



headspace and yourtown submission on the National Suicide Prevention Strategy

yourtown and **headspace** welcome the opportunity to respond to the draft advice on the National Suicide Prevention Strategy (the Strategy). Finalising a national strategy will be a significant step in the right direction to ensuring a holistic, Australian-wide approach to suicide prevention and the factors that contribute to suicide.

It is well known that suicide is the leading cause of death for young people aged 15-to-24 in Australia. In 2023, over one-third of deaths among Australians aged 15-24 years were due to suicide.¹ It was also the leading cause of child death in Australia in 2023.² Furthermore, suicides among young people are more likely to be associated with suicide clusters than suicide by adults.³

headspace and **yourtown** are both concerned about escalating rates of distress among children, young people and families, and are dedicated to suicide prevention. Every day, we work directly with young people at high risk of suicide. In 2023-24, almost 25 per cent of young people accessing care at a **headspace** centre experienced suicidality at some point in their episode of care.⁴ In total, 13% of all support sessions in centres were in relation to suicidality, with support provided in relation to suicidality on 48,377 occasions. At **yourtown's** Kids Helpline, suicide-related concerns are in the top three reasons for contacting Kids Helpline, making up 16 per cent of counselling contacts. In 2023-24, Kids Helpline counsellors actioned 4,047 crisis/safety interventions where they engaged with external services (e.g. police, ambulance, domestic and family services, homeless shelters, etc) to provide immediate assistance to children and young people who were at risk of significant harm.⁵

Disproportional rates of suicide are experienced by young people who identify as LGBTIQ+, First Nations young people, and those who live in rural and remote areas. Other groups of young people at higher risk of suicide include young people with a history of self-harm, in recent contact with the youth justice system, or currently in or recent leavers of statutory care. Young people who have been exposed to suicide-related behaviour are also at higher risk, as are young people with an experience of mental ill health.⁶

Our experience in providing care and support for young people and families also indicates that young people who are disengaged from study or work, those who are looking for work, and those without stable accommodation are also at higher risk of suicidal distress than other

¹ Australian Bureau of Statistics. Causes of Death, Australia, 2022 [Internet]. ABS, Australian Government; 2023 [cited 2023 October 02]. Available from: <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2023>.

² Australian Bureau of Statistics. Causes of Death, Australia, 2022 [Internet]. ABS, Australian Government; 2023 [cited 2023 October 02]. Available from: <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2023>.

³ Hill, N., Spittal, M., Pirkis, J., Torok, M., & Robinson, J. (2020). Risk factors associated with suicide clusters in Australian youth: Identifying who is at risk and the mechanisms associated with cluster membership. *eClinicalMedicine*, 29, 100631

⁴ headspace National data, 2023-24.

⁵ Kids Helpline 2023-2024 internal data

⁶ Robinson, J., Bailey, E., Browne, V., Coz, G., & Hooper, C. (2016). *Raising the bar for youth suicide prevention*. Melbourne: Orygen.

service users. This can be due to a variety of factors, including cost of living challenges, family or caring issues, poor mental health, or their unemployment status and sense of worth.

One life lost to suicide is one too many. Urgent and ambitious responses are needed.

Responding to suicide among young people requires a different approach than for other age groups, due to different help-seeking behaviours and specific risk factors. For example, it is time of susceptibility to the onset of mental ill health, a significant risk factor for suicide. Children and young people are also at higher risk of impulsivity and vulnerability to suicide contagion behaviour. Age-appropriate approaches to suicide prevention for children and young people are essential. It's also important that interventions are aimed at addressing the social, cultural and economic determinants of mental health and at preventing suicidal distress.

Suicide prevention requires a broad response and shared responsibility – a response that focuses on known protective factors that can support positive mental health and wellbeing, that involves whole communities, and that employs a range of activities across the spectrum of interventions for mental health. The following sets out **yourtown** and **headspace's** responses to the consultation questions on the draft advice on the National Suicide Prevention Strategy.

How well does the Advice on the Strategy articulate what is required for long-term change in suicide prevention?

Social determinants of suicide

As noted in the draft strategy, research consistently indicates that suicidal distress is complex and has multiple causes. Contributing factors include social determinants, such as disengagement from or disruption to education and employment, insecure housing and homelessness, and experiences of trauma, abuse and discrimination.⁷ Addressing these contributing social, economic and cultural factors is critical to help people before they reach a point of suicidal crisis.

