



PARLIAMENT OF NEW SOUTH WALES
LEGISLATIVE ASSEMBLY

FIRST SESSION OF THE FIFTY-SEVENTH PARLIAMENT

Private Members' Statements

20 October 2020

DOMESTIC VIOLENCE

Ms SONIA HORNERY (Wallsend) (15:36:37):

Child suicide is devastating for everyone. Taboos with suicide, shame, guilt or blame compound family grief. This self-recrimination can continue indefinitely and hinders healing. Evidence shows that the most effective preventive is to teach our young that suicide is not the answer to their problems and that support is just a question and a conversation away. Children need to know that there is always someone who they can talk to and who will talk to them and help them find solutions to their problems. Whether it be a family member, a friend, a youth worker or a counselling telephone line, we want someone to always be there for kids. I am saddened to reveal that the Wallsend electorate has experienced a number of youth suicides. This year has been one of the worst school years on record for our young children. Obviously, we know why and possibly it would be the same around the world. Bushfires, COVID and the subsequent economic and mental health fallout have been catastrophic, especially for year 12 students preparing for their HSC exams, which are starting today—good luck to them all.

The State's youth suicide rate is at its highest level in 15 years at 12.25 per 100,000—a total of 184 youth aged 15 to 19 dying by suicide in 2018. But when we compare our youth suicide rate with that of England and Wales, which have four times the population, we see they have very low numbers: just 5.7 per 100,000 and a total of 187 youth suicides in the same period. What is happening overseas that is working? England and Wales have a significantly lower rate of youth suicide than we do in New South Wales. There is something very different being done in England and Wales compared to New South Wales. What is it? Access to counselling is very important, but that is not the difference between New South Wales, England and Wales. There

is currently no standardised access to counselling across England and Wales. What are they doing differently that results in a youth suicide rate that is almost one-quarter that of New South Wales? Why is it that our children in New South Wales do not speak out? Commonly, families say afterwards, "We didn't know that anything was wrong." That must be equally devastating from the parents' point of view.

Do we need to increase the number of counsellors in New South Wales? Would that lead to a reduction in suicide? There is no evidence that those who are suicidal necessarily are seeking counsellors, but we do not know. How many kids who suicided could have got to a counsellor? We are working with very poor data about the types of issues that children are facing: the issues that are geographically specific, the issues that are culturally specific, and the disparity in the level of services available. The counsellor-to-student ratio is a flawed metric that assumes equal distribution of mental health issues across student populations and locations. Particular regions, age groups and cultural groups have very specific issues that can significantly affect access to counsellors. We need to look at the model in the United Kingdom, get an understanding of it, look at what is effective there and work on that. I urge the mental health Minister and the education Minister to look at what is working in England and Wales. We need to do more to prevent youth suicide in our country and community and in New South Wales.