

# Commission for Children and Young People

## Submission on the Victorian suicide prevention and response strategy

### Overview

This submission focuses primarily on discussion question 2b of the Discussion Paper, exploring which 'higher risk groups' need to be 'prioritise[d] for targeted and comprehensive action now'.<sup>1</sup>

The Commission strongly supports the proposed focus on children and young people in the strategy,<sup>2</sup> and recommends that the strategy specifically identify particular groups of children and young people at higher risk of suicide, who need targeted and comprehensive action.<sup>3</sup> We highlight the importance of specifically addressing:

- children and young people in contact with Child Protection
- children and young people living in out-of-home care
- children and young people involved with the youth justice system
- Aboriginal children and young people.

The Commission has particular insights about the experiences of these higher risk groups through our oversight and inquiry functions and our engagement with young people. This submission includes quotes from young people who have shared their experiences with the Commission in a range of our previously published work. We acknowledge their lived experience and generosity in sharing their stories with us.

It is important to recognise that the groups we focus on in this submission are far from mutually exclusive – many children and young people involved with the youth justice system have experiences of Child Protection and out-of-home care, and Aboriginal children and young people are grossly over-represented across these systems.

These groups also include children and young people who may also be members of other groups identified as higher risk, such as those with a disability, those who identify as LGBTIQ+ and/or who live in regional and remote areas.<sup>4</sup> The strategy's proposed intersectional approach is therefore important and strongly supported.<sup>5</sup>

In our discussion of higher risk groups, we recommend initiatives and actions which could be referenced, or included, in the strategy to support the whole-of-government, systems-based, coordinated approach.<sup>6</sup> We also make general recommendations for the strategy's principles and priority areas, to ensure that the strategy addresses children and young people's specific needs.

### Children and young people as a priority group

The Commission strongly supports the focus on children and young people as a proposed priority group for the strategy.<sup>7</sup>

Prioritising the prevention of suicide and self-harm by children and young people is paramount, given 'Victoria's children and young people experience higher rates of suicide and self-harm compared to adults'<sup>8</sup> and the extensive mental health impacts of the COVID-19 pandemic on children and young people.<sup>9</sup> In 2020, the leading cause of death in Victorian adolescents aged 15 to 17 years was intentional self-harm, including suicide.<sup>10</sup>

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***Our generation is depressed, I have friends who are self harming and are suicidal.***  
*Young person, 14 years old, female (June 2021, during Victoria's fourth lockdown)<sup>11</sup>*

***The amount of substance abuse out here is heartbreaking, I live in fear every day that someone I know will pass from suicide or an overdose. I nearly lost a friend to suicide. Young person with long-term health condition or disability, 17 years old, gender diverse, culturally diverse background (November 2020 – February 2021)***<sup>12</sup>

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## Higher risk groups of children and young people

In addition to identifying children and young people as an overall priority group, the Commission recommends that the strategy explicitly identifies higher risk groups of children and young people who require targeted and comprehensive action as a priority:

- children and young people in contact with Child Protection
- children and young people living in out-of-home care
- children and young people involved with the youth justice system
- Aboriginal children and young people.

This recommendation echoes the recent report of the Consultative Council on Obstetric and Paediatric Mortality and Morbidity which identified these children and young people among 'priority child populations', and recommended that 'early intervention and preventative care programs focus on improving outcomes' for these groups (among others).<sup>13</sup>

### Recommendation 1

That the Victorian suicide prevention and response strategy identify and address higher risk groups of children and young people who require prioritised targeted and comprehensive action, including:

- children and young people in contact with Child Protection
- children and young people living in out-of-home care
- children and young people involved with the youth justice system
- Aboriginal children and young people.

### Child Protection and out-of-home care

The Commission is pleased that the Discussion Paper:

- recognises that 'adverse experiences in childhood and adolescence, including early experiences of abuse, violence and trauma, family conflict or bereavement, can increase vulnerability to suicidal thoughts and behaviour later in life'<sup>14</sup>
- notes that the strategy will respond to relevant findings and recommendations in the Commission's systemic inquiries, *Lost, not forgotten*,<sup>15</sup> and *Keep caring*.<sup>16</sup>

As highlighted by the Commission inquiries and the Royal Commission into Victoria's Mental Health System (the Royal Commission),<sup>17</sup> children and young people with experiences of Child Protection and out-of-home care experience disproportionate rates of mental illness and increased risks of self-harm and suicidal behaviour.

Some Victorian young people with experiences of out-of-home care have told us about protective factors that have helped them overcome thoughts of suicide:

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***I have thought about suicide in the past when in a bad state, but never got to that point. Having a carer who spoke to me about life, who supported me and I knew cared about me was probably the difference. The difference is having someone close to you who you have a relationship with that is positive. He allowed me to change focus to look at the other things that were good in life.***

*Cameron, 21 years old, lived in foster care*<sup>18</sup>

***The only reason I survived that was because I had friends to help me through it because I didn't want to give up – didn't want to be killed at the hands of someone else or myself.***

***Didn't want to commit suicide. Yeah, I had a plan until [age] 13 to kill myself at [age] 18 if things hadn't changed***

*Rhys, 17 years old, lived in foster care*<sup>19</sup>

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The Discussion Paper identifies a range of protective factors in a person's life (individual, relationship, community and societal) that can reduce the risk of suicide.<sup>20</sup> Children and young people known to Child Protection or living in out-of-home care often lack protective factors available to other children and young people, such as family and friends, stability, school, work and culture, problem-solving or healthy coping skills, and ready access to physical and mental health care.