Recognising these factors is also essential to building a whole-of-government, cross-sectoral approach to suicide prevention. It is helpful that the draft national strategy is built on this understanding of suicidal distress.

Adopting a whole of government approach

Given the wide-ranging factors linked to increase risk of suicidality, preventing suicide needs to be everyone's business. Governments, services, communities, schools, and employers all have a role to play in suicide prevention. Prevention requires a broad response at every level of the community, across social policy responses (to address exclusion and inequalities), the health system (to ensure the availability of accessible, high quality care), and the education system (including providing education-based prevention programs, gatekeeper training, and support for schools, TAFEs and universities affected by suicide).

In this context, the draft advice on a National Suicide Prevention Strategy provides a cohesive roadmap to address the multifaceted issues contributing to suicide.

⁷ Suicide Prevention Australia, 2023, *Socio-economic and environmental determinants of suicide: Background paper*, available at: [SPA-SEDS-Background-Paper-August-2023-Designed.pdf](https://www.suicidepreventionaust.org/SuicidePreventionAustralia-2023-Socio-economic-and-environmental-determinants-of-suicide-Background-paper) ([suicidepreventionaust.org](https://www.suicidepreventionaust.org))

Incorporating lived experience perspectives

We note the National Suicide Prevention Office's approach to embedding contributions of those with lived experience into the draft advice, and strongly support these efforts.

It is essential that the strategy and government's work in this area is informed and guided by the insights of people with lived and living experience of suicide and the people who support them. This includes embedding lived experience in decision-making under the strategy, and leadership of its implementation. Reform will only work if undertaken with people with lived experience at its core.

Given that suicidality impacts children and young people in different ways, this should include children, young people and families of different ages, backgrounds and experiences.

Strong focus on prevention

We welcome the strong focus on prevention of suicidal distress, and that this incorporates a human rights approach to suicide prevention policy, includes personal safety risks such as child abuse and family, domestic and sexual violence, and considers economic security. This is essential to reduce the likelihood of young people experiencing suicidal distress.

Is there anything critical to preventing suicide in Australia, that the Advice on the Strategy does not address?

Given suicide is the leading cause of death among young people, prompt release of the National Strategy is essential to ensure every organisation and individual engaged in care for children, young people and families can align in our efforts to reduce this loss of life.

The Strategy requires an implementation plan, funding and evaluation

As noted in the document, the changes described are substantial, and implementation will require ongoing commitment. However, preventing suicide remains an unrealised desire of many strategies, plans, reports and inquiries, despite good intentions. Timely and effective implementation of past reforms has proved challenging, even when strategies have been well designed and broadly supported.

It is one thing for governments to design and enact policy reforms, and quite another to ensure that they are fully implemented, particularly when dealing with complex challenges.¹

Setting priorities, targets and implementation timeliness will be essential for tracking implementation and maintaining accountability. Allowing some flexibility in priorities in later years will also be helpful. Releasing the implementation plan for the first five years along with the National Strategy is also essential.

With such an ambitious strategy Governments, professionals and community sectors will need support and guidance on implementing and enacting the various and wide-ranging actions. The Strategy requires a detailed implementation plan with specific roles and responsibilities for each action to allow for true change to occur and impact to be felt. Without clear strategic goals and requirements, the strategy will lack a co-ordinated approach, which will diminish any potential impact that the strategy hopes to achieve.

Further, substantial and sustained government investment is required to realise the comprehensive approach proposed by the draft advice. While funding for each of the actions is important, we recommend focused investment in preventing suicidal distress among young people, and in delivering accessible, appropriate and adequate support for

young people experiencing suicidal thoughts and behaviours. We share the concern with the sector that key actions present within the Strategy have not already been implemented, particularly around stigma, safety, economic security, affordable support and accessibility.

Recommendation

The Strategy should set priorities, outcomes, targets, and measures of impact to assist in its implementation and evaluation.

The Strategy should be accompanied by an implementation plan so various governments are allocated their specific roles and responsibilities for each action and the sector can prepare to support action.

