoy to share with, to be around and to laugh and cry with. We want you Louie to know that we would have taken your pain, lay with you, walk with you for you and beside you.

To EVERYONE.

We may cry, we may find something that you say too much to hear, but we will always want to hear it, we love seeing your faces and hearing your stories, love watching you all grow.

Louie would want that. We want that.

We live in this amazing community by the sea, a paradise, we are not leaving, don't avoid us, if sometimes you don't know what to say to us that's ok too. Forever share with us the triumphs of your own children, their milestones, their hurdles.

Those of you in our lives know that we love your kids as we love our own and want to know them and love them always.

Tell us all the stories you have about Louie, even the ones you think we don't want to hear.

Our door is always open. We treasure you all.

It takes a village to raise a child. We have an amazing village. Ours extends across the globe.

We were not in the mental health system, we were not aware of thoughts or conversations that our son had with peers. We had just returned from Japan after the announcement that Australia was closing its borders due to a global pandemic. We returned home and went straight into 14 days quarantine. On the back of that the initial lockdown in Victoria began. I'm convinced that the disconnect and isolation, the anxiety around a pandemic was a factor in our son's mindset as well as grief.

There is a gap, we are all able to triage physical health, but not mental health. Kids know when they need to call a teacher, a parent or an ambulance for a physical injury, but lack the skills to know when to identify the signs around mental health as do parents. Children internalise and don't always reach out.

Hindsight is a powerful teacher, you have the ability to forensically dissect every moment in time, every moment of your life with your child. It's natural for a parent to go down the rabbit hole of 'would have, could have, should have.'

I was a police officer for 10 plus years, suicide and trauma are not unfortunately foreign to me, situations you attend and losing colleagues all very real. In my corporation, my area particularly in the past 20 years just in Melbourne we have lost 19 colleagues to suicide. This year in the last 6 months of lockdown, in Victoria we have lost another 8 teenage girls.

When the loss is your own child, it's a whole other level, one that has changed me forever. Anything I can do to contribute to that not being the lived experience of another family or teenager I will do.

I do not want to memorialise our son's death or make any teenager believe that love and adoration is stronger in death than in life. I do however hope that my sharing of my own experience shall shed an awareness that, no problem is truly insurmountable, there is support and help and a way through and death is permanent, it presents no solutions, no chances and can't be changed. There is always another way.

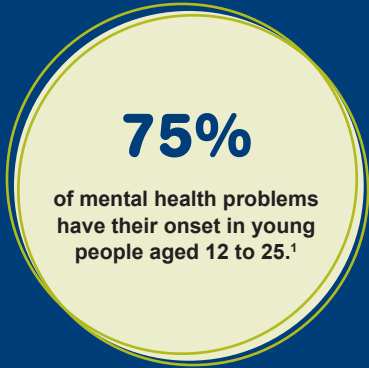
The leadership group in the work they have presented here are an example of that. We are forever learning; we can change lives if we all lean in.

Thank-you for the opportunity to contribute.

Ange Shearman

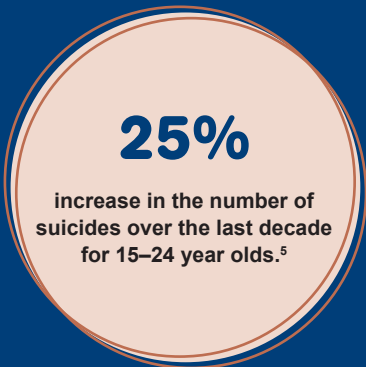
Ange and her family's story is only one of too many stories of families impacted by youth suicide. Youth suicide is indiscriminate. It can affect anyone from any part of the community. The statistics tell the same story, both in terms of the challenges our youth are facing, the risk of youth suicide and the impact on our community.

One in seven young people aged 4 to 17 experience a mental health condition in any given year.²



When they do speak to someone this is more likely to be their mother or their partners, rather than professionals. Friends are the next group to be turned to, followed by fathers and other relatives.³

Only **31%** of young women and **13%** of young men with mental health problems had sought any professional help.⁴



In 2019, suicide accounted for **two in five** deaths among people aged 15–17 years.⁵

One in ten young people aged 12–17 years old will self-harm, **one in 13** will seriously consider a suicide attempt, and **one in 40** will attempt suicide.⁶



For every suicide it is estimated that up to **135** people are deeply affected.⁷

On average, a person who died by suicide in 2019 lost **36.7 years** from their life.⁵

In addition to the emotional toll there is also an economic one. Total economic loss of youth suicide in Australia is estimated at **\$511 million a year**.⁸

1. McGorry, 2021
2. Kessler, 2005
3. Headspace, 2018
4. Slade et al, 2009
5. ABS, 2020
6. Lawrence et al, 2015
7. Lifeline, viewed 2021
8. Doran, 2018



Situation Analysis

In commencing this project, we reviewed several key trends and reference points to understand the context of the project and the problem we were trying to assist Lifeline in solving. These are discussed below.

Geelong Incidences of youth suicide in 2020

At the end of September 2020 almost half of Victoria's then 13 suicide deaths among boys under 18 occurred in the Geelong region (Victorian Coroners Court, 2020) and by the end of the year there were seven youths (aged 15–18) lost to suicide in the Greater Geelong area.

Observations drawn from the six deaths of school aged youth in Geelong include (note data has not been included for the older male who had completed schooling):

- All were males of similar age (15–17 years).
- All went to secondary school in the Greater Geelong area.
- All were impacted by the COVID-19 pandemic but to differing degrees.
- All were connected to caring people willing to listen, yet the youth chose to share limited detail.
- All were reported by their families to have somewhat sensitive dispositions with deep emotional responses.
- Some youths knew each other. However there has been no connection drawn between the cases, despite the labelling of the deaths as a cluster.

In response to these deaths, parenting information sessions were held in multiple impacted schools. These were facilitated by Headspace in conjunction with several local groups from mental health services, bereavement, and suicide prevention/intervention services, including Lifeline. These sessions included information in supporting youth through the grief but also key messages around identifying and supporting youth that might be at risk.

A taskforce was also formed with local leaders from the Health sector, Government, and the broader community to inform a long-term approach to suicide prevention in the Geelong region. Western Victoria Primary Health Network (WVPHN) received federal government support to facilitate the development of an integrated, place-based framework for suicide prevention within the Geelong community, with their work set to be completed by June 2022. This initiative seeks to identify key needs and issues, connect available resources, reveals duplication or gaps in service provision and creates a system of care that is more responsive and visible to the Geelong community. (Westvicphn, 2020)

Impacts of COVID on Young People

COVID-19 has had a significant impact on the health, safety, education and wellbeing of youth. For our youth, the pandemic has created a sense uncertainty and isolation, as well as for some diminished visibility. Our children are increasingly aware of the broader society in which they live, and many are aware and concerned of the impact of COVID-19 on their community, friends and family, from a health as well as an economic sense. From a safety perspective, for those which live in households with conflict, tension and violence, the usual strategies for seeking safety have been removed. This places significant pressure on a youth's mental health and risk of suicide. (Commission for Children and Young People, 2020)

Headspace completed a survey of 3,575 young people who received services at a headspace centre between 25th may and 5th June 2020 (Headspace, 2020) and found:

- **74%** of respondents stated their mental health is worse than pre-COVID-19.
- **86%** reporting a negative effect on their mood, wellbeing or sleeping.
- **77%** reported a negative effect on work, study or financial situation.
- **50%** had reduced confidence in achieving goals.
- **28%** reported positive impacts, such as an increase in compassion and empathy.