Many children and young people known to Child Protection or living in out-of-home care also experience multiple 'contributing' or 'risk' factors identified in the Discussion Paper that increase their likelihood of experiencing suicidal thoughts and behaviour. Life stressors for these children and young people commonly include experiences of substance use, previous incidents of self-harm, abuse, violence, trauma, family conflict or bereavement, contact with the justice system, and/or stigma, racism and discrimination.<sup>21</sup>

***When my mum died, I went completely numb, only started to feel things when I self-harmed***

*Gayle, 19 years old, post-care – previously kinship care*<sup>22</sup>

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The absence of protective factors and prevalence of contributing factors in the lives of these cohorts of children and young people are consistent themes across the Commission's inquiries:

- Our 2021 *Out of sight* inquiry documented the experiences of young people missing or absent from care who had histories of self-harm or attempted suicide, which included harmful experiences related to use of alcohol or other substances, sexual assault, injuries, and involvement in criminal activity.<sup>23</sup>
- Our 2020 *Keep caring* inquiry found a high incidence of self-harm and attempted suicide among care leavers, with a significant number having complex needs related to high-risk behaviours, mental health and substance use issues and youth justice involvement. Young people leaving care are commonly disengaged from education, training and employment and experience homelessness upon leaving care.<sup>24</sup>
- In our (2019) *Lost, not forgotten* inquiry, all 35 children known to Child Protection who died by suicide had experienced family violence, frequently in conjunction with parental mental health and substance abuse issues. Children were identified as having high incidences of diagnosed or suspected mental illness (83 per cent), evidence of drug or alcohol dependence (60 per cent), disengagement from school (83 per cent), previous self-harm (83 per cent), prior suicide attempts (74 per cent), substance abuse (66 per cent) and contact with criminal justice system (63 per cent). In almost all instances, the children 'experienced multiple and recurring forms of abuse, including family violence, neglect, and sexual and emotional abuse'.<sup>25</sup>

The extent of the contributing factors in the lives of these children and young people demonstrates the need for the strategy to include targeted initiatives and actions for children and young people known to Child Protection, and those living in out-of-home care.

***Initiatives and actions: children and young people in contact with Child Protection***

*Lost, not forgotten* highlighted the urgent need to improve responses to children who are living at home and are exposed to ongoing, cumulative harm for years during childhood.

These efforts must improve interventions to prevent the prolonged exposure to adverse and traumatic experiences, and must also improve access to therapeutic supports to assist children and young people to recover from trauma.

The report recommended that the (then) Department of Health and Human Services develop a suicide prevention strategy for children known to Child Protection that incorporates any relevant findings and recommendations made by the Royal Commission,<sup>26</sup> and update child protection practice advice on suicide prevention.<sup>27</sup>

Since the inquiry's tabling in October 2019, the Commission has had concerns that progress has been too slow in updating child protection practice advice and in developing a strategy in response to these recommendations.<sup>28</sup>

While encouraged by work that the Department of Families, Fairness and Housing (DFFH) and Department of Health (DH) have recently commenced focused on suicide prevention for children involved in the child protection system, in the period since the *Lost, not Forgotten* inquiry was tabled to June 2022, a further 10 children known to Child Protection appear to have died by suicide.<sup>29</sup> The urgency of the work required cannot be understated.

The Commission recommends that Victoria's suicide prevention and response strategy directly reference and link to the work to develop the specific strategy for children and young people known to Child Protection.

We also recommend, more broadly, that a comprehensive, whole-of-government, systems-based strategy to prevent and respond to suicide should include:

1. urgent action to strengthen the capacity of Child Protection and child and family services to provide effective early intervention to children and young people experiencing or at risk of harm, including action to improve identification of those at risk of suicide, including information gathering, information sharing and service coordination (in line with the Commission's recommendations in *Lost, Not Forgotten*)<sup>30</sup>
2. clearly articulating the importance of whole-of-government efforts to prevent contributing factors such as family violence and trauma, abuse and neglect in childhood and adolescence.

## Recommendation 2

That the Victorian suicide prevention and response strategy:

- directly reference and link to the government's work to develop the specific strategy for children and young people known to Child Protection
- include urgent action to strengthen the capacity of Child Protection and child and family services to provide effective early intervention to children and young people experiencing or at risk of harm
- clearly articulate the importance of whole-of-government efforts to prevent contributing factors such as family violence and trauma, abuse and neglect in childhood and adolescence.

### ***Initiatives and actions: children and young people in out-of-home care***

There is an urgent need to develop tailored responses for children and young people in out-of-home care. The Commission's forthcoming Annual Report (2021-2022) identifies an alarming increase in self-harm or attempted suicide incidents in monitoring of out-of-home care incidents over recent years.

Reported incidents increased by almost 70 per cent from 2019–20 to 2021–22.<sup>31</sup> A total of 3,293 self-harm/attempted suicide incidents were reported over this period. Most occurred in residential care settings (81 per cent),<sup>32</sup> and almost 100 of the incidents in residential care involved children aged 5–11 years. Some children and young people in residential care have recorded as many as 90 self-harm/attempted suicide incidents in a year.<sup>33</sup>

There are significant service gaps for children and young people needing ‘youth specific’ mental health and other therapeutic supports. Many children and young people with very high-risk incident histories remain for weeks on waiting lists to see psychologists, psychiatrists, and sexual assault specialists.