The Strategy should utilise legislation to address suicide prevention

The Strategy does not connect with the specific and significant legislation work that has been conducted in Australia, such as the South Australia Suicide Prevention Act, or consider the detrimental impact of current legislation on wellbeing and distress.

While the Strategy describes considering suicide risk in policy decisions as a critical enabler, the Strategy should also recognise the value of legislative mechanisms in its implementation. Specifically, the critical enablers in the Strategy could explore the implementation of legislation requiring suicide prevention plans in all relevant government agencies.

The strategy should also consider the impact of current legislative instruments on people's wellbeing, and to need to take action to mitigate any risks.

Recommendation

The Strategy should discuss how governments can consider and address suicide risk in relevant legislation.

The Strategy should explore the implementation of legislation requiring suicide prevention plans in all relevant government agencies.

Youth suicide prevention interventions need to be tailored to different groups

The Strategy mentions the disproportionate impacts of suicide across population groups in Australia, including young people, but does not mention how youth suicide prevention needs to be tailored to the needs of different youth cohorts. Certain groups of young people have a higher risk of suicide, including young males, young people with experience of mental ill health, Aboriginal and Torres Strait Islander young people, LGBTIQ+ young people, young people in contact with the justice system, young people in rural and remote areas, and young people in or who have recently left statutory care. The actions in the Strategy need to be tailored and more nuanced for these and other youth cohorts, including multicultural young people.

The circumstances relating to youth suicide can be complex and multifaceted. While the Strategy adequately specifies the risk factors for suicide, it does not take a nuanced approach to describing the more severe instances of suicide where young people are experiencing multiple and complex barriers.

Recommendation

The Strategy should contain tailored actions to support specific youth cohorts that are disproportionately affected by suicide.

The Strategy should explore how to address suicide prevention and support for young people experiencing multiple, complex and severe barriers.

Strategies to address suicide prevention must include families and alternative supporters

The Strategy fails to convey the vital role families and peers play in youth suicide prevention. Supporters such as parents and friends can often feel overlooked in the mental health system; and yet they are a critical source of support for many children and young people accessing support for mental health and suicide prevention, particularly those from isolated or marginalised groups. Many families do not understand suicidality and do not know how to be a source of support. To effectively support the needs of children and young people, the mental health system needs to build the capacity of parents, families and friends to support them. This work should be informed by the perspective of parents and families with lived experience.

Recommendation

The Strategy should detail actions on how to develop the capacity of parents and families to understand suicidality and support children and young people.

The Strategy should detail actions on how to develop the capacity of friends and peers to support children and young people to access support.

Strategies to create a help-seeking and help-offering culture are required

We strongly support the Strategy's intent to reduce suicide stigma. However, in keeping with the Strategy's focus on prevention and early intervention, we recommend broadening this focus of reducing stigma to include promoting help-seeking and help-offering. Reducing stigma helps people to actively seek help in earlier stages of distress, and also creates an environment where people are more likely to offer to help.

Recommendation

The Strategy should target the whole community to overcome stigma alongside creating a culture among the community that encourages help-seeking and help-offering.

Postvention responses need to be recognised as suicide prevention

The suicide of a child or young person can have wide-reaching impacts on friends, students, families, teachers and the broader school community. Worryingly, suicides among young people are more likely to be associated with suicide clusters than suicide by adults. The Strategy does not convey the importance of postvention programs in both community-based and school-based youth suicide prevention responses.

Coordinated and informed postvention responses can help schools and communities to address the needs of families, friends, students and staff following a suicide, and to put in

place plans that proactively reduce the risk of further suicides occurring. There is also a need for greater regulation and accountability for media outlets when reporting on youth suicide, as well as balanced communication campaigns from trusted sources.