Whilst we continue to face the uncertainty and disruption of lockdowns, the impact of the pandemic on youth mental health is expected to worsen beyond the end of lockdowns. Modelling by Orygen predicts that an additional 82,000 Victorian's aged 12-25 could experience mental health disorders over and above what would have been expected had COVID-19 not occurred. This represents a 32% increase with the peak expected in mid 2023 (Orygen, 2020)

Whilst there appears to be no immediate impact of the pandemic on completed suicide rates, there is evidence of a 51% increase in self harm presentations in young people at emergency departments, with self-harm including suicide attempts (Australian institute of Health and Welfare, 2021). Without further investment in suicide prevention and intervention services, the increasing trend for suicide rates experienced over the last decade is likely to become more pronounced.

Royal Commission into Victoria's Mental Health System

The Mental Health Royal Commission, established in February 2019 by the Victorian Government, has created a roadmap for significant reform of the Mental Health system within Victoria, with specific investment in and attention to the mental health and wellbeing of young people.

The final report, delivered In February 2021, identified that Victoria's mental health system has deteriorated for multiple reasons over the years, despite the goodwill and hard work of many people. It acknowledged that system constraints meant that services are often inaccessible at the times when they would make the most difference, that the system largely operates in crisis mode and is under-resourced in the prevention space.

Major Themes from the report that impact youth and parents include:

- **Demand has overtaken capacity** & the system is driven by crisis.
- Access to services is not equitable & **getting help is difficult**.
- Emergency centres are used as entry points & community-based services are undersupplied.
- There is a **patchwork of services that do not reflect local needs**.
- Services are poorly integrated & **families, carers and supporters are left out**.
- There is **limited focus on the early years & younger people are adversely affected**.
- Trauma is unseen & **suicide is far reaching**.
- **Stigma and discrimination are ever present**.

The recommendations include a complete redesign of services and specific recommendations designed to ensure youth receive the best possible support wherever it is needed. This includes a community-based model of care, where people can access treatment, care and support close to their homes and in their communities. It also includes the organisation of care across six levels ranging from community and primary care through to ongoing and intensive treatment. Importantly, services will be designed to provide developmentally appropriate services that respond to the needs of infants, children and young people aged 0–25. Under a single governance model care models will be developed with two separate service streams:

- ages 0–11: infant, child and family mental health and wellbeing service stream.
- ages 12–25: youth mental health and wellbeing service stream.

Other recommendations relating to youth and this project include:

- New models of both in hospital and at home care, with **a focus on access for regional and rural areas**.
- Creation of safe-spaces, comprising a mix of **drop in spaces and crises response services**, co-designed with and for young people.
- Supporting **social wellbeing in schools**, including anti-stigma and anti-bullying programs, again with particular emphasis of regional schools.
- The establishment of a new **Suicide Prevention and Response Office**, which will work along-side those with lived experience, including families and carers.
- The development of a **new approach to suicide prevention and response** which includes communities, social services, **education, and community-based programs**.
- Expansion of follow-up care and support services after a suicide.

The Commission heard, recognised, and responded to the fact that early intervention in emerging mental health problems during childhood and youth is significant in terms of preventing youth suicide, as well as preventing or reducing the severity of mental illness in adulthood (Youth Affairs Council Victoria, 2021).



The volume of organisations working for the same purpose yet with limited collaboration

The Royal Commission also identified and acknowledged the presence of silos within Victoria's mental health system with a whole of government approach required to address the issue. The Commission heard separating out mental health services from other health and social services runs the risk of increasing the 'fragmentation and silos that separate mental health from other areas, such as physical health, housing and homelessness' and work against efforts to improve outcomes.

Likewise, one of our earliest observations was the presence of a siloed approach to parental supports for youth mental health issues. Multiple groups and service providers provide information, advice, and support to parents relating to youth mental health issues or to educate parents around their role in preventing youth suicide.

This siloed approach generates uncertainty and confusion for those who are in immediate or urgent need for assistance. Parents are also equally overwhelmed by the volume of parental supports as well as unaware of those that would be most helpful in a crisis.

Mental Health support delivered within sports clubs has increased significantly in recent years, recognition of the importance of these organisations in supporting youth mental health.

There is also a rapidly increasing number of organisations offering mental health and wellbeing support services to sports organisations in Victoria with the majority focusing on coaches and administrators rather than parents. Research by Monash University showed that community sport offers an ideal space to support mental health and wellbeing, particularly for young people. Monash University provided several tips for sports clubs in choosing a provider, which should be considered in the design of the solution developed by Lifeline. These are detailed in appendix 1.

Locally Leisure Networks is a key provider of support to sports clubs, and they promote sport as a vehicle to positive mental health. An example of this is that Leisure Networks provides the Tackle Your Feeling Program on behalf of the AFL Coaches Association. Tackle Your Feelings is a mental health training program for local footy clubs and coaches aimed at supporting awareness of mental health and is a great example of a program that can be delivered within the region. However, it is only designed for sports coaches, administrators and the people delivering the sport, not all parents associated with the club. Furthermore, it is only available to AFL Barwon clubs in the region.

Given the similar audience and content, Leisure Networks could be an ideal partner to seek advice and learnings from, or to partner with for the delivery of a parent program delivered within the sports environment.



Engagement Approach

Design of the Engagement Process

As the stakeholders are extensive the decision was made to narrow the engage process with those that we can gain maximum impact. The areas were schools, sports, parents impacted by suicide as well as parents with children in the target age range, and experts from organisations working in suicide prevention or mental health services. To assist with defining the scope the following was taken into consideration.

- Where possible using existing contacts within the team
- Geographical location of team members
- Skillsets and expertise of the team members

It is recognised that engagement was limited in scope and not all stakeholders could be engaged given the limited time of the project and expertise of the group.

IAP2 Framework

The model for the engagement process was based on the IAP2 Spectrum of Public Participation. IAP2 Framework is an International model for public participation in decision making. The area of the spectrum that was used was Consult which is to obtain public feedback on analysis, alternatives and/or decisions.