We often see that children and young people have low trust in most mainstream services, typically due to services not having a child or youth-specific service model. Illustrating the service gap, incident reports regularly describe children and young people in residential care contacting (an overstretched)<sup>34</sup> Kids Helpline at times of crisis, rather than local mental health services.

Victoria Police and Ambulance Victoria are regularly called to assist children and young people who have self-harmed or attempted suicide. These incidents often result in attendances at emergency departments, and engagement with services with little understanding of out-of-home care settings.

Due to high demand, children and young people often receive brief in-patient crisis responses, with little long-term improvement in their safety and wellbeing.

This evidence, together with findings in the Commission’s *Keep caring* and *Out of sight* inquiries, demonstrates the urgent need for improved responses to this cohort of children and young people. To address this, the Commission recommends that the suicide prevention and response strategy identify specific, tailored actions and initiatives for children and young people in out-of-home care and transitioning from care.<sup>35</sup> Consideration should be given to:

- creating a mechanism to provide priority access to support for children and young people in out-of-home care<sup>36</sup>
- developing tailored alternatives to emergency departments and mental health helplines for children and young people in out-of-home care.

Recent reports have highlighted the need (generally) for ‘youth-specific alternatives to ED [Emergency Department] for young people in suicidal or mental health crisis’, and for emergency departments to better respond to young people’s needs,<sup>37</sup> and that:

...[p]rior Australian research has noted that helplines are unable to provide continuity of care and address complex circumstances often co-occurring with mental health difficulties.<sup>38</sup>

We agree that alternative options are needed for all children and young people, and consider that, for children and young people in out-of-home care, this need is particularly acute.

We note the implementation of the child and youth HOPE (Hospital Outreach Post-suicidal Engagement) service, and that an evaluation of the service is underway.<sup>39</sup> DH should consider the extent to which this service has supported children and young people in out-of-home care, and what additional strategies – such as further outreach services – could be established to provide support and prevent suicide among this cohort.

Across our systemic inquiries, the Commission has consistently recommended broader systemic change to redesign the residential care system, to deliver therapeutic and safe care for children and young people.<sup>40</sup> We acknowledge and welcome recent work by the Victorian Government in this area, including:

- significant investment and work to progress new and expanded models of care including the Care Hub trial, 19 new two-and three-bed therapeutic residential care homes and six KEYS houses (evaluations of which are pending)
- investment and implementation of the family preservation and reunification programs.

However, the benefits of these initiatives are currently available to a very limited number and proportion of children and young people in the care system. Ongoing, whole-of-system



investment and reform is urgently needed to improve outcomes for children and young people in out-of-home care.<sup>41</sup>

### Recommendation 3

That the Victorian suicide prevention and response strategy identify specific, tailored actions and initiatives for children and young people in out-of-home care and those transitioning from care, such as:

- creating a mechanism to provide priority access to support
- developing tailored alternatives to emergency departments and mental health helplines.

### Children and young people involved with the youth justice system

As the Royal Commission noted, ‘young people recently in contact with the justice system’ are among the groups of young people ‘at greater risk of suicide’.<sup>42</sup> The Youth Parole Board’s annual surveys of children and young people in Victoria’s youth justice centres consistently show that around a quarter or more of the children and young people have a history of self-harm or suicidal ideation.<sup>43</sup>

The Commission closely monitors incidents of self-harm and attempted suicide in the youth justice centres, and advocates for continuous improvement in responses to these incidents.<sup>44</sup> These issues were considered in detail in the Commission’s 2021 systemic inquiry into the over-representation of Aboriginal children and young people in Victoria’s youth justice system, *Our youth, our way* (see below).

Victoria’s suicide prevention and response strategy should identify children and young people involved with the youth justice system as a higher risk group requiring targeted and comprehensive action. We make a further recommendation, related to the *Our youth, our way* inquiry, below.

### Aboriginal children and young people

Deaths by suicide is an issue of major concern for many Aboriginal communities and a public health priority for all Australian governments.<sup>45</sup> The Commission strongly supports the focus on Aboriginal people as a proposed priority group for the strategy,<sup>46</sup> and recommends that the strategy explicitly identify Aboriginal children and young people as a higher risk group, prioritised for targeted and comprehensive action.

Aboriginal children and young people are among the ‘[p]articlar groups of young people... at greater risk of suicide’.<sup>47</sup> Aboriginal young people are estimated to be over five times more likely to die by suicide than their non-Aboriginal peers.<sup>48</sup> The Coroners Court recently reported that, across all ages, the number of suicides of Aboriginal people in Victoria increased by 75 per cent in 2021. Ten young people aged 18-24 years died by suicide in 2021, compared with four in 2020, five in 2019 and four in 2018. Of the 10 deaths in 2021, seven were male, compared with zero deaths of males in 2020, two in 2019 and two in 2018.<sup>49</sup>

The report showed that during 2018 to 2021:

- ‘[S]uicides in Aboriginal and Torres Strait Islander people were far more prevalent in younger age groups, with 57.6 per cent of the deceased being aged under 35 years (compared to 32.9 per cent in the non-Indigenous people)’.<sup>50</sup>
- A quarter of the suicides were in the 18-24 age group (the second highest proportion),<sup>51</sup> compared with 11 per cent in non-Aboriginal people aged 18-24.<sup>52</sup>
- Among Aboriginal females, those aged 18-24 years were the highest risk group.<sup>53</sup>