Education settings are a key platform for the provision of mental health support that engage children, young people, and families along the continuum of intervention for health and wellbeing. Schools are well-accustomed to supporting students' learning and developmental needs and they also help students to develop resilience, social and emotional health, and confidence in seeking services and treatment. For these reasons, schools have long been regarded as suitable environments for implementing suicide prevention initiatives for vulnerable young people.⁸ Over recent decades, schools have also become recognised as important sites for postvention,⁹ which involves responding to the mental and physical health and wellbeing of students and staff, both immediately following a suicide and in the longer term.

headspace supports schools Australia-wide with the Mental Health in Education Program and the Be You schools program (run in partnership with Beyond Blue). These programs equip young people, their parents and the broader school community with knowledge, skills and tools to support young peoples' mental health and build the support structures needed so they can seek help when they need it.

headspace Schools and Community team also provides evidence-based training, information and resources, and intensive support that assists secondary schools, TAFE, and universities across Australia to prepare for and recover from suicide. This is achieved through delivery of evidence-based gatekeeper training using the Skillsbased Training on Risk Management (STORM) approach and workshops that focus on: building staff capacity around issues of suicide; developing school policies and procedures around suicide; developing an Emergency Response Plan; and assembling and managing Emergency Response teams.

Recommendation

The Strategy should include postvention responses in actions that address youth suicide prevention.

Which actions do you think are the highest priority?

Over the past 5 years there has been an upward trend in suicide related contacts to Kids Helpline from children and young people. However, this rise has been more pronounced across certain demographic groups: those aged 10 to 14; First Nations; and those living in outer regional and remote areas. This highlights the need to adopt specific approaches for different groups and cohorts classified as young people, rather than approaching this group as a homogenous whole.

⁸ Robinson J, Cox G, Malone A, Williamson M, Baldwin G, Fletcher K, et al. A systematic review of school-based interventions aimed at preventing, treating, and responding to suicide-related behaviour in young people. *Crisis*. 2013;34(3):164-82

⁹ Robinson J, Cox G, Malone A, Williamson M, Baldwin G, Fletcher K, et al. A systematic review of school-based interventions aimed at preventing, treating, and responding to suicide-related behaviour in young people. *Crisis*. 2013;34(3):164-82; Hazell P, Lewin T. An evaluation of postvention following adolescent suicide. *Suicide Life Threat Behav*. 1993;23(2):101-9; Poijula S, Dyregrov A, Wahlberg K, Jokelainen J. Reactions to adolescent suicide and crisis intervention in three secondary schools. *Int J Emerg Ment Health*. 2001;3(2):97-106

A different tailored approach is required when responding to suicide prevention among children and young people compared to other age groups.¹⁰ The following key objectives, critical enablers, and actions are of particular significance when addressing youth suicide prevention:

- Safety and security
 - **ko1.2a** Reduce the prevalence and impact of child abuse and neglect and family, domestic and sexual violence
 - **ko1.2b** Ensure mental health services and other relevant supports, particularly those provided to children and young people, work in a trauma-informed and culturally safe way.
- Navigating life transitions
 - **ko5.1a** Continue to implement the National Children's Mental Health and Wellbeing Strategy.
 - **ko5.1b** Review the effectiveness of existing programs, including in schools, that build life skills and foster the wellbeing of children and young people, with a view to implementing and evaluating a coordinated, accessible and nationally consistent approach.
- Culture of compassion
 - **ko6.1a** Invest in communication campaigns to reduce stigma about suicide, informed by the best available evidence.
 - **ko6.1c** Reduce suicide stigma among health and non-health support service providers.
 - **ko6.3b** Improve the capability of services that are frequently in contact with people negatively impacted by social determinants to recognise and respond compassionately to signs of suicidal distress.
- Accessibility
 - **ko7.1f** Improve access to timely care and support for people experiencing suicidal thoughts and behaviours, especially for people living and working in rural, regional and remote parts of Australia
- Improved governance
 - **ce1.1a** Establish a 'suicide prevention in all policies' approach
 - **ce1.2a** Build on the National Mental Health and Suicide Prevention Agreement to progress a national approach to suicide prevention.

Safety and security

The recent landmark Australian Child Maltreatment study shows that the prevalence of suicide attempts and intentional self-harm are significantly higher among people who have experienced any child maltreatment¹¹ compared to those who have not.¹² Young people aged 16-24 years are more likely experience rapid onset of health risk behaviours to cope with trauma associated with child maltreatment. This is evidenced by higher- than- average prevalence of suicide attempts among young females who have experienced maltreatment.

Violence and child maltreatment need to be tackled as an enduring issue with coordinated approaches within and across level of governments. More and better investment is needed, particularly in a public health approach emphasising key areas of highest risk. Hence, we

¹⁰ Robinson, J, Bailey, E, Browne, V, Cox, G, & Hooper, C. (2016). Raising the bar for youth suicide prevention. Melbourne: Orygen, The National Centre of Excellence in Youth Mental Health.