Survey of Parents

To obtain broad feedback from parents a survey was designed in partnership with Lifeline Geelong & South West Victoria and Leaders for Geelong. The survey was designed to be distributed on social media. The community groups that the survey link was sent included Leaders for Geelong Alumni via the Instagram app and Geelong local community via Social media on the Geelong Police Eyewatch Facebook page

Given the distribution method we acknowledge that selection bias will have impacted on the results as well as the distribution group not being representative of the broader population of parents within the Geelong region. The commentary received also indicated that there may have been a bias in the participants to those from the mental health field or had experience of mental health and suicide either personally or with their children.

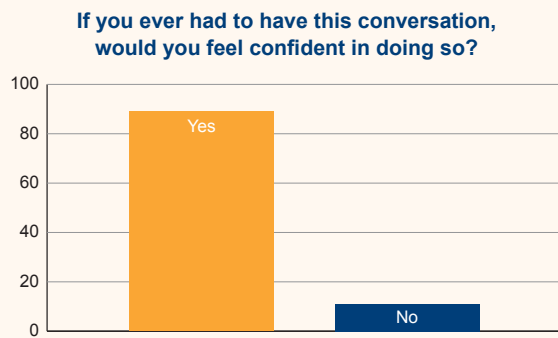
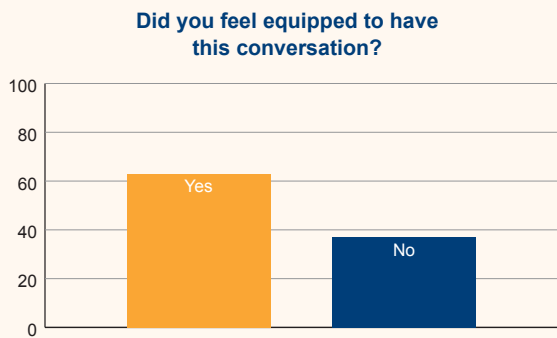
Results of the Survey

187 parents completed the survey.

An even spread between age of the child/ren as well as gender.

87% of respondents had at some point been concerned about their child’s mental health.

89% of parents felt confident in their capabilities regarding having a conversation about suicide with their child, however only **63%** who had had the conversation felt equipped. This could be seen that there is an over-confidence in capability to have this conversation. As one respondent noted ‘I have skills being a retired mental health worker. However, it’s quite a different story when you try to relate to your own child’. This insight suggests that the development of content for consumption when a crisis presents itself may be more appropriate than education content delivered for awareness and education in advance. Given high confidence levels engagement may be low in education sessions.

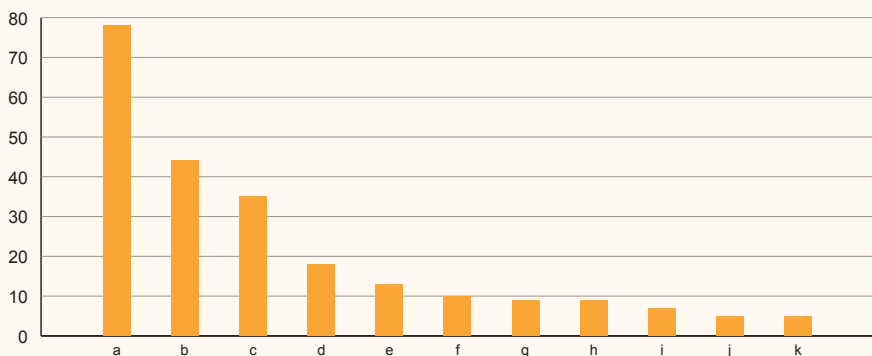


In terms of what information would help with having the conversations the top 5 responses were:

- Tips on how to have the conversations, including simple conversation guides, including how to tailor this based on age (from the very young to an adult child).
- Information on where to seek further support, both in terms of more information as well as the services that are available.
- Video’s to demonstrate the conversation and what might be going on for a youth, as well as video’s to be able to watch together.
- Overviews of real-life experiences to provide guidance, understanding and hope.
- Information outlining the psychology and physiology behind why youth can feel this way.

The internet was the main source place where parents would go to seek such information, GP’s and Schools being the next point of call.

Where would you expect to access information to support a conversation with your child about suicide



- a. Online information
- b. Medical professional / GPs
- c. Schools
- d. Psychologist / mental health professional
- e. Lifeline website / helpline
- f. Barwon Health / hospital
- g. Headspace
- h. Books
- i. Library
- j. Shared group parenting info sessions
- k. Friends

Comments provided as part of the survey demonstrate current views on services and information available and what parents think would help. The below quotes are indicative of the feedback received:

“Child psychologists are not at all readily available, you get put on a waiting list and never get a call back - schools do not provide counselling and tell you to see a GP, GP writes a referral to tell you to see child psych, get put on waiting list, and then the circle continues.”

“We have been trying for 4 months to find a psychologist for my 15 year old.”

“Told on several occasions my child would not attempt suicide. And she did. Lucky I didn’t listen to these ‘Professionals’.”

“Information isn’t enough. Better mental Health services for the region particularly when a child is in crisis would be more valuable than having a system that is overloaded and under resourced.”

“There is nothing in this world that makes a parent feel so helpless as watching them experience serious depression. The challenge of trying to convince a child that life is worth living and to resist the demons is exhausting, terrifying and at times relentless.”

“I think there should be more places to help parents like head space and the like, for parenting courses, guidance, assistance.”

“As a parent it can be scary to know what is the right thing to say. I try to help as much as I can but get worried that it might do more harm than good.”

“More support options to share issues” / “online webinars and chat forums for parents.”

“Knowing where appropriate support groups are located and available would be great.”

“I found the internet hard to navigate to find information.”

“More mental health awareness, because with awareness come understanding and removes the stigma associated with being mentally ill.”

“Mental health needs to be bought out in the open a lot more. If people feel comfortable talking about it will make things a lot easier but all too often kids won’t speak out for fear of being misunderstood or bullied.”



Summary of Findings

Our youth are growing up in a different world to that of their parents when they were teens. As it relates to factors relating to mental health and suicide the divide seems larger than previous generations.

- The negative impacts of social media on body image and identity, as well as online bullying and predatory behaviour have been much publicised. However key suicide triggers such as bullying, and drug and alcohol use exist in the shadows. The size of networks, which are significantly larger than pre-social media days, also increases the chance that a young person will experience losing someone they know to suicide, which also increases the risk of further suicides.
- On a positive note, social media also increases the breadth of people that a young person turn to for support, noting that for many young people there is a barrier to talking to parents as they are viewed as being too close and too eager to 'fix' the situation.
- Mental health is now spoken about openly in schools and in peer groups. In contrast for many parents' mental health and suicide are still taboo topics and conversations to be avoided.
- Parents are uncertain of how to talk to their children about multiple aspects of their child's lives that can be triggers for suicide ideation, such as Identity, anxiety, body image and bullying.
- As previously discussed, this generation is living through one of the biggest global health crises in recent history. The impact of COVID-19 on feelings of isolation, uncertainty and anxiety are having a significant impact on many of our young people.