The report identified that for Aboriginal young women, ‘possible impacts on the decision to suicide included accommodation issues, and exposure to previous and or current violence

within their relationships'.<sup>54</sup> For both Aboriginal females and males aged 18-24 years, 'possible impacts on the decision to suicide included known mental health issues, previous engagement with supports services, contact with the justice system, housing and accommodation barriers, recent relationship breakdowns, and substance misuse'.<sup>55</sup>

### ***Aboriginal children and young people in Child Protection and out-of-home care***

Aboriginal children and young people are over-represented in Child Protection and out-of-home care. Although Aboriginal children and young people make up only 1.8 per cent of Victoria's population aged 0–17 years.<sup>56</sup>

- 16 per cent of children who received Child Protection services in Victoria in 2020-21 were Aboriginal<sup>57</sup>
- Aboriginal children and young people make up just under 30 per cent of the out-of-home care population.<sup>58</sup>

The Commission's 2019 *Lost, not forgotten* inquiry found that Aboriginal children were over-represented in the examination of cases where children known to Child Protection died by suicide. Of the 35 children, six (17 per cent) identified as Aboriginal.

Five of the six children were recorded to have a diagnosed mental illness; three were recorded as having disability. All had a history of self-harming behaviours and reported sexual abuse in early childhood. All of the Aboriginal families had experienced intergenerational trauma.<sup>59</sup> The inquiry further noted that connection to culture is protective for Aboriginal children, particularly those at risk of suicide.<sup>60</sup>

The Commission's 2016 inquiry *Always was, always will be Koori children* also highlighted the role that culture plays for Aboriginal young people as a protective factor in their mental health and wellbeing. This inquiry looked at the experiences of nearly 1000 Aboriginal children and young people in the out-of-home care system. In many of the cases examined, there was a lack of cultural safety within the broader service system, particularly in relation to mental health support for Aboriginal children and young people.

The Discussion Paper recognises that connection to culture is a strong protective factor for Aboriginal communities.<sup>61</sup> The Commission's inquiries demonstrate that the importance of culture to Aboriginal children and young people should be specifically recognised in the strategy.

The Commission strongly welcomes DH's commitment 'to working in partnership with Aboriginal communities to support self-determination and self-determined responses to Aboriginal suicide'<sup>62</sup> and the recognition of the need for a social and emotional wellbeing approach.

The Commission is currently conducting a systemic inquiry into the educational experiences of children and young people living in out-of-home care.<sup>63</sup> Emerging themes from recent consultations have shown the integral role education can play in:

- supporting young Aboriginal people with their mental health and wellbeing, including combating racism in school environments
- identifying students at risk of suicide, supporting them while they are at school, sharing information with relevant agencies including Child Protection, and referring them to appropriate support services.

The inquiry report is due to be tabled in early 2023.

### ***Aboriginal children and young people in the youth justice system***

The Commission's 2021 *Our youth, our way* inquiry examined the lived experience of Aboriginal children and young people in Victoria's youth justice system and the factors contributing to their over-representation in the system. The inquiry identified significant concerns about the

disproportionate impacts of mental illness, and suicide and self-harm on these children and young people.

More than half of the Aboriginal children and young people reviewed in the inquiry had a mental health condition, and a third reported having self-harmed, experienced suicidal ideation or attempted suicide.<sup>64</sup>

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***I've got mental health problems. When I get angry, I start hearing voices, then I black out and have seizures... When I get angry my body gets warmed up and I want to hurt everyone, then I want to hurt myself, all suicidal and stuff.***

*Toby, 15 years old*<sup>65</sup>

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The inquiry found that Aboriginal children and young people were at higher risk of serious injury or death by self-harm or suicide than other children and young people in Victoria's youth justice centres.<sup>66</sup> It recommended that the Department of Justice and Community Safety (DJCS) urgently develop a strategy to provide improved, consistent and therapeutic responses to children and young people at risk of suicide or self-harm in youth justice centres, including specific elements to ensure a culturally safe and improved response to Aboriginal children and young people.<sup>67</sup>

In February 2022, the Government's response to *Our youth, our way* stated that:

- This recommendation 'is aligned with current initiatives to improve the quality of care in custodial centres', including 'reviewing and updating all operational policies and procedures to strengthen staff guidance'.<sup>68</sup>
- *Wirkara Kulpa* – Victoria's Aboriginal Youth Justice Strategy addressed 56 of the 75 recommendations of the inquiry and includes an action to '[d]evelop an Aboriginal social and emotional wellbeing strategy for Aboriginal children and young people involved in Youth Justice, [which will] emphasise positive wellbeing as integral to a suicide and self-harm prevention approach'.<sup>69</sup>

The Commission recommends that Victoria's suicide prevention and response strategy directly reference and link to *Wirkara Kulpa*, to support the comprehensive, whole-of-government, systems-based strategy to prevent and respond to suicide.

#### **Recommendation 4**

That the Victorian suicide prevention and response strategy directly reference and link to Victoria's Aboriginal Youth Justice Strategy, *Wirkara Kulpa*, and its commitment to '[d]evelop an Aboriginal social and emotional wellbeing strategy for Aboriginal children and young people involved in Youth Justice'.

### **General comments: principles and priority areas**

To ensure that the strategy addresses children and young people's specific needs, the Commission makes the following comments and recommendations about the strategy's principles and priority areas.

