

Box 4:

Suicide and self-harm prevention in young people

A recent review of the evidence surrounding suicide and self-harm prevention in young people, concluded that the lack of evidence is hindering best practice efforts as current approaches to treatment and prevention do not have a strong evidence base.⁶⁹ Approaches considered as promising including Cognitive Behavioural Therapy (CBT), interpersonal psychotherapy, attachment-based family therapy and interventions undertaken in a school based environment when a skills based approach is taken.⁶⁹

A recent study concluded that for young people, four strategies have demonstrated effectiveness in reducing suicide.⁶⁶

These include:

- ➡ training adults to respond to suicide within a school environment;
- ➡ educating students on how to deal with depression and suicide;
- ➡ crisis phone lines; and
- ➡ follow-up care for those who have attempted suicide.

To find out more about the evidence surrounding suicide prevention visit

www.griffith.edu.au/health/australian-institute-suicide-research-prevention, <http://www.headspace.org.au/what-works/evidence-maps>, <https://www.sane.org/information/research> <http://www.thelancet.com/series/suicide>, or <http://www.livingisforeveryone.com.au/Research-and-evidence-in-suicide-prevention.html>

8.0 Improving the mental health of young homeless people

Specific intervention studies that focused on suicide prevention in young homeless people were lacking in the literature. However, seven intervention studies were identified that had mental health related outcomes and will be discussed in this section. A summary of these studies is provided in Appendix A. Four of these studies were specifically mental health focused.⁷⁰⁻⁷³ The remaining three had both a mental health and substance misuse focus.⁷⁴⁻⁷⁶ Due to the small sample sizes and heterogeneity between these interventions, it is concluded that there is no compelling evidence linking specific strategies to positive outcomes in the mental health of homeless young people. However, what these studies do demonstrate is that the mental health of homeless young people can be improved through targeted interventions.

Two studies utilised a Community Reinforcement Approach (CRA) with the aim of decreasing alcohol and drug use and improving mental health outcomes in homeless young people.^{74, 75} The CRA is primarily employed with problem users of alcohol and other drugs and is based on the understanding that aspects of a person's environment can influence behaviour. CRA works with an individual to substitute aspects of the environment that have supported the use of alcohol and or other drugs with aspects that support recovery. The positive impact of CRA therapy on both substance use and mental health that were reported in these studies, suggest that CRA may be effective in supporting homeless young people with co-occurring substance use and mental health issues. These findings are supported by Barker et al⁷⁷ who concluded that integrating the treatment of co-occurring alcohol and other drugs with mental health issues is more effective than treating each in isolation.

Alternatively, other intervention studies that had been explored identified Cognitive Behaviour Therapy (CBT) as an effective option in treating several suicide risk factors.^{72, 73} This skills based treatment centres on restructuring thinking patterns that are linked to thoughts and beliefs that are maladaptive⁷⁸ Hyun et al⁷²

reported that depression decreased and self-efficacy increased significantly through CBT. In addition to this, Taylor et al⁷³ reported that a range of mental health issues improved including depressed mood and levels of aggression with the integration of CBT. Interestingly, CBT also significantly decreased self-harming behaviours. These reductions in self-harming behaviours through CBT interventions have not been replicated in other interventions aimed at young people.⁷⁸ However, CBT has been shown to be effective in treating depression and generalised anxiety in young people, two key risk factors for suicide.⁷⁸

McCay et al⁷⁰ and Stewart et al⁷⁶ suggested that intervention studies utilising social support may be of benefit to suicide interventions.^{70, 76} Stewart et al⁷⁶ developed a network of peers and professionals for young homeless people to interact with. This resulted in improvements being exhibited in emotional and mental well-being, decreased loneliness, support-seeking and coping.⁷⁶ McCay et al⁷⁰ developed relationship-based group sessions to increase social support as well as a range of other emotional factors including positive self-concept, resilience and self-determination, which consequently reported increased levels of social connectedness and decreased hopelessness. The study undertaken by McCay et al⁷⁰ however, suggests no statistically significant difference was reported in resilience, self-esteem or mental health symptoms.

Another model identified during the literature review is that of a Social Enterprise Intervention (SEI) model which was implemented by Ferguson and Xie.⁷¹ SEI aims to improve the mental health status and a variety of other outcomes for young homeless people through supporting engagement with vocational programs that provided mentoring, employment training, clinical services referral and harm reduction strategies. Ferguson and Xie⁷¹ reported decreased depressive symptoms and increased life satisfaction, family contact and peer support as a result of utilising this model.