There is increased concern amongst some parents around mental health and suicide. Yet they feel unsupported and unsure in how to support their children if they were to be at risk.

- Parents are afraid that if they talk about suicide with their child it may increase the risk of action, rather than the helping the situation.
- Parents are worried about what the 'right' things are to say. However, many experts spoke about the conversation needing to be more around listening and providing an avenue for the young person to be heard, to have their feelings validated and their emotions normalised.
- Experts also advised that suicidal thoughts are common for many people. Even so, they should not be ignored and brushed aside. Instead we need to promote deeper and provide parents with the knowledge to know when there is a risk of these thoughts being acted upon.

Parents don't understand how to navigate the mental health system. They are frustrated about wait times and other difficulties accessing support.

- There is confusion around where to go for assistance. For some this resulted from the inconsistent advice received within the sector.
- School wellbeing departments are over-run with numerous children needing support every day. Many parents assume that schools will pick up the conversations required to support young people's mental health.
- Several parents reported long wait times for support and/or the feelings that their child fell between the cracks due to red tape and stringent criteria for services that left some excluded. Others felt services were inadequate, both in terms of the level of expertise provided as well as the frequency of support.

Parents feel isolated, desperate and a sense of failure due to the lack of support for the entire family when a child is suffering from mental illness.

- Parents spoke about the intensity and stress that comes with supporting a child with mental illness or suicidal ideation and the need for more support for themselves as the carer. This came from multiple perspectives:
 - » For reassurance that they are doing what their child needs from them and that they are not failing as parents.
 - » For peer support, from parents who have gone through a similar situation before or going through it at the same time.
 - » For advice on how to support other family members through the situation, noting the impact on other children when their sibling is suffering from something that they can't see and for many they don't understand.
- Parents were also conscious of how their own emotions could impact the situation. They were aware of the need to manage these in a way that was helpful for their child and ensured that the parent's own mental health was maintained.
- Critically most weren't aware that they could call Lifeline for support, nor could they identify where they would go for relevant information online.

As previously noted, there are an increasing number of organisations working in the suicide prevention space, however it is siloed, uncoordinated and inconsistent in its reach.

- Experts reported being aware of multiple groups working together to prevent suicide, as well as previous groups that had formed and fell away due to a lack of coordination.
- Experts expressed a desire to increase the level of collaboration with other groups.
- It will be important to have a tailored approach to ensure maximum effect.
- There are also a large volume of websites providing content on how to recognise and respond to signs that someone may be at risk of suicide. However, some parents reported feeling confused and overwhelmed around where to go for information and support given the volume.

There is general support for an education program for parents with the aim of preventing youth suicide.

- The stories of those with lived experience, whether that be a youth or a parent, was viewed as being impactful and important in creating awareness that youth suicide is indiscriminate.
- Most saw an education program requiring two aspects:
 - » Parent information sessions that provided education on:
 - › Recognising the signs.
 - › How to broach and conduct a conversation around suicide, with practical demonstrations.
 - › Where to go if further support is required.
 - » Online content that provided step by step advice, both as education as well as designed for reference during a crisis situation.
- Representatives from both the parent groups and the experts suggested that this be a systematic approach, with complementary programs provided for students, teachers, and parents. Broader campaigns to increase the awareness and acceptance of speaking about mental health and suicide within the entire community was also identified as being required.

Other key findings from each of the segments consulted are listed below and in the appendix. We acknowledge that not all these insights relate directly to this projects purpose. We share and highlight them in the hope that they may shine a light on further pain points to be resolved relating to youth mental health, parents trying to support these children, as well as to prevent youth suicide.

Geelong Parents Directly Impacted by Child/Youth Suicide Through Personal Loss

Identifying that a young person might be at risk

- Parents believe they were cognisant of the needs and challenges faced by their child. However, they are accepting and aware that many conversations are not directed to them. There are instead voiced to others including friends, peers, siblings, teachers, experts, and the like.
- Suicidal ideation expressed by a youth should not be brushed aside in any circumstance as trivial thoughts.
- Often parents are unaware of what their child is using technology to achieve, whether it be schoolwork, gaming, social media, entertainment, or research. Examination of technology including phones and computers post suicide indicates messages, emails, voicemails, social media posts and google searches were conducted leading into most acts of suicide.
- There were parents who were unaware of the immediate danger their child was facing due to mental health issues. Some of these parent's identified impacts of social media and youth interconnectedness where bullying behaviours are endured 24/7, and instances where drug and alcohol use existed in the shadows. Other parents spoke of situations where privacy concerns relating to the young person's right to individuality and covert medical treatment outweighed the forethought to update a parent on the wellbeing of their child.
- Most youth did not leave a physical suicide note. However most did leave some form of message or parting comments via technology to be later found and interpreted.
- Those in the Geelong 2020 group were identified as being deep thinkers and feelers. They were all navigating deeply personal and emotional situations of which their parents were generally aware. Impulsivity, anger management and depth of feeling is a common theme. This depth of feeling was also common in interviews with parents whose child has in the past been suicidal.

Experiences with the mental health system

- All young people in the identified group had experienced a mental health issue within the 12 months preceding their death and at some stage during their life had made a comment about killing themselves.
- Those parents who were aware of the mental health challenges faced by their child sought treatment and engaged services where available. Those parents tell of frustrations with a system that failed to provide immediate or adequate ongoing treatment. Often they were on waiting lists with no or minimal treatment while waiting. They felt dismissed and put aside.
- As an example of the above, one parent reported relief when their child was accepted into the acute Royal Children's Hospital for a week during the COVID-19 pandemic before being discharged to a local mental health service for ongoing treatment. This parent reported how relief turned to despair upon realising the inadequacies of a system that itself is in crisis, as reported in the Royal Commission. In this case the young person was required to repeatedly re-tell his story to 'strangers' and weekly appointments were often cancelled by the service provider. This experience has traumatised the parent who is now struggling to hold themselves together while pensively raising another son.
- Of those young people who were receiving ongoing treatment in the time leading up to their deaths, at least two were treated by the same service provider. These parents believe the provider, whilst having the best of intentions, was under qualified and out of their depth.
- One parent whose child had experienced mental health challenges since the age of 3 believes the trigger was the separation of his parents. That parent describes 'his hell was worse than mine' in a heartbreaking peek into the impacts of a broken mental health system that is failing our most vulnerable. Previously the family had been working with a local mental health service when COVID-19 struck, and the service provider advised a specified number of facetime sessions were to be held prior to advancing to a psychiatrist. The parent strongly protested the urgency of the situation. This parent saved their child from a failed suicide attempt three weeks prior to his death yet the youth never progressed to the psychiatrist. In the leadup to his death the parent reports he appeared calm and content, a possible indication of the resolve made to end his life.
- An area for concern is the ability for youths to obtain medical and mental health supports, including medications, in the absence of parental consent or awareness. This leaves parents uninformed of the risks related to their child and renders them incapable and disempowered to provide added family and emotional support. One such family believes their child would be alive today should the opportunity have been provided for them to provide extra support.
- Some parents had clear suggestions on changes required to support youth mental health. One such suggestion was for government mental health mandated screening test at graduated stages through a child's development beginning at primary school through to high school (suggested years three and six to start with) – such as the case for hearing and sight tests.

