

## **Intentional self-harm and suicidal behaviour in children: Submission prepared by Dr Erminia Colucci**

As the suicide prevention representative of Mental Health in Multicultural Australia (MHiMA), in this submission I will focus on children from migrant and refugee backgrounds. Regrettably, while there has been some research done on the relationship between the experience and/or exacerbation of mental and physical health issues among children and adolescents in immigration detention, overall research on the self-harm and suicidal behaviour of children and adolescents from CALD (culturally and linguistically background) is still limited. This is in spite of the large body of literature indicating the influence of cultural diversity on suicide risk and prevention<sup>1</sup>. We know for instance that child maltreatment, including witnessing violence against their guardians, is a key risk factor for suicide and that child abuse and maltreatment takes diverse forms and is more prevalent among some ethnic groups<sup>2</sup>. We are also aware that children and adolescents from CALD backgrounds are often 'caught' between cultures and they have to face additional difficulties during their development phases compared to their peers from non-CALD backgrounds. However, suicide prevention programs are generally developed with a 'one size fits all' approach that is deemed to be unsuccessful with people with gender and cultural diversities. For instance, the overall cultural appropriateness of suicide prevention trainings currently available in Australia is questionable.

Although evidence on which suicide prevention programs are effective is limited, strategies that aim to provide specific education for all groups defined as 'gatekeepers' has been indicated as one of the most promising suicide prevention approach. Together with Mental Health First Aid, we have recently developed experts' consensus-based first aid guidelines for members of the public to recognise suicide warning signs and assist a suicidal person from an immigrant or refugee background until appropriate professional help is received or the crisis resolves (<http://www.mhima.org.au/BlogRetrieve.aspx?PostID=368311&A=SearchResult&SearchID=34227763&ObjectID=368311&ObjectType=55>). Similar guidelines specific for children under 18 years of age could be developed for and with children from the general population and for subgroups such as CALD backgrounds, LGBT populations and so on. Community-based training programs based on such guidelines should then be implemented.

In the current era, digital technologies and media undeniably have an important role to play in prevention of suicide. Social media, for instance, have been linked to a number of suicide among young people (e.g. cyber-bullying) but has also offered a new platform to access information and help. To the best of my knowledge, experts' consensus-based

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<sup>1</sup> Colucci, E. & Too, T. (in press). Culture, cultural meaning(s) and suicide among immigrants and refugees. In Heredia Montesio, A. & Van Bergen, D. Suicide in the context of migration, Hogrefe.

<sup>2</sup> Colucci, E. & Hassan, G. (in press). Domestic violence in low-middle income countries: Consequences and prevention. Current Opinions in Psychiatry.

guidelines on suicide and suicide prevention for social media have not been developed and considered the potential of social media both for increasing the risk of suicide and contribute to suicide prevention, it is time that such guidelines were developed and implemented. Guidelines must be able to address gender and cultural/religious differences.

Mindframe initiatives to support the reporting, portrayal and communication about suicide (<http://www.mindframe-media.info/>) are very valuable resources in this context and I recommend that also these initiatives include children and adolescent from CALD backgrounds.

In addition to digital technologies and mass media, arts and visuals have been used in a variety of ways in suicide prevention. For instance, I have been co-curated an arts exhibition titled “Inspired lives: Discovering life in imagination”, an exhibition that revealed “the deeply personal experience of individuals who are working through their struggles, finding inspiration, and taking steps towards healing” (from catalogue <http://www.toofewladders.com/apps/documents/>). This exhibition was hosted by the Dax Centre (<http://www.daxcentre.org>), which promotes mental health and wellbeing by fostering a greater understanding of the mind, mental illness and trauma through art and creativity. Among others, the Dax Centre’s activities include education programs for secondary and tertiary students, thus a number of school groups visited the exhibition at different points and the response from the children as for the other viewers was very positive. We have also recently completed the digital storytelling project “Finding our way” (<http://www.mhima.org.au/finding-our-way>), which consists of 10 personal stories by people from migrant and refugee backgrounds living with emotional and mental health issues created videos about their experience of recovery. Each person wrote, voiced and edited their films that were shown in a several occasions (including for training purposes). During the workshop some of these people shared their current and/or past suicidal ideation and behaviours. Apart from the effects of the videos on audiences, as coordinators in this project we noticed immediate positive effects on the people who created the videos. I strongly recommend the development and evaluation of arts/visuals-based project with children (both from clinical and general populations) to increase awareness and understanding of suicide as well as directly contributing to decreasing the risk for suicide. The outcomes of such projects as well as other media products should then be used in public education campaigns developed using recommendations such as those recently published in Lancet.<sup>3</sup> People from CALD backgrounds must be involved in all phases of the process.

The lack of inclusion of children’s perspectives, partially determined by methodological and ethical limitations, is an issue of concern to many other areas of research and

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<sup>3</sup> Wakefield, Loken and Hornik (2010). Use of mass media campaigns to change health behavior. Lancet 376, 1261-1271.

prevention/intervention<sup>4</sup>. Nevertheless, these limitations must be overcome as children's voices must be included in the development of any prevention strategy ultimately aimed to save their lives.

Thank you for considering my views,  
All the best

Dr Erminia Colucci

Project Officer Mental Health in Multicultural Australia

Research Fellow, Centre for Mental Health, Global and Cultural Mental Health Unit, The University of Melbourne.

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<sup>4</sup> Colucci, E. & Hassan, G. (in press). Domestic violence in low-middle income countries: Consequences and prevention. *Current Opinions in Psychiatry*.