¹¹ Child maltreatment includes physical abuse, sexual abuse, emotional abuse, neglect, and exposure to domestic violence before the age of 18 years.

¹² Haslam, D., Mathews, B., Pacella, R., Scott, J.G., Finkelhor, D., Higgins, D.J., Meinck, F., Erskine H.E., Thomas, H.J., Lawrence, D, & Malacova, E. (2023). The prevalence and impact of child maltreatment in Australia: Findings from the Australian Child Maltreatment Study: Brief Report. Australian Child Maltreatment Study, Queensland University of Technology.

recommend prioritising Action ko1.2a to reduce the prevalence and impact of child abuse and neglect and family, domestic and sexual violence, through implementing:

- the National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030;
- Safe and Supported - the National Framework for Protecting Australia's Children 2021–2031; and
- the National Plan to End Violence Against Women and Children 2022–2032.

Navigating life transitions

The onset of wellbeing and mental health issues occurs predominantly during childhood and adolescence. Half of all adult mental health challenges in Australia emerge before the age of 14.¹³ Kids Helpline data from the 2023-24 financial year reveal that:

- 17% of all counselling contacts were from children and young people aged between 10 and 14 years contacting Kids Helpline about thoughts of suicide, and
- Children as young as seven are among the 10,614 Kids Helpline counselling contacts related to thoughts of suicide last year.

Developmental vulnerabilities that are left unaddressed can take their toll on children's wellbeing and mental health as they navigate their way through preschool/school and with their peers.¹⁴ Support is required for early years child development, children starting school, students moving from primary to high school, young people commencing tertiary education, young people experiencing unemployment, and when there are changes to family structures, particularly the loss of a parent. In particular, this support needs to extend to parents and families in the first 1000 days of a child's life.

This support involves recognising and addressing common stressors associated with these life events and developing life skills and resilience to cope with these transitions. Consistent messaging in the home environment is required if the support for children and young people in other settings is to be effective.

Young people who are supported to navigate major life stages are more resilient and have better mental health and physical health outcomes, which are protective factors against suicide. Investment in the mental health and wellbeing of children and their families can help them thrive and has the potential to reduce suicide risk. Therefore, we advocate for prioritising Actions ko5.1a and ko5.1b to ensure a nationally consistent approach to investing in the mental health and wellbeing of children and their families.

Culture of compassion

Suicidal children and young people are often reluctant to seek help because of embarrassment, shame and fear of being judged, ignored or labelled an attention-seeker.¹⁵ For example, LGBTIQ+ young people are reluctant to seek help due to past experiences of stigma and discrimination and concerns about service appropriateness. In addition, the higher rate of males who die by suicide is indicative of their reluctance to seek help.

Strategies that target the whole community are needed to overcome this stigma and create a culture that encourages help-seeking. Furthermore, families, peers, and adults working with children and young people (particularly in schools, workplaces, government services and the

¹³ National Mental Health Commission. National Children's Mental Health and Wellbeing Strategy. 2021, National Mental Health Commission.

¹⁴ Green, M.J., Tzoumakis, S, Laurens, K.R., Dean, K, Kariuki, M, Harris, F, Brinkman, S.A., & Carr, V.J. Early developmental risk for subsequent childhood mental disorders in an Australian population cohort. *Aust N Z J Psychiatry*. 2019 Apr;53(4):304-315.

¹⁵ Cox, J.A., Mills, L., Hermens, D.F. *et al*. A Systematic Review of the Facilitators and Barriers to Help-Seeking for Self-Harm in Young People: A Systems Thinking Perspective. *Adolescent Res Rev* **9**, 411–434 (2024).

community sector) can play a critical role in identifying and supporting youth at risk for suicide. All systems of contact and support need to be able to recognise and respond to the multiple and holistic needs of children and young people at any point of entry. Training these adults, i.e. gatekeeper training, is an integral part of ensuring that there is no wrong door to accessing support and care services. To this end, Actions ko6.1a, ko6.1c, and ko6.3b are integral to encouraging children and young people experiencing suicidal ideation to talk openly, and for those around them (including professionals, family, friends and the wider community) to listen with compassion and become trusted partners for the sector.