The impact of COVID-19

- The COVID-19 pandemic was an influential factor in four of the six school aged suicides in Geelong in 2020 with young people feeling isolated by lockdowns and home schooling, missing face-to-face social interactions with their peers.
- Funerals during the pandemic for young people lost to suicide generated further triggers for those experiencing mental health issues and could be a possible contagion impacting those already vulnerable and isolated.

The impact on the family

- All parents who lost a child to suicide in Geelong in 2020 have another child or children who they continue to care for, all of whom are grieving the loss of their brother. This creates competing demands between loss and bereavement and moving on.
- Hope Bereavement Care was advocated by all parents as a hugely helpful tool in post suicide intervention and support for families.
- A group of bereaved parents intuitively connected and have formed an alliance of support and understanding. Together they navigate the ongoing painful periods as they present themselves, such as birthdays, anniversaries and as they wait for the coroners finding. These parents were not known to each other previously.
- Families who deal with bereavement from distances deal with added complexities, such as the case where a child boarding at a Geelong school had taken his life. Schools are protective of systems and individual rights of their students while parents rely on open channels of communication to provide background insights and understanding of what went wrong.
- Parents want answers to explain the loss of their child. They are further traumatised by the length of time taken by the Coroners Court to provide these answers.
- Parents want access to medical files of their child to assist them consolidate their grief and understanding of what happened and to help them better support any surviving children. In absence of that, the ability to speak to any treater who could advise on conversations and topics of concern relating to their child, also to provide awareness of medications administered.
- Stigma around suicide continues, which results in necessary conversations being avoided.

Parents of Children Within the Target Age Range

Supporting the conversation around youth suicide

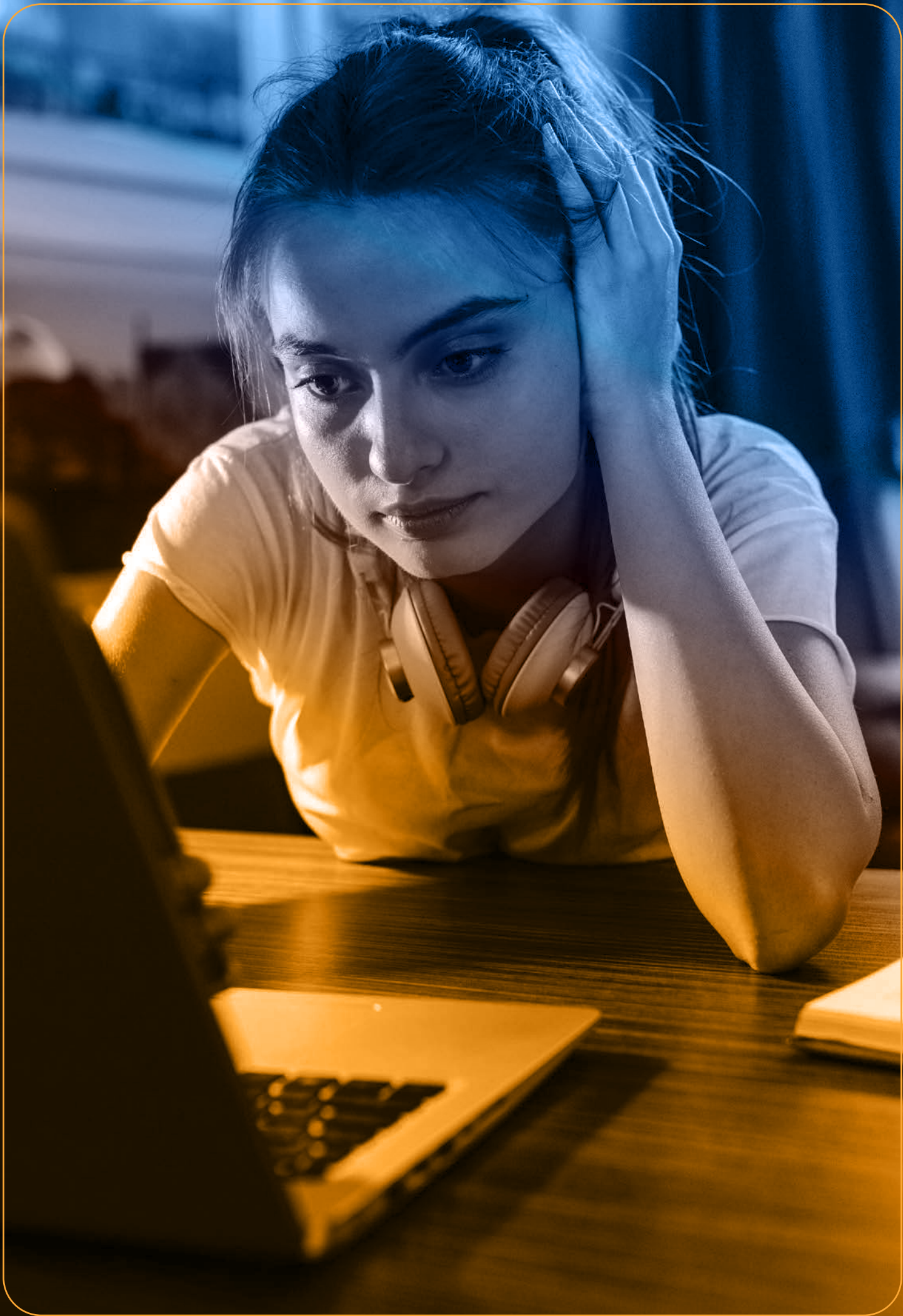
- Parents are scared that if they talk about suicide it will put the idea into their child's head. However, when there is a suicide amongst their child's network, they want it to be communicated as a suicide. This enables them to provide appropriate support and opens a conversation with their child about mental health and suicide.
- Parents are aware of the emotional challenges that they have or could face in supporting their child with mental health issues and suicidality. They want information on how to manage the emotional impact on themselves.
- Parents are also concerned about how best to talk to and assist their child in the challenges that may result in suicidality. These include supporting their child through questions of identity, bullying, body image and friendship breakdowns.

Experiences with supporting a child with mental illness

- When supporting their child with mental health issues, parents feel desperate, alone, and unsure; unsure of what their child needs from them but also unsure how to navigate the health system and the broader supports to care for their child.
- They also want reassurance - reassurance that their child is normal and that they are not failing as parents, given that they cannot fix things like they would have been able to for their child in the past or if they were suffering from a physical illness.
- There were some in this group that expressed a need for support earlier (mid to late primary school) than the target segment of this project.
- Many parents weren't aware that they could call Lifeline for support in dealing with their child's suicidal thoughts and behaviours.