#### **Principles**

Question 4 of the Discussion Paper seeks input on the principles that should guide the development and implementation of the strategy. The Commission is supportive of the examples noted in the Discussion Paper:

- valuing lived experience
- supporting equity and taking an intersectional approach
- supporting Aboriginal self-determination
- being adaptable and evidence-informed



- taking a person-centred approach.<sup>70</sup>

The Commission recommends that the strategy include additional principles that recognise that efforts to prevent suicide and respond to self-harm for children and young people must:

- be child and youth-centred
- recognise and respond to cultural needs of Aboriginal children and young people, and culturally and linguistically diverse children and young people
- ensure that children and young people are connected to broader service support they may need (e.g. health, housing, child and family services, education), so that 'each person's holistic recovery needs are met'.<sup>71</sup>

Adding these principles would reflect the Royal Commission's conclusion about the importance of developmentally appropriate and specific services for children and young people,<sup>72</sup> and the Commission's finding in *Lost, not forgotten* (quoted by the Royal Commission) that service systems have a shared responsibility to promote suicide prevention in children.<sup>73</sup>

We also suggest that the value of children and young people's lived experience and voices should be expressly recognised in the strategy, and included in its development, implementation and evaluation.<sup>74</sup>

### Recommendation 5

That the Victorian suicide prevention and response strategy include additional principles that recognise that efforts to prevent suicide and respond to self-harm and suicide attempts must:

- be child and youth-centred
- recognise and respond to cultural needs of Aboriginal children and young people, and culturally and linguistically diverse children and young people
- ensure that children and young people are connected to broader service support they may need (e.g. health, housing, child and family services, education), so that their 'holistic recovery needs are met'.<sup>75</sup>

### Recommendation 6

That the Victorian suicide prevention and response strategy expressly recognise the value of including children and young people's lived experience and voices, and ensure that children and young people are included in the strategy's development, implementation and evaluation.

### Priority areas

Question 3 of the Discussion Paper asks what priority areas should be included in the strategy to create the greatest impact and help the strategy achieve its vision. The Commission is supportive of the examples noted in the Discussion Paper:<sup>76</sup>

- lived experience partnerships
- self-determined Aboriginal suicide prevention
- intersectional and targeted approaches for groups disproportionately affected by suicide
- data and evidence to drive outcomes
- workforce and community capabilities and responses
- whole-of-government leadership, accountability and collaboration
- a responsive, integrated and compassionate system.

We add the following comments, reflecting key points made in this submission:

- Lived experience partnerships should specifically include children and young people to ensure that their experiences and voices are included.

- An intersectional and targeted approach for groups disproportionately affected by suicide should specifically include children and young people in contact with Child Protection, children and young people living in out-of-home care, children and young people involved in the youth justice system, and Aboriginal children and young people.
- Whole-of-government leadership and collaboration, and an integrated system, is essential and should specifically include Child Protection, child and family services, the out-of-home care sector and youth justice (as well as other service systems in contact with children and young people at risk of suicide).

## Recommendations

### Recommendation 1

That the Victorian suicide prevention and response strategy identify and address higher risk groups of children and young people who require prioritised targeted and comprehensive action, including:

- children and young people in contact with Child Protection
- children and young people living in out-of-home care
- children and young people involved with the youth justice system
- Aboriginal children and young people.

### Recommendation 2

That the Victorian suicide prevention and response strategy:

- directly reference and link to the government's work to develop the specific strategy for children and young people known to Child Protection
- include urgent action to strengthen the capacity of Child Protection and child and family services to provide effective early intervention to children and young people experiencing or at risk of harm
- clearly articulate the importance of whole-of-government efforts to prevent contributing factors such as family violence and trauma, abuse and neglect in childhood and adolescence.

### Recommendation 3

That the Victorian suicide prevention and response strategy identify specific, tailored actions and initiatives for children and young people in out-of-home care and those transitioning from care, such as:

- creating a mechanism to provide priority access to support
- developing tailored alternatives to emergency departments and mental health helplines.

### Recommendation 4

That the Victorian suicide prevention and response strategy directly reference and link to Victoria's Aboriginal Youth Justice Strategy, *Wirkara Kulpa*, and its commitment to '[d]evelop an Aboriginal social and emotional wellbeing strategy for Aboriginal children and young people involved in Youth Justice'.

### Recommendation 5

That the Victorian suicide prevention and response strategy include additional principles that recognise that efforts to prevent suicide and respond to self-harm and suicide attempts must:

- be child and youth-centred
- recognise and respond to cultural needs of Aboriginal children and young people, and culturally and linguistically diverse children and young people
- ensure that children and young people are connected to broader service support they may need (e.g. health, housing, child and family services, education), so that their 'holistic recovery needs are met'.<sup>77</sup>

### Recommendation 6

That the Victorian suicide prevention and response strategy expressly recognise the value of including children and young people's lived experience and voices, and ensure that children and young people are included in the strategy's development, implementation and evaluation.