Children and young people access various ecosystems of support. At **headspace** and **yourtown**, the first worker to become aware of a change in behaviour or a heightened level of distress may be a youth worker, employment consultant or community development worker who spends significant periods of time with the child or young person and needs to ensure that their interactions are supportive, appropriate, and affirming. Kids Helpline and **headspace** counsellors spend significant time supporting children and young people who have thoughts of suicide as the situations and factors related to suicidal ideation can be complicated and relate to multiple issues. These young people may contact Kids Helpline and **headspace** with a different issue initially, such as bullying or anxiety and can be hesitant and fearful of sharing their thoughts of suicide, but the compassion, support and engagement skills of these counsellors builds a trusting relationship that allows a young person to safely share these thoughts. Prioritising Action ko1.2b (ensuring mental health services and other relevant supports, particularly those provided to children and young people, work in a trauma-informed and culturally safe way) will encourage young people to continue seeking help and avert crisis situations where they feel isolated from support and people who they can turn to.

Accessibility

Early intervention services that provide holistic support and treat emerging mental health problems are a key strategy to preventing suicide and should be available to children and young people of all ages. However, more than half of children experiencing mental health challenges are not receiving professional help, and those in regional and remote areas having significant barriers to accessing support.¹³

More than 3,500 young people aged 15 to 25 from around Australia participated in **yourtown's** Your Voice project telling us about their issues and what mattered to them most.¹⁶ Two of the top issues that they told us about included the multiple barriers they face in accessing appropriate and timely mental health support, and the lack of youth-appropriate services with staff who have the expertise and skills to engage and provide support to young people.

In headspace's 2022 National Youth Mental Health Survey, less than half of young people stated they were likely to seek support from a mental health professional, such as a psychologist, social worker, school counsellor or psychiatrist, if they had a problem. The most common barriers to seeking help, among young people who deal with personal or emotional problems on their own, include: a preference to sort out these problems on their own (57%), feeling worried about what other people might think (39%), feeling too overwhelmed to talk to anyone when they have a problem (37%), and disliking talking to strangers (30%).

These findings align with Suicide Prevention Australia's 2022 report 'In Their Words: How to support young people in suicidal distress', particularly regarding young people's negative experiences with services after attempting suicide, or self-harm, or when at a point of suicidal

¹⁶ **yourtown** (2021). Your Voice [yourvoice-Recommendations-Report-Oct2021-WEB.pdf](#) ([yourtown.com.au](#))

distress. Concerted action needs to be taken to ensure access to help and support for young people is available not only in a crisis, but long beforehand, by addressing the social and economic factors that lead a young person being at risk of suicide in the first place.

Hence, we recommend prioritising Action k07.1f to improve access to timely care and support for people experiencing suicidal thoughts and behaviours, especially for people living and working in rural, regional and remote parts of Australia. In particular, young people would engage with self-guided digital services and tools, as well as counselling and support via digital technology as a standalone support or complementary addition to face-to-face service delivery.^{17 18}

Improved governance

The National Suicide Prevention Strategy provides comprehensive detail of the social determinants of mental health and suicide. Given the wide-ranging nature of these social determinants, responsibility for implementing the actions of the National Strategy will fall across various portfolios, departments, and levels of government. Therefore, we recommend prioritising Action ce1.1a to establish a 'suicide prevention in all policies' approach and Action ce1.2a to ensure all departments have clarity over, share and own responsibility and accountability for suicide prevention.

Is there anything else you would like to tell us in response to the draft Advice on the Strategy?

The framing of the National Suicide Prevention Strategy as "advice" fails to communicate a sense of commitment or critical importance in enacting the meaningful change that is comprehensively covered in the Strategy. A national strategy is widely recognised as best practice because it indicates a government's clear commitment to prioritising and addressing suicide, while providing leadership and guidance on the evidence-based interventions.¹⁹ The final version of the National Suicide Prevention Strategy should be released as a strategy.