Thoughts and experiences with parenting information services

- Parenting information sessions have mixed attendance and there was mixed enthusiasm for virtual sessions. Whilst some felt virtual sessions made it easier to attend due to a reduction in time commitment (being time poor was a consistent theme), most find this method impersonal and less engaging. Some also reported that they are more likely to simply forget to attend.
- Most parents agreed that having information and support materials available online would be most beneficial.
- Parents are overwhelmed with communications. Many commented that school newsletters were getting too long and there was recognition that different parents pay attention to different channels of communication.



Analysis of Findings

In the development of our recommendations, we applied a customer journey approach to our research insights and discovered that there were several gaps that required resolution along the mental illness and suicide journey for parents and their children.

Stages	Pre-Suicidality	Suicidality	Waiting for Support	Receiving Support
Youth need	I'm dealing with issues that are overwhelming.	I'm thinking about suicide.	I'm thinking about suicide, I've agreed to see someone but now I must wait to get in.	I'm receiving support but it's going to take time to stop these feelings.
Parent need	How do I support my child through these issues.	How do I know that my child is suicidal and support them through this time.	How do I provide the right support for my child whilst we wait for professional services.	How do I continue to support my child whilst they receive professional assistance. How do I also support myself and other family members through this time.
Parent emotions	I want to help but I just don't understand what they are going through, their environment is so different to when I grew up.	I'm worried about my child, what if I say the wrong thing and where do I go for help. I can't do this on my own.	My child is suicidal but there is a wait time to receive support. Why is there not more services to help us and what can I do to help my child through this time.	My child is receiving support but I'm still worried, I'm exhausted, I feel alone, and I'm worried about the impact this is having on everyone in the family.
Gaps	Structured parent information on key issues that can lead to suicidality, such as anxiety, bullying or drugs and alcohol.	Easily accessible and understood information to provide confidence in parents to identify and deal with the situation, the conversations required and where to go to for help.	Easily accessible and understood information to provide confidence in parents in supporting their child, themselves, and other family members whilst waiting for support.	Information to assist in navigating the mental health support services. An avenue for parents to seek support and talk about the experience they are going through.
Lifeline's domain	Through phone support but not active prevention in the community.	Yes	Yes	No

Recommendations

Increase awareness that parents can call Lifeline for support

- Create a dedicated parent branded service to increase the likelihood that parents utilise the service when needed.
- Create a campaign to ensure that parents are aware that they can call Lifeline to seek advice to support their child who may be suicidal.

Work with others to collaborate on parenting prevention services

- Seek to be a part of the work of the WVPHN taskforce or understand the recommendations to provide complimentary services.

Provide additional support for parents who are waiting for care for their child

- Seek partners to deliver a program of information sessions covering suicide education as well as education on key factors leading to mental health issues and suicide amongst youth.
- Develop specific parent information on the Lifeline website.

Increase awareness that parents can call Lifeline for support

- Develop content, including for the Lifeline website, to provide parents with the confidence to support their child, themselves, and other family members, whilst waiting for professional services.
- Investigate other support options for during this time, including peer support, that could be delivered in conjunction with other partners.

Develop a local campaign to increase everyone's comfort in talking about suicide

- Seek partners across the Geelong community to develop a broad-brush campaign to create awareness, to educate on simple techniques to assist someone who may be suicidal, and to remove the stigma associated with mental health and suicide.

Increase awareness that parents can call Lifeline for help in supporting a child who is suicidal.

The research found that many parents did not consider the possibility that they could call Lifeline for support regarding their child's suicidality. For most parents, they assumed Lifeline was for those who were actively considering suicide. They felt concerned that they would hold up the lines from those that do really need it.

We believe the most impactful thing that Lifeline can do to prevent youth suicide is to change this perception for parents so that parents seek the support, assistance, and re-assurance when it is most needed. To achieve this, we recommend the following:

- Lifeline consider creating a dedicated parent branded service to increase the likelihood that parents utilise the service when needed. This would remove the concern of taking resources away from those requiring the assistance themselves.
- Create a campaign to ensure that parents are aware that they can call Lifeline to seek advice to support their child who may be suicidal. Campaign to include social media, website content, in programs delivered by Lifeline and others to parents on youth suicide and mental health, as well as a PR campaign highlighting the issue of youth suicide and the important role of parents.

This campaign would need to ensure that the right expectation was set, being that a parent cannot call Lifeline to demand that a Crisis Supporter talk to their child as Lifeline do not work with callers placed under duress.

Seek to be an active participant in existing groups established within Geelong to prevent suicide and youth suicide

As discussed earlier in the report a taskforce lead by Western Victoria Primary Health Network (WVPHN) was formed last year to determine a long-term approach to suicide prevention in the Geelong region. This task force received funding from the federal government for this purpose and according to the Mental Health Royal Commission, the WVPHN, as well as Headspace, will be one of the key groups to be funded to deliver mental health and preventative services within the future system.

Given the work already being carried out by this group, as well as the findings that the volume of siloed groups providing information sessions and content is overwhelming, we recommend that the most efficient use of Lifeline resources in the prevention space is to contribute to this group's activities, those being developed by Headspace or to provide complimentary services. Potentially duplicating efforts will only risk decreasing the effectiveness of all efforts within this space.

Work with other local groups to collaborate on parenting information services, to deliver solutions quickly and efficiently.

Our research did find a need for parents to become more confident in talking to their young person about whether they are considering suicide. There is a gap in supports for parents to be aware of the need for this conversation and how to have it. With the impact of COVID-19 the demand for this type of solution will increase in the short-term. There are concerns the time period in which recommendations from the above mentioned taskforce will be realised, there will also be some time before the implementation of the recommendation from the

Mental Health Royal Commission. On the flipside, a large investment in a program now may be short-sighted given that prevention programs are likely to be implemented as part of the recommendations of these two groups. A short-term solution is needed that meets the needs that are present today in the most efficient and effective way.

To do this we recommend that Lifeline seek partnerships with relevant organisations, including Headspace, to develop a series of programs focused on the key contributors to mental health issues and suicide amongst youth, how to recognise when a child may be suicidal and how to handle this situation. This series could feature information on the below topics:

- Identity
- Body image
- Bullying
- Online safety
- Drugs and alcohol
- Anxiety and depression
- Suicide

Further considerations for Lifeline in developing this information program are contained in appendix 3. To minimise effort we recommend bringing together as much material as possible from what has already been delivered in the region over the last year as postvention support, as well as other programs currently being conducted in the prevention space.

