The objectives of the Mental Health Commission are to provide:

- person-centred services that support recovery
- connected whole of government and community approaches
- a balanced investment in new priorities 28

The Western Australian Suicide Prevention Strategy 2009-2013 (The Strategy) is aligned with the Living is for Everybody (LIFE) Framework. It is funded by the Mental Health Commission and led by the Ministerial Council for Suicide Prevention. The Strategy provides a framework to direct suicide initiatives in Western Australia. The Strategy has six key action areas that are actioned through local Community Action Plans (CAPs). These CAPs will work towards decreasing both suicide and suicide attempts across the population. 29

The six action areas are:

- Improve the evidence base and understanding suicide prevention
- Building individual resilience and the capacity for self-help
- Improving community strength, resilience and capacity in suicide prevention
- Taking a coordinated approach to suicide prevention
- Providing targeted suicide prevention activities
- Implementing standards and quality in suicide prevention

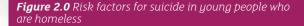
YACWA's Homeless Youth Suicide Prevention Project is a CAP that has focussed upon improving the evidence base and understanding suicide prevention, improving community strength, resilience and capacity in suicide prevention whilst taking a coordinated approach to suicide prevention. In addition to this, the following literature review and sector consultation seeks to identify best practice standards and quality in suicide prevention in relation to young people and the Youth Sector in WA.

6.0 Risk factors, protective factors and warning signs

Mental illness is a major risk factor for suicide and an episode of psychological distress is frequently the 'tipping point' to an act of suicide.20

The reasons why people become suicidal are unclear. There are particular risk and protective factors that may influence the likelihood of a person engaging in suicidal behaviour.1 Common aspects can include the desire to escape pain or emotions associated with hopelessness and ambivalence.³⁰ Suicide often results from a combination of a number of risk factors that are complex and intertwined (see Figure 2.0).

Providing an overview of the unique risk and protective factors for suicide in homeless young people will assist in developing a thorough understanding and the subsequent development of suicide prevention initiatives within this group. However, risk factors should be interpreted with caution as they continually change and do not provide information about an individual or their definitive risk of suicide. The evidence presented in Table 1.0 provides a brief overview of some of the individual, social and structural risk factors for suicide in homeless young people that have been identified in the literature. Table 1.0 illustrates that homeless young people experience many of the risk factors associated with suicide, which increases their vulnerability and highlights the importance of increasing suicide prevention efforts within this marginalised group.



Indiviudal

Mental illness, history of self-harm or suicide attempt substance use, genetics, Aboriginal LGBTI*, CaLD**

Social

Homelessness, exposure to stressors, contagion, statutory care, history of family abuse or

Structural

Unemployment, economic insecurity, poverty, lack of access to support services

Individual	
Mental illness	The single largest risk factor for suicide is mental illness. ²⁰ Young people who are homeless are far more likely to experience mental illnesses when compared to other young people. ⁹ A person's mental disorder can be made worse by homelessness and homelessness itself can be a cause of mental health disorders. ³¹
History of self-harm or a suicide attempt	A previous incident of deliberate self-harm is one of the strongest risk factors for suicide. ²² In a study by Rossiter et al ³¹ it was found that 37% of young Australian homeless people had attempted suicide at some point and 36% had self-harmed within the previous three months. ³¹
LGBTI (Lesbian, Gay, Bisexual, Transgender, or Intersex)	Young homeless people who identify as LGBTI are more likely to self-harm or attempt suicide than those who do not. ^{32,33} Therefore, young homeless people who are LGBTI face a higher suicide risk burden than those who are not. ³⁴
Substance abuse/misuse	Suicide is more common in people who engage in drug and alcohol abuse. ³⁵ A large proportion of young homeless Australians consume alcohol at risky levels, engage in injecting drug use and frequently use marijuana. ³¹ Over 50% of young homeless people feel dependant on the drugs or alcohol they use. ³¹
Being Aboriginal	People who identify as Aboriginal are 10 times more likely to experience homelessness. ³ Young Aboriginal men are over three times more likely to commit suicide than non-Aboriginal men. ²⁹
Being from a non-English speaking background	People from non-English speaking or CaLD backgrounds, are close to six times more likely to experience homelessness than the general Australian population. ³ Furthermore, people who have migrated to Australia, particularly those from a non-English speaking background are at higher risk of suicide. ²⁹
Genetics	There is a strong link between genetic factors and suicide risk. ^{36, 37} Genetic factors can increase the likelihood of a person developing depression and how they respond to stress which impacts on suicide risk. ³⁷
Social	
Homelessness	A person experiencing homelessness is at increased risk of suicide. ^{38, 39} Studies have shown that the risk of suicide in young homeless people is intensified due to the high stress environment in which they live. ^{9, 39}
Exposure to stressors	Homeless young people experience significantly higher levels of life stressors than other young people. ³² Common life stressors for homeless young people include abuse, criminal activity, substance abuse/misuse and engaging in survival sex. ^{32,40}
Previously in care	Young people who have been in care such as foster care or the juvenile justice system, are significantly more likely to experience homelessness and to attempt suicide than other young people. ^{3,40}
Abuse and conflict	Many young homeless people have experienced abuse and conflict, often within the family home. This contributes to both homelessness and suicide risk. ^{32,41}
Contagion	Young people who lose a friend to suicide are at increased risk of attempting suicide, having suicidal thoughts and experiencing higher levels of depression. ^{42,43}
Structural	
Unemployment, economic insecurity or poverty	Many homeless young people in Australia lack a reliable source of income and experience poverty and barriers to gaining employment. ^{3, 11, 31} Suicide amongst young people is higher in low socio-economic areas. ⁴⁴
Lack of access to support services	Accessing support services is a fundamental aspect of suicide prevention efforts. ⁴⁵ However,