## Endnotes

- <sup>1</sup> *Suicide prevention and response strategy: Discussion Paper* (2022) p. 30.
- <sup>2</sup> *Suicide prevention and response strategy: Discussion Paper* (2022) p. 25.
- <sup>3</sup> The Royal Commission into Victoria's Mental Health System (RCVMHS) identified examples of groups of children and young people who are 'disproportionately at risk of intentional self-harm and suicidal behaviour': RCVMHS *Interim Report* (2019), p. 43.
- <sup>4</sup> RCVMHS *Interim Report* (2019), p. 43.
- <sup>5</sup> *Suicide prevention and response strategy: Discussion Paper* (2022) pp. 24, 29.
- <sup>6</sup> *Suicide prevention and response strategy: Discussion Paper* (2022) p. 7.
- <sup>7</sup> *Suicide prevention and response strategy: Discussion Paper* (2022) p. 25.
- <sup>8</sup> RCVMHS, *Interim Report* (2019), p. 459.
- <sup>9</sup> See, for example, the Commission's 'Snapshots' of what children and young people have told us about the impacts of COVID-19, at different stages of the pandemic, available at <https://ccyp.vic.gov.au/engagement/youth-engagement/covid19-engagement/>; Department of Families, Fairness and Housing, *Our promise, Your future: Victoria's youth strategy 2022–2027* (August 2022), p. 15; Fogarty A, Giallo R, Gartland D, Mensah F, Brown SJ. *Mothers' and Young People's Study Policy Brief #4: Young people's mental health during the COVID-19 pandemic*. Murdoch Children's Research Institute, June 2021; Filia, K., Brennan, N., Freeburn, T., Clarke, E., Browne, V., Kos, A., Plummer, J., McGorry, P., Christie, R., Killackey, E., and Gao, C.X. (2022) *Clusters of COVID-19 impact: Identifying the impact of COVID-19 on young Australians in 2021*. Orygen: Melbourne, VIC and Mission Australia: Sydney, NSW.
- <sup>10</sup> Safer Care Victoria, Consultative Council on Obstetric and Paediatric Mortality and Morbidity, [Victoria's Mothers, Babies and Children 2020](#) (2022) p. 50.
- <sup>11</sup> Commission's COVID Snapshot – Youth Survey – June 2021, p. 5, available at <https://ccyp.vic.gov.au/assets/COVID-Engagement/CCYP-Youth-Survey-Snapshot-June-21.pdf>.
- <sup>12</sup> Commission's COVID Snapshot – Youth Survey – November 2020 to February 2021, p. 5, available at <https://ccyp.vic.gov.au/assets/COVID-Engagement/CCYP-Youth-Survey-Snapshot-Nov20-Feb21.pdf>.
- <sup>13</sup> Including those with socioeconomic disadvantage, those who are from diverse communities, those living with mental health challenges and those facing family violence: Safer Care Victoria, Consultative Council on Obstetric and Paediatric Mortality and Morbidity, [Victoria's Mothers, Babies and Children 2020](#) (2022) p. 17. Also see p. 4.
- <sup>14</sup> *Suicide prevention and response strategy: Discussion Paper* (2022) p. 25.
- <sup>15</sup> [Lost not forgotten: Inquiry into children who died by suicide and were known to Child Protection](#) (2019).
- <sup>16</sup> [Keep Caring: Systemic inquiry into services for young people transitioning from out-of-home care](#) (2020).
- <sup>17</sup> [Lost not forgotten: Inquiry into children who died by suicide and were known to Child Protection](#) (2019) pp. 56–64; [Keep Caring: Systemic inquiry into services for young people transitioning from out-of-home care](#) (2020) pp. 18, 48, 79, 91, 108; RCVMHS *Interim Report* (2019), pp. 41–44, 327. See also DHHS 2015, 'Trauma and mental health: 10-year mental health plan technical paper' (August 2015) Melbourne, Victoria, available at [www.mentalhealthplan.vic.gov.au](http://www.mentalhealthplan.vic.gov.au).
- <sup>18</sup> Commission's submission to the RCVMHS (2019), p. 42, available at <https://ccyp.vic.gov.au/monitoring-and-advocacy/submissions/>.
- <sup>19</sup> [In our own words: Systemic inquiry into the lived experience of children and young people in the Victorian out-of-home care system](#) (2019) p. 207.
- <sup>20</sup> *Suicide prevention and response strategy: Discussion Paper* (2022) pp. 11–12.
- <sup>21</sup> *Suicide prevention and response strategy: Discussion Paper* (2022) p. 12–14, RCVMHS final report, Vol 2, Ch 17, pp. 459–60; [Lost not forgotten: Inquiry into children who died by suicide and were known to Child Protection](#) (2019) pp. 14–17, Ch. 3, Ch 4, Ch 6.
- <sup>22</sup> [In our own words: Systemic inquiry into the lived experience of children and young people in the Victorian out-of-home care system](#) (2019) p. 196.
- <sup>23</sup> [Out of sight: Systemic inquiry into children and young people who are absent or missing from residential care](#) (2021) pp. 20, 74, finding 23.
- <sup>24</sup> [Keep caring: Systemic inquiry into services for young people transitioning from out-of-home care](#) (2020) pp. 13, 102. See also pp. 18 (more than one-third of 166 care leavers had mental health concerns and/or trauma and complex behaviours including a high incidence of self-harm and attempted suicide) and pp. 79 (of the 21 care leavers who also had experiences of residential care, secure welfare placement and youth justice involvement, 15 were often engaged in high-risk behaviours include substance use, exposure to sexual exploitation and self-harm and all but one were completely disengaged from schooling or further training).
- <sup>25</sup> [Lost not forgotten: Inquiry into children who died by suicide and were known to Child Protection](#) (2019) pp. 39–43, 56–64. Contact with mental health services was also high (89% had at least one recorded contact with a mental health service, and 62% of males and 93% of females had contact with a health service in the 12 months preceding their death). These findings were also highlighted by the Royal Commission: RCVMHS interim report, pp. 44, 327.
- <sup>26</sup> [Lost not forgotten: Inquiry into children who died by suicide and were known to Child Protection](#) (2019) recommendation 6, see pp. 23, 92.
- <sup>27</sup> [Lost not forgotten: Inquiry into children who died by suicide and were known to Child Protection](#) (2019) recommendation 4, see pp. 23, 92
- <sup>28</sup> See the Commission's [Annual Report 2020-21](#), p 33.