To compliment the information sessions and increase awareness of the support that parents can receive from Lifeline we recommend creating a specific page on the Lifeline website for parents, so that parents can access the relevant information that they need in one spot. In the first instance, the material on the current page titled 'I'm worried about Someone' could be tailored to be specific to parents, whilst further content is developed to provide more detailed support that would be unique to parents. We do recommend that this contains links to relevant material on other websites, such as Headspace, to create a sense of reassurance that all the necessary information can be found in this location.

Lifeline provide additional information on their website for ways to support the child, as well as every other member of the family, during the period where a suicidal youth is waiting to access appropriate mental health services. In addition, investigate other opportunities to support parents during this time, such as peer support groups.

For many of the parents that we spoke to there was not one point of crisis, for them the crisis was elongated as they waited for services, struggled to find the right services, or were shifted from one provider to another. With Lifeline's main purpose being crisis support, we recommend that Lifeline review the opportunities to provide greater support to families during this time where there is still a high risk of suicide.

As a starting point we recommend that Lifeline create material that is easily accessible and understood to provide parents with the confidence to support their child, themselves, and other family members, whilst waiting for professional services. This could either be provided via Lifeline's website or provided as part of conversations with parents. Again, we recommend Lifeline seek partners in creating this content to ensure that parents are receiving consistent information whilst not duplicating effort.

In addition, we recommend that Lifeline evaluate facilitating a peer support group, again in partnership with other services. This would provide the opportunity for parents to support each other as well as potentially receiving guidance and necessary information from mental health and crisis support professionals. We do recognise that there is risk with establishing such a support group, and the group would need to be well facilitated, but until we see a significant uplift in support from families of those with mental illness, as per the Mental Health Royal Commission recommendations, this is a gap that we recommend Lifeline and others invest efforts in solving.

Develop a local campaign to increase everyone's comfort in talking about suicide; to create awareness of the need to talk about suicide more and educate on simple techniques to assist someone who may be suicidal

In addition to thinking broadly of the support that is required for parents to prevent youth suicide, our research and insights indicate that there are many other groups or individuals that youths may look towards for support, whether that be a coach, a relation, a teacher or a peer, to name just a few. With limited resources we recognise that Lifeline cannot be everything to everyone, and that other groups are working with various influencers within our youth's social sphere. We do however see the need for all of society to become more suicide literate, as well as comfortable and open to talking about mental health and suicide. **We need to break the long-held belief that we shouldn't be talking suicide, in fact, we need to be talking about it more.**

We therefore recommend a campaign to create aware of the need to talk about suicide so that the whole community is more likely to have a conversation about mental health and suicide and be more confident in doing so. This could be in the form of delivering a localised campaign in conjunction with national campaigns run by Lifeline such as Out of the Shadows - a walk to remember those lost to suicide; Through Covid-19 and beyond, we're here for you; Hello Neighbour! and Lifeline Australia - Western Bulldogs ALF match. We recommend that Lifeline seek partners, whether they be in the mental health space, the community space, such as the Committee for Geelong, the media, such as Geelong Advertiser and K-Rock, as well as corporates and key influences, to get behind such a campaign. Given the concern around the impact of COVID-19 on mental health, the time is right to garner support for such a campaign, both in terms of partners to create content, as well as potential delivery mechanisms. A broad-brush campaign to create awareness, to educate on simple techniques to assist someone who may be suicidal, and to remove the stigma, has the potential to garner greater exposure and more supports for our young people than a campaign targeted specifically to parents, in doing so more effectively delivering to the ultimate purpose of this project.

Project Reflections

During this project we have learnt about the challenges that parents have supporting their child when they are going through rapid changes in their life including school, friendship groups and community expectations, which sadly is too often accompanied by the onset of mental illness. It has enhanced our community leadership skills, and our passion to do more. We have all learnt more about the impacts of youth suicide on families and communities. A key learning is that suicide does not discriminate; it can and does happen to any family.

Our hope is that the work that we have undertaken will benefit Lifeline, parents and the region. We set out with a mission that 'if we can save one young life that it is worth the journey'. We hope that Lifeline can take our Leaders for Geelong Project and achieve this mission.

We also hope that this project influences others, to lean in for themselves to learn how to have such necessary conversations and have them if they are ever in the situation where it is needed. We also hope that the project influences other leaders within the community, so that they too can influence and educate to raise awareness of the need for action and conversations to prevent youth suicide. Whether this is a corporate leader, who invests in more mental health training in their organisation, or community leaders, who reflects on how their organisation can work with others to do more for the increasing number of Geelong residence, young or old, who are struggling. At the end of the day, we all need to talk about suicide more and be prepared to have that conversation that might save a life.

Leadership Reflections

The Leaders for Geelong program has significantly increased our awareness of the need but also the opportunity to contribute more to the Geelong Community. It has provided great insights into Community Leadership, the sense of purpose as well as resilience. We were all inspired by leaders who share dedication and commitment while forging through uncertain times for mutual benefit of Community and Business and we are hopeful to be able to play a bigger part moving forward.

It has delivered a sense of optimism relating to the Geelong community, and we are confident in a bright Future of Innovation and Growth. It provided an opportunity to develop relationships with a diverse group of likeminded individuals and leaders to continue striving for better outcomes for the Geelong region.

The program has been a thought provoking and self-reflecting experience. We have continued to grow as leaders and find a voice through identifying that we are all equals and can all have an influence in making a difference.

This project has also taught us a lot about the importance of emotional intelligence and putting in place things to protect our own and others mental health when working through difficult conversations and topics, which we will all be faced with at some points as leaders. We all must invest the time to look after our mental health, as well as those that we lead, and those that we care for most.



Andrew Crowley



Anita Sagnol



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The project group would like to acknowledge the Leaders for Geelong Program lead by Janet Walter and Margaret Foulkes.

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We would like to thank Jason Doherty and the team at Lifeline Geelong and South West Victoria for supporting us in our journey.

Most of all we would like to thank the Geelong parents that have been directly impacted by child/youth suicide that participated in the engagement process. They have been so brave to provide their time and tell their stories.

Lastly, we would like to thank our families for supporting us through the project.

Conclusion

The Suicide Safe Parenting project purpose was to provide insights and recommendations to Lifeline to support Parents in conversations with their children who may be suicidal. Whilst we acknowledge that our research was limited, our findings reflected those that were found in the Mental Health Royal Commission. Our mental health system is in crisis, it is failing our children and their families. With the continued impact of COVID-19, is predicted to get worse before it gets better. But we did see signs of hope, our health system and social supports for young people and their families will look different once the recommendations of the royal commission are implemented. There are also many local organisations doing great work amongst trying circumstances, however we did wonder if this could be more impactful if there was more consolidation and co-operation.

At the heart of this project was the need for more and better-informed conversations around suicide. The project team wish Lifeline all the best in bringing to life the recommendations of this project. At the end of the day, if this report encourages more people to lean into those difficult and important conversations with someone who needs it, and that saves a life, we will consider this project worthwhile.