only 62% of young homeless people access mental health services when required.³¹

Suicide prevention and intervention efforts with young people who are experiencing homelessness should draw upon protective factors as well as an understanding of risk factors. ⁴⁶ Protective factors reduce the likelihood of a person engaging in suicidal behaviours as they increase the person's capacity to manage life's challenges. ¹ A number of studies have described drawing upon protective factors to enhance resiliency against suicide in homeless young people. A young person is resilient when they have the ability to cope successfully in the face of adversity. ⁴⁷

Resilience is dynamic and changes to reflect the context of the environment and the experiences of the individual.⁴⁸
Resilience includes factors such as self-esteem, coping, social connectedness and a sense of control.⁸ Taking a strength-based approach to suicide prevention promotes the development of the factors associated with resilience. Table 2.0 outlines key factors that may demonstrate a protective effect against suicidal behaviours.

Table 2.0 Individual protective factors

Individual protective factors

Resilience	A young person who demonstrates resilience is less likely to engage in suicidal behaviours. ⁸ Despite poor mental health status and exposure to trauma, homeless young people exhibit moderate levels of resilience. ⁴⁶ Resilience levels decrease the longer a young person is homeless. ⁸
Social support and connectedness	Homeless young people are often stigmatised by society, peers and services and disconnected from family. ^{31, 49} Conversely, they may also have a strong group of peers. ⁵⁰ While these groups of peers may consist of other homeless young people in complex life circumstances, they can also act as a valuable source of social support and connectedness. ⁴⁹
Sense of control	Homeless young people who have a sense of control over their life circumstances often demonstrate a strong commitment to making positive changes in their life. ⁵¹
Self-esteem	Self-esteem is a factor of resilience that has shown to be a protective factor against loneliness, fearful attachment and suicide ideation. ⁵² Young people with moderate to high levels of self-esteem are less likely to engage in suicidal behaviours. ^{38,46}
Positive coping strategies	Positive coping styles such as believing in the existence of a better future have been linked to decreased suicidally. ⁴⁷ Maladaptive coping mechanisms such as social isolation, are associated with increased self-harming behaviours and loneliness. ^{48, 53}

When a young person is contemplating suicide, there are often noticeable changes in their behaviour that indicate they are at risk. These changes are called warning signs. Warning signs are different from risk factors as they relate to what is happening for that young person in the present moment. Warning signs are more effective than risk factors at identifying those at risk of suicide. This is because they are visible signs that indicate a person may be at risk of suicide within the short term, whereas risk factors are useful at indicating those at risk in the longer term. To For more information on warning signs refer to Section 13 of this report.

To understand more about risk and protective factors in the general population read the factsheet developed as part of the National Suicide Prevention Strategy www.livingisforeveryone.com. au/Individual-fact-sheets.html

