



Ms Megan Mitchell  
National Children's Commissioner  
Australian Human Rights Commission  
GPO Box 5218  
Sydney NSW 2001

Dear Ms Mitchell,

I write regarding your *Examination into intentional self-harm and suicidal behaviour in children* and call for submissions.

The Mental Health Commission of NSW is an independent body which helps drive reform that benefits people who experience mental illness and their families and carers. The Commission is working with the community towards sustained improvement in the support offered to people who experience mental illness and in their access to employment, education, housing, justice and general health care.

Under our Act, the Commission was required to develop a whole-of-government draft Strategic Plan for Mental Health in NSW which aims to support people who experience mental illness, their families and their carers to live full and rewarding lives. We will also have a role in monitoring and reporting on its implementation; reviewing, evaluating, reporting on and advising on services and programs; undertaking and commissioning research and policy development; and promoting innovative programs and sharing knowledge about good practice in mental health promotion, early detection and care.

The Commission's consultations to inform the development of the draft Strategic Plan were structured across eight mental health 'Journey' groups. These groups were made up of members from a broad range of communities across NSW who described experiences across a person's life, from early to old age. The wellbeing of children, young people and families emerged across several of the Journey groups.

The following overview of the Journey process highlights many synergies with the Human Rights Commission's examination of how children and young people under 18 years can be better protected from intentional self-harm and suicidal behaviour.

Building Community Resilience and Wellbeing - this Journey is about equipping individuals and the community to take action to stop mental illness becoming a problem and addressing the stigma still associated with mental illness. If we can prevent mental illness and promote good mental health, the benefits will flow not just to individuals but across the whole community.



The Best Start - Good health during pregnancy and strong, positive family relationships in infancy and early childhood are a strong protection against mental illness. This journey is about creating the circumstances for a good start in life.

Troubled Kids - Children's development and behaviour are inseparable from their mental health. Most children flourish, but for some the path is fraught. There is strong evidence linking childhood behavioural issues, trauma and mental illness with developmental problems and significant difficulties in later life.

Healthy Transitions - Three quarters of all mental illness manifests before the age of 25, and the teenage years or early adulthood are also peak periods for depression, anxiety and experimentation with drugs and alcohol.

Towards a Contributing Life - Care for people with mental illness has often seemed to focus on managing symptoms and preventing relapse. We should aim higher, supporting people to become well enough to pursue education, find and keep a job, support their children and young people and enjoy life.

Breaking the Cycle - People whose mental illness is accompanied by harmful drug and alcohol use or criminal behaviour may find themselves isolated and unwelcome in the community. It is also often difficult for young people to seek or find the care they need and to manage stigma and discrimination. We need to support families to raise children in an environment that gives them the best possible start in life.

I particularly wish to draw your attention to the NSW Mental Health Commission's role in suicide prevention, working alongside other agencies to implement the recommendations of the NSW Ministerial Advisory Committee on Suicide Prevention. *Conversations Matter*, *Communities Matter* and *Mental Health Stigma and Social Media: Exploring Patterns of Discussion, Transmission and Influence* are some examples of work the Commission has been involved with in suicide prevention.

*Conversations Matter* is a suite of online resources that provide practical information to communities across NSW giving access to a world first online community resource to guide safe and supportive conversations about suicide. Supported by the NSW Mental Health Commission, *Conversations Matter* has been developed by the Hunter Institute of Mental Health (HIMH).

The *Conversations Matter* project has maintained a broad community focus in the development of the evidence base and community resources and also placed significant effort on ensuring the resources support and are applicable to young people and children. The Hunter Institute of Mental Health (HIMH) has worked closely with services for young people and children. From this consultation and review process a specific resource for talking to children about a suicide death was developed and launched on 14 November 2013. Further resources targeting young people are to be developed in Phase 2 of the



*Conversations Matter* project during January - June 2014, with dissemination to occur in the latter half of 2014.

*Communities Matter* is a suicide prevention toolkit developed in partnership with the NSW Mental Health Commission and Suicide Prevention Australia. The toolkit aims to support local communities, particularly small towns, to progress conversations and interest in suicide prevention into activities that reflect local priorities and needs.

The NSW Mental Health Commission, Black Dog Institute and the CSIRO have partnered on a research study *Mental Health Stigma and Social Media: Exploring Patterns of Discussion, Transmission and Influence*. This project aims to investigate the discussion, transmission and influence of mental health stigma, particularly with respect to suicide, within social media. Social media refers to any method of digital technology that allows individuals to connect and share information. It includes, but not limited to, social networking sites, twitter and instagram. In a broader context, the project aims to contribute to the growing body of research surrounding how information is spread through networks and how social media can be used to influence attitudes and behaviour.

In NSW, many schools now implement mental health promotion programs and also take seriously the development of a positive school climate, both of which have been shown to have positive effects on student wellbeing and mental health. The Mental Health Commission of NSW has entered into an agreement with the NSW Commission for Children and Young People to conduct research into the mental health first aid actions of NSW school students. The research project is based on data collected by surveys, interviews and focus groups with school students and Principals. The research report will be finalised in mid 2014.

The findings from this research will improve our understanding of the impact of school climate, mental health initiatives and programs on students referring mental health issues to adults. This understanding is important to shaping mental health programs in schools that ensure young people experiencing mental health difficulties are identified sooner and supported earlier. One in four young people will experience a mental health problem but only one-third of these young people will actually seek help when they need it. Young people are often the first to recognise when another young person is experiencing a mental health problem but are also relatively unlikely to seek help for their friends from adults or professionals.

The NSW Mental Health Commission partnered with ACON, formerly the AIDS Council of NSW, to conduct consultations with the lesbian, gay, bisexual, transgender and intersex community (LGBTI) in 2013. The consultations highlighted that the transition from adolescence to adulthood can be traumatic for many, and this trauma is often compounded by issues involving non-normative gender, sex and sexuality, which can create a more difficult environment in which to foster mental wellness. Consultations also revealed the unequal distribution of LGBTI services throughout NSW, particularly the scarcity of services in some rural and regional parts of NSW. The Commission is supportive of ACON's desire to



engage with the Hunter Institute of Mental Health to implement a pilot of the *Conversations Matter* resource, as stated in *ACON's Health Outcome Strategy 2013-2018, Mental Health and Wellbeing*.

Participants called for campaigns aimed at young people to change the public opinion that LGBTI identities are intrinsically associated with mental illnesses. Prevention strategies like *Proud Schools*, a pilot program to tackle homophobia, were commended.

The NSW Mental Health Commission has also remained in close contact with regional and rural communities. As NSW spans over 800,000 square kilometres we are very aware of the impact that living in isolated or remote areas can have on the mental health and wellbeing of individuals and communities. NSW has many initiatives that seek to support people in regional and remote NSW in regards to their mental health. Community health centres and the school system are often the first point of intervention, and the Commission through its work in primary and community care and education is committed to continuing to develop stronger links in this area.

I commend this important work being undertaken by the Australian Human Rights Commission. I hope that this submission highlights areas of concern that we have heard from the people of NSW as well as spotlighting positive initiatives that are occurring in NSW that may inform your examination.

At this stage, the draft Strategic Plan for Mental Health in NSW is being considered by government. The Commission would be happy to further discuss the recommendations included in the draft Strategic Plan that would be relevant to this examination as soon as the Strategic Plan has been made publically available.

Yours Sincerely



Darryl O'Donnell  
**Executive Director**

3 June 2014