Appendices

Appendix 1

Monash University provided the following tips for sports clubs in choosing a provider, which should be considered in the design of the solution developed by Lifeline for any group.

- What expertise in mental health and wellbeing does the provider organisation have?
- Are mental health professionals involved in developing programs?
- Who are the program facilitators and what are their qualifications?
- What evidence can the organisation provide that documents their program's impact?
- How long has the provider worked within the relevant sector?
- What approach or model does the organisation use?
- Does the provider seek to support ongoing cultural change in your club/organisation?

Appendix 2:

Insights From Experts Working Within Youth Services, Suicide Prevention or Mental Health Services.

Supporting the conversation around youth suicide

- There is still a stigma or a taboo around mental health and suicide. There is a need to change the conversation, to see mental health in the same way as we see a physical affliction.
- There is also a need to recognise that having suicidal thoughts is common, what will be critical for any program that is developed is to empower parents to recognise the difference between those fleeting, casual suicidal thoughts as opposed to suicidal thoughts and behaviours that indicate a greater risk of action.
- There are a lot of parents who grew up in a time, a family, or a culture where you didn't talk about your feelings or mental health. This presents a barrier to starting the conversation as well as a lack of confidence in knowing the 'right' things to say.
- Young people often don't want to talk to their parents; for some parents are too close. To protect our children, we need to increase the comfort of everyone within our community in talking about mental health. We also need to assist our children and parents in identifying those within their own normal support groups that can assist.
- In many instances it is reported that young people want to be heard and validated in their emotions. What they don't want from their parents is to be assessed, referred, or placated, or to have their parents step in with an overwhelming desire to fix the situation.

The importance of positive parent/child relationships

- There is commonly a negative profile given to young people. This can be reinforced in the media and community attitudes. There is a need to increase the recognition of the great things that young people do in our community. A suggestion is a campaign in the media and social media featuring positive stories about young people. This could also be about parents where they are actively involved with young people's positive health and wellbeing.
- There can be a disconnect between parents and young people due to identity and changes in identity. It can be very difficult for parents to understand their children when they are going through rapid change, as is common for youths in the target group for this project.
- A program of this nature could include providing education on diversity and inclusion, including LGBTQ+ cultural awareness. It can be a major challenge for parents to understand young people who are gender diverse or do not identify with any gender. For parents to take a positive approach they commonly need support and education.

Considerations for the development of a parenting information program on suicide

- Clinical viewpoints and support are essential for information sessions and digital content.
- For information sessions personal accounts or story telling is recommended, to gain cut-through in generating awareness and openness that every child may be at risk. Having the ‘that family is just like mine’ realisation will increase the engagement in the practical information on how to support a suicidal child. Training will be important for those telling their story, there is a safe way to talk about suicide and there can be unintended consequences if this is not done right.
- Information needs to provide practical support to parents in having the conversations with their child, including what questions to ask and the tone to use. Scenarios and role play to provide demonstrations are valuable.
- There are a lot of groups working to prevent suicide, from community groups to clinical organisations. There is a strong desire to increase the cooperation within these groups to provide greater benefit. Management and coordination efforts are critical for ongoing success.
- If such a program is intended to be run in schools, it would be important to consider a systematic approach, where programs for students, teachers/welfare officers and parents worked as a wholistic unit in support of each other.
- Learnings from parent information sessions held in Geelong in 2020 in response to the suicides that year include:
 - » Create clear expectations amongst the parents for the sessions.
 - » Have multiple organisations involved in the sessions to increase engagement, including clinical representation in case of any immediate concerns.
 - » Provide appropriate material for parents to take home, to assist with the increased levels of anxiety and concern following the session, as well as if they were required to support their child with suicidality.
- For greatest impact a customised approach would be required. These include various cultural groups, post a suicide or bereavement, as well as age of children. The hosting group itself, whether it is a sports club or a school for example, also lends itself to a slightly different approach in delivery.
- It will be important to develop the right metrics to ensure that program remains effective.

Appendix 3:

Considerations for an Information Session on Youth Suicide

Audience

- We recommend that Lifeline investigate the need for two programs, the first tailored for middle to late primary school parents and the second for early to mid-secondary school parents. It is important that the two programs are different enough to encourage parents to re-engage in the secondary school program. This will ensure they are aware of potentially different signs to look for, the different nature of the conversation that might be required for a child of this age, as well as just to refresh their skills and confidence in having the necessary conversations with their child if required.

Content

The content of this session should cover the following areas:

- Create awareness of the need to be prepared for relevant conversations as well as to address the stigma of mental health and suicide through sharing lived experiences as well as statistics
- The signs that a child may be considering suicide
- The conversation that parents should be having:
 - » How to start the conversation.
 - » The tone to take.
 - » The importance and value of simply listening.
 - » Managing your (the parent) emotional response.
- Include scenarios or role plays to provide practical demonstrations to assist understanding.
- Where to go for assistance

The tone of these presentations is important to get right. It is important to create a sense of awareness of the risk without creating an overwhelming sense of anxiety in the parent group. It is also important that parents don't walk away with negative perceptions of youths, or that their children are problems or hard to deal with. The public perception of young people is not always positive which contributes to the barrier between parents and their children. It is important that these presentations contribute to breaking down these barriers, rather than reinforcing them.

Promotion

- It is recommended that these sessions are held in conjunction with schools and local clubs, be they sports or other clubs with many participants in the target segment. We recommend the hosting organisation utilise multiple channels to promote these sessions, noting that the parents were varied in terms of their preferred communication channel from their school or associated club.

Delivery

- The delivery of the program is recommended to be face to face, to increase engagement in the content as well as attendance. It would also assist in assessing the impact of the material on the audience, particularly given that some people may be triggered by the content. It is recommended that a virtual delivery model is created to support groups who prefer this channel. This also provides the opportunity to record aspects of the program for on-demand consumption.
- It is recommended that take home and follow-up material be provided to reinforce the messages and provide further details, particularly around where to go for help. Follow-up material is recommended to be delivered within the week after the scheduled presentation, as many parents over the days following will reflect on the material, have further questions or require assistance to support their personal concerns related to the content that was delivered. These materials should provide a call to action to the content that has been consolidated for parents on the Lifeline website.

Diversity and inclusion considerations

- We recommend that a standard framework be developed which is assessed and tailored depending on the audience. It is important that this program is tailored for minority groups where suicide risk is higher. Lifeline should source key partners from these groups to ensure that the material is delivered appropriately. Delivering this collaboratively with trusted groups within the community will increase engagement in the program over what Lifeline alone may be able to generate.
- We acknowledge that our research has been limited and further research is recommended to confirm that the above recommendations are the most effective means for Lifeline to prevent youth suicide. Further research with parents in particular is recommended, particularly for those parents from groups where the risk of youth suicide is greater.

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