<sup>29</sup> The Commission's Annual Reports include information about the child death notifications received by the Commission, including category of death. This is based on information available to the Commission through Child Protection files and is indicative only. Only a Coroner can determine the formal cause of death.

<sup>30</sup> [Lost not forgotten: Inquiry into children who died by suicide and were known to Child Protection](#) (2019) recommendations 1 and 4, see pp. 23, 92. Noting also the commitment made in the recently released [Victorian Youth Strategy 2022–2027](#) to 'continue to roll out changes to transform the children and families system ... [including] ... a focus on early intervention, wraparound supports and evidence-informed models of care ... [that] ... will improve support for key groups including Aboriginal young people and families', p. 34.

<sup>31</sup> Further details are included in the Commission's forthcoming annual report, provided to the Minister for Child Protection and Family Services on 5 September 2022.

<sup>32</sup> As opposed to other out-of-home care settings such as kinship care and foster care.

<sup>33</sup> The next highest number of incidents per child or young person is in the range of 40–45 incidents in a year.

<sup>34</sup> See the evidence given to the Parliament of Victoria, Pandemic Declaration Accountability and Oversight Committee, set out in the Minority Report at pp. 9–10.

<sup>35</sup> Noting the parameters for the strategy recommended by the Royal Commission: 'Consider where initiatives should be tailored or designed to the needs and interests of particular cohorts that may be at higher risk of suicidal thoughts and behaviour': final report, Vol 2, Ch 17, p. 470; [Suicide prevention and response strategy: Discussion Paper](#) (2022) pp. 15–16.

<sup>36</sup> The Commission is not aware of a current mechanism that provides priority access to children and young people in out-of-home care, noting that there is a Chief Psychiatrist 2011 Guideline, *Priority access for out-of-home care*, accessible through the Child Protection Manual, <https://www.cpmanual.vic.gov.au/advice-and-protocols/protocols/education-medical/mental-health>. However, the Victorian Auditor-General's Office's 2019 Child and Youth Mental Health audit found that '[o]nly one of the five audited health services ha[d] implemented the Chief Psychiatrist's 2011 guideline to prioritise children in out-of-home care': Victorian Auditor-General's Office, *Child and Youth Mental Health* (2019), pp. 10, 84.

<sup>37</sup> Suicide Prevention Australia, [In their words, How to support young people in distress](#) (August 2022).

<sup>38</sup> Fogarty A, Giallo R, Gartland D, Mensah F, Brown SJ. *Mothers' and Young People's Study Policy Brief #4: Young people's mental health during the COVID-19 pandemic*. Murdoch Children's Research Institute, June 2021, p. 4.

<sup>39</sup> [Suicide prevention and response strategy: Discussion Paper](#) (2022) p. 17.

<sup>40</sup> [In our own words: Systemic inquiry into the lived experience of children and young people in the Victorian out-of-home care system](#) (2019) called for systemic reform of out-of-home care, including significant changes to the current model of residential care (see eg, recommendations 1, 3, 16 and 17); [Out of sight: Systemic inquiry into children and young people who are absent or missing from residential care](#) (2021) repeated past recommendations and outlined additional areas where attention is needed in the transformation of Victoria's out-of-home care system (see eg, recommendations 2, 3, 4, 8, 9 and 17).

<sup>41</sup> [In our own words: Systemic inquiry into the lived experience of children and young people in the Victorian out-of-home care system](#) (2019), see eg, pp. 36–37.

<sup>42</sup> RCVMHS *Interim Report* (2019), p. 459.

<sup>43</sup> Department of Justice and Community Safety, *Youth Parole Board Annual Report 2020–21*, p. 31, *Youth Parole Board Annual Report 2019–20*, p. 29, *Youth Parole Board Annual Report 2018–19*, p. 29, *Youth Parole Board Annual Report 2017–18*, p. 15, *Youth Parole Board Annual Report 2016–17*, p. 16.

<sup>44</sup> See, for example, the Commission's [Annual Report 2019–20](#), p. 42, [Annual Report 2018–19](#), p. 8, 17, 44, [Annual Report 2017–18](#), p. 8, 20, 22, 24–25; and the Commission's submission to the RCVMHS (2019), pp. 24–27, available at <https://ccyp.vic.gov.au/monitoring-and-advocacy/submissions/>.

<sup>45</sup> As noted in [Our youth, our way: Inquiry into the over-representation of Aboriginal children and young people in the Victorian youth justice system](#) (2021), p. 337.

<sup>46</sup> [Suicide prevention and response strategy: Discussion Paper](#) (2022) p. 25.

<sup>47</sup> RCVMHS, *Interim Report* (2019), p. 459.

<sup>48</sup> As noted in [Our youth, our way: Inquiry into the over-representation of Aboriginal children and young people in the Victorian youth justice system](#) (2021), p. 337, n 1116.