We would welcome the opportunity to explore these ideas with you in further detail. Should you require further information about any issues raised in the submission, please do not hesitate to contact Tracy Adams, CEO of **yourtown** via email at advocacy@yourtown.com.au

¹⁷ headspace (2019). Increasing demand in youth mental health: A rising tide of need. [Increasing-demand-in-youth-mentalth-a-rising-tide-of-need.pdf](#)

¹⁸ Rickwood, D., Webb, M., Kennedy, V. & Telford, N. (2016). Who Are the Young People Choosing Web-based Mental Health Support? Findings From the Implementation of Australia's National Web-based Youth Mental Health Service, eheadspace. *JMIR Ment Health*, 3, e40.

¹⁹ International Association for Suicide Prevention. (2023). IASP Policy Position on National Suicide Prevention Strategies. [IASP National Strategy Policy](#)

About headspace

headspace is the National Youth Mental Health Foundation, providing early intervention mental health services to 12 to 25 year olds. **headspace** has 163 services across Australia in metropolitan, regional and remote areas, and offers online and phone support services and digital resources through eheadspace. **headspace** provides multidisciplinary care for mental health, physical health, alcohol and other drug use, and work and study needs.

Our integrated services provide the holistic, multi-faceted support that is a necessary component of a responsive service system model. This includes:

- **headspace centres:** the **headspace** network of services are youth-friendly, integrated service hubs, where multidisciplinary teams provide holistic support across the four core streams.
- **community awareness:** guided by local youth reference groups and centre staff, Community Awareness Officers at each **headspace** centre work locally to build mental health literacy, reduce stigma, encourage help-seeking, identify local needs and ensure young people know they can access help at **headspace**.
- **digital mental health programs and resources:** **headspace** uses its digital platform to make a range of information and supports accessible to young people, parents and carers, professionals and educators.
- **eheadspace:** our virtual service provides safe, secure support to young people and their family and friends from experienced youth mental health professionals via email, webchat or phone. There are also online group sessions led by clinicians or peers, focused on the big issues facing young people and their family and friends.
- **headspace regional telephone counselling service:** **headspace** offers integrated holistic teleweb support for students in eligible schools in regional Victoria (locations more than 50km from a **headspace** centre).
- **headspace campaigns:** campaigns focus on stigma reduction, building mental health literacy and encouraging help seeking, while ensuring young people know **headspace** is a safe and trusted place they can turn to in order to support their mental health.
- **headspace in schools and universities:** Through evidence-based mental health promotion, prevention, early intervention and postvention services, **headspace** delivers key initiatives designed to support the mental health and wellbeing of school communities. This includes:
 - **Be You** – a mental health and wellbeing initiative for learning communities. In particular, **headspace** can support secondary schools to prepare for, respond to and recover together where there has been a death by suicide.
 - **Mental Health Education Program** – this program provides free mental health education workshops for schools
 - **University support program** – this provides training and education opportunities to Australian universities to build their capacity and confidence to engage in conversations about mental health and wellbeing
- a range of programs for First Nations young people, and projects to improve the culturally safety of **headspace's** services, including:

- **Cultural supervision pilot** where Aboriginal or Torres Strait Islander supervisors provide cultural supervision for non-Indigenous clinicians, to develop their knowledge, skills, insight and wisdom in how to support and care for both young people, and themselves, in the cultural context of working with community.
- **First Nations Community connection project** providing support to centres to connect with local First Nations communities, enhance community engagement, outreach and collaborative activities and increase access by First Nations young people
- **Our Way Our Say** culturally safe social and emotional wellbeing training resources for young people in Darwin schools, developed by an Aboriginal Cultural Advisory Council of key Aboriginal leaders from the Darwin community, in partnership with **headspace** National.
- **Yulara and Mutitjulu service expansion** from **headspace** Alice Springs, established by the Central Australian Aboriginal Council in partnership with **headspace** National, and funded by the Northern Territory PHN. The expansion required innovation of the **headspace** Model to meet the needs of the young people and families in the remote communities of Yulara and Mutitjulu.
- **Yarnspace** – a safe, anonymous online group for First Nations young people to yarn and connect, moderated by First Nations peer workers.
- **vocational supports: headspace** centres provide integrated mental health and vocational support to young people to help them remain engaged in work and study, including implementing Individual Placement and Support (IPS) in **headspace** centres. In addition, **headspace** provides vocational support via:
 - **headspace Work and Study Online** (hWS) is a national digital program that provides integrated mental health and vocational support via the phone, video conferencing, online messaging and email. hWS works closely with young people across their work/study journey from identifying work/study goals to maintaining a work/study placement, typically for a period of around three months.
 - **headspace Career Mentoring** connects young people aged 18 to 25 years living with mental health challenges with industry professionals to meet fortnightly over a period of six months via video conferencing and/or the phone to enhance a young person's employment and career opportunities.

About yourtown

yourtown is a trusted provider of services for young people, with a focus on mental health and wellbeing, parenting and early childhood development, long-term unemployment, prevention of youth suicide, child protection, and support for those experiencing domestic and family violence. **yourtown** has evolved to helping hundreds of thousands of young people each year through a range of service offerings, supporting them through many difficult challenges.

Our services

- Kids Helpline, providing professional counselling and support to 5–25-year-olds across Australia since 1991
- Kids Helpline @ School and Kids Helpline @ High School, which delivers early intervention and prevention programs through primary and secondary schools
- My Circle, a confidential, private, online peer support network for 13–25-year-olds to share information and build coping skills
- Mental health service/s for children aged 0-11 years old and their families, with moderate mental health needs.
- Employment, education, and social enterprise programs to help long term unemployed young people re-engage with education and/or employment
- Domestic and family violence refuge, accommodation, and therapeutic supports for women and their children, including post-refuge support
- Accommodation and therapeutic supports for young parents and their children at high risk
- Parentline, a telephone and online counselling and support service for parents and carers in the Northern Territory and Queensland
- Expressive Therapy interventions for young children and infants who have experienced trauma and abuse, or been exposed to violence, and
- Young Parents Program providing parenting support to help with child development, life skills and health and wellbeing activities in safe, supportive environments.

Kids Helpline

yourtown's Kids Helpline is Australia's only free and confidential 24/7 phone and online counselling service for any young person aged 5 to 25. It offers children and young people a range of care options that are right for their needs and circumstances. Our commitment to being there anytime, and for any reason, has meant that we have responded to almost 9 million contacts from children and young people nationally in the 33 years since our service was first established, whilst also providing tens of millions of self-help interactions via our website and social channels. In 2023-24, our Kids Helpline counsellors responded to nearly 120,000 contacts from children and young people across Australia, including 4,047 crisis responses for children and young people at imminent risk of harm.

Family and Domestic Violence Refuge and Transitional Housing

yourtown's refuge offers supported accommodation for up to 12 weeks. A specialised team provides women and children with a safe and welcoming environment and creates opportunities for mothers to re-build self-concept and experience control and empowerment over their lives. The wrap-around care also includes linking with transitional housing and community outreach programs for women and children exiting refuges. Transitional housing is a vital steppingstone for women and children moving towards long term, safe and sustainable independent living in the community. **yourtown's** transitional housing offers a safe and supportive environment for 6 – 12 months, with support for legal and financial matters, accessing pre-employment support, and helping children into school.

Children and Families

yourtown provides accommodation and intensive individualised support to vulnerable young parents and their children through our San Miguel service. For over 40 years, San Miguel has provided a place to call home for vulnerable and at-risk families.

Early Childhood Development Programs

We support vulnerable pre-school aged children to make a successful transition to school by using prevention and early intervention approaches to create health families and strong, child-friendly communities. This includes working with parents to better understand their child's barriers to reaching social development milestones, how to help them thrive at school, collaborative case management and support, and in-home help.

Employment Services

For over 20 years **yourtown** has been delivering specialist youth employment services. Our employment services programs, including Transition to Work, Skilling Queenslanders for Work, Get Back in the Game, and ParentsNext, provide young people with training to expand their options and help them find sustainable employment.

Social Enterprises

yourtown has worked with young people and employers to break down barriers to sustainable employment for more than 20 years. As a leader in work-based enterprises we provide young people at risk of long-term unemployment paid jobs in the following areas: construction, landscaping, and asset maintenance to help their transition to open employment.

Parentline

Parentline offers free confidential phone and webchat counselling and support for parents and carers of children in Queensland and the Northern Territory. It offers a safety net for families by providing support when it is most needed. This includes after hours and weekends, where families feel isolated and where local services are unavailable.