<sup>49</sup> Coroners Court of Victoria, '[Suicides of Aboriginal and Torres Strait Islander people: Victoria, 2018–2021](#)' (20 January 2022) p. 4 and Table 1. The report notes that '[w]hile there was a marked spike in the number of suicides during 2021, it is important not to assume this must have resulted from the ongoing COVID-19 pandemic' as this may 'inhibit efforts to understand what is actually driving these suicides': p. 10.

<sup>50</sup> Coroners Court of Victoria, '[Suicides of Aboriginal and Torres Strait Islander people: Victoria, 2018–2021](#)' (20 January 2022) p. 8 and Table 5. The Discussion Paper notes this point at p. 25.

<sup>51</sup> 25 to 34 years made up the highest proportion, at 27.2 per cent.

<sup>52</sup> Coroners Court of Victoria, '[Suicides of Aboriginal and Torres Strait Islander people: Victoria, 2018–2021](#)' (20 January 2022) p. 8 and Table 5.

<sup>53</sup> Coroners Court of Victoria, '[New report shows Victorian Aboriginal and Torres Strait Islander suicides nearly doubled in 2021](#)' (Media release, Thursday 20 January 2022); Coroners Court of Victoria, '[Suicides of Aboriginal and Torres Strait Islander people: Victoria, 2018–2021](#)' (20 January 2022) p. 4 and Table 1.

<sup>54</sup> Coroners Court of Victoria, '[Suicides of Aboriginal and Torres Strait Islander people: Victoria, 2018–2021](#)' (20 January 2022) p. 10.



<sup>55</sup> Coroners Court of Victoria, '[Suicides of Aboriginal and Torres Strait Islander people: Victoria, 2018–2021](#)' (20 January 2022) p. 10.

<sup>56</sup> Australia Bureau of Statistics, Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 2019 and Population, Table 5.2, Victoria data tables, at <https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/dec-2021>

<sup>57</sup> Australian Institute of Health and Welfare, *Child Protection Australia 2020-21*, Table S2.3, data tables, at <https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2020-21/>

<sup>58</sup> Australian Institute of Health and Welfare, *Child Protection Australia 2020-21*, Table S5.5.

<sup>59</sup> [Lost not forgotten: Inquiry into children who died by suicide and were known to Child Protection](#) (2019) p. 54.

<sup>60</sup> [Lost not forgotten: Inquiry into children who died by suicide and were known to Child Protection](#) (2019) p. 54.

<sup>61</sup> *Suicide prevention and response strategy: Discussion Paper* (2022) pp. 6, 12, 14.

<sup>62</sup> *Suicide prevention and response strategy: Discussion Paper* (2022) pp. 6; and 22, 24, 29

<sup>63</sup> See <https://ccyp.vic.gov.au/inquiries/systemic-inquiries/education-inquiry/>.

<sup>64</sup> [Our youth, our way: Inquiry into the over-representation of Aboriginal children and young people in the Victorian youth justice system](#) (2021) p. 29, referring to findings of the Koori Youth Justice Taskforce as part to the inquiry which examined the cases of 296 Aboriginal children and young people in contact with Youth Justice programs during the period 1 October 2018 to 31 March 2019.

<sup>65</sup> [Our youth, our way: Inquiry into the over-representation of Aboriginal children and young people in the Victorian youth justice system](#) (2021), p. 340. Also see Ruby's case study on p. 138, Percy's case study on p. 314, Sharma's case study on p. 535.

<sup>66</sup> [Our youth, our way: Inquiry into the over-representation of Aboriginal children and young people in the Victorian youth justice system](#) (2021), Finding 38.

<sup>67</sup> [Our youth, our way: Inquiry into the over-representation of Aboriginal children and young people in the Victorian youth justice system](#) (2021), recommendation 72, pp. 530–537. The Commission also made numerous other recommendations aimed at improving responses to and support for Aboriginal children and young people who have contact with the youth justice system who are experiencing trauma and mental health concerns (see, eg, recommendations 45 and 46). See also recommendation 38, which supports the implementation of recommendations from *In our own words* (particularly recommendation 16), namely work with Aboriginal organisations to identify and develop alternatives to residential care that meet the needs of Aboriginal children and young people with complex trauma and challenging behaviours.

<sup>68</sup> The Government's response to *Our youth, our way* is available at: <https://www.vic.gov.au/response-our-youth-our-way-inquiry>.

<sup>69</sup> Department of Justice and Community Safety, [Wirkara Kulpa - Aboriginal Youth Justice Strategy 2022–2032](#) (2022), p. 48.

<sup>70</sup> *Suicide prevention and response strategy: Discussion Paper* (2022) p. 24.

<sup>71</sup> RCMHS, *Interim Report* (2019), p. 460.

<sup>72</sup> RCMHS, *Interim Report* (2019), p. 460-461.

<sup>73</sup> [Lost not forgotten: Inquiry into children who died by suicide and were known to Child Protection](#) (2019) finding 6; RCMHS, *Interim Report* (2019), p. 460.

<sup>74</sup> In line with the Royal Commission's comments about the design of, and evaluation methodology for, the recommended child and youth HOPE service: RCMHS, *Interim Report* (2019), p. 461.

<sup>75</sup> RCMHS, *Interim Report* (2019), p. 460.

<sup>76</sup> *Suicide prevention and response strategy: Discussion Paper* (2022) p. 24.

<sup>77</sup> RCMHS, *Interim Report* (2019), p. 460.