ATTACHMENT A

ACT Community Services Directorate's submission to the National Children's Commissioner's examination of intentional self-harm and suicidal behaviour in children

The ACT Community Services Directorate (CSD) has responsibility for a wide range of human services in the ACT. These services include:

- early intervention services targeted at vulnerable or at-risk children aged 0 to 12 years
- services for vulnerable and at-risk children, young people and their families
- child protection services
- case management and supports for young people aged 10 to 21 years involved in, or at risk of involvement in the youth justice system
- disability services
- Aboriginal and Torres Strait Islander services
- housing and homelessness services
- community services, including multicultural affairs, the arts, older people and women
- community disaster recovery.

CSD specialises in promoting participation and delivering high-quality services to the most vulnerable people within our community. The Directorate is committed to keeping vulnerable children and young people safe and supporting them to flourish and make valued contributions to our community.

1. Why children and young people engage in intentional self-harm and suicidal behaviour?

Some children and young people have a greater risk for self-harm and suicidal behaviour than others. Research indicates that there are many factors within an individual and within groups that create a greater potential for self harm and suicide to occur. These factors can generally increase the likelihood of self-harm and suicide (risk factors) or decrease the likelihood (protective factors).

Risk and protective factors are known to influence social and demographic groups in different ways. For some groups, risk factors may include disadvantage, as well as broader social, economic and historic factors. This is relevant for Aboriginal and Torres Strait Islander children and young people and, in some cases, for those from culturally and linguistically diverse backgrounds.

Risk and protective factors can work differently in each individual, as similar life events affect people in different ways. Many children and young people with exposure to risk factors do not develop self-harm or suicidal behaviours. In contrast, children and young people with few or no risk factors might engage in self-harm and suicidal behaviour. For

these reasons, risk and protective factors may not always provide a complete understanding of self-harm or a person's decision to take their own life.

Risk factors are often present among children and young people who are involved with disability and statutory services, including child protection and youth justice. These children or young people may be exposed to a number of risk factors and engage in self-harm or suicidal behaviour in response to:

- childhood adversity and trauma
- inter-generational trauma
- socio-economic and educational disadvantage
- experience of mental health problems
- low self-esteem, anxiety or depression
- bullying at school or via social media
- difficulties in relationships with family
- death of a loved one
- physical and intellectual disability
- sexual and physical abuse
- difficulties associated with sexuality
- exposure to recent stressors or life difficulty
- lack of appropriate supports and coping mechanisms.

Childhood trauma is an important public health concern with adverse childhood experiences being a strong predictor for difficulties in life, including mental health problems, physical health problems, social/relational problems, poor educational and vocational outcomes, alcohol and other substance use problems, contact with the criminal justice system and lower socio-economic status.

Children and young people in contact with the child protection or youth justice systems often present with complex histories, significant trauma backgrounds and are vulnerable to exposure to a number of risk factors. These children and young people may have limited family and support networks and often present with behaviours that are consistent with feelings of distress resulting from court or statutory service involvement and an uncertain future. This group may engage in self-harming or suicidal behaviours, experience mental health difficulties and higher levels of substance misuse than the general population.

Children and young people with a severe or profound disability, or who have learning disabilities, at a higher risk of self-harming behaviour or attempting suicide. Research suggests that children and young people with an intellectual disability are at a higher risk of intentional self-harm, suicidal behaviours and death by suicide, with rates as high as 42 per cent.[1] This is because children and young people with disability generally experience higher levels of emotional and behavioural problems than the general population. Severe intellectual disability can also be a predisposing factor for self-harm.

[1] Ludi, E., Ballard, E., Greenbaum, R., Pao, M., Bridge, J., Reynolds, W. and Horowitz, L. (2012), *Suicide Risk in Youth with Intellectual Disability: The Challenges of Screening,* 33(5): 431–440 accessed at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3464013/

2. The incidence and factors contributing to contagion and clustering involving children and young people

Data is not readily available on the incidence and factors that specifically contribute to contagion and clustering of self-harm and suicidal behaviours involving children and young people in the ACT. This includes information on the occurrence of contagion and clustering involving Aboriginal and Torres Strait Islander children and young people, or within family/kin groups.

CSD collects data relating to the incidence of death, and suicide and self-harming behaviour for young people in custody (on remand or sentenced) at the Bimberi Youth Justice Centre (Bimberi). The data is reported to the Productivity Commission for the production of the annual *Report on Government Services*. There have been no deaths in custody at Bimberi since the facility opened in 2008. Recent data on rates of self-harm and attempted suicide show a decrease in this behaviour between 2010-11 and 2012-13:

Year	**No. of young people requiring hospitalisation**		**No. of young people not requiring hospitalisation**		
	Indigenous	*Non-Indigenous*	*Indigenous*	*Non-Indigenous*	**Total**
2012/13	0	0	0	3	3
2011/12	0	0	1	1	2
2010/11	2	1	3	2	8

Productivity Commission (2014) *Report on Government Services, Volume F: Community Services,* pp. 16.30 – 16.32. Retrieved from http://www.pc.gov.au/__data/assets/pdf_file/0016/132361/rogs-2014-volumef-chapter16.pdf

CSD is concerned about intentional self-harm and attempted suicidal behaviour of young people in custody. To minimise the risk of contagion and clustering of these behaviours, young people in custody are provided access to on-site Forensic Mental Health and Justice Health services. Bimberi staff review the risk assessments of young people in custody (routinely and in response to critical incidents) and the level of monitoring of young people may be revised proportionate to the risk they pose to themselves or others.

CSD does not capture data relating to the incidence of self-harm and attempted suicide for children and young people engaged with services in the community. Accurate rates of self-harm and attempted suicide are difficult to report due to under-reporting by children or young people and difficulty in clearly identifying self-harming behaviour. For example, services working with adolescents can have difficulty in differentiating self-harming and peer influenced risk-taking behaviours. The motivation behind some behaviours in children and young people with dual disability and mental health needs can also be unclear.

3. The barriers which prevent children and young people from seeking help

Encouraging help and support in the early stages of mental health problems is vital for prevention and early intervention. A major challenge to this outcome is the reluctance of young people to seek professional help.

Children and young people engaged with CSD may be resistant to seek help and support from professionals for their mental health concerns. Reasons for this are complex and varied. In general, children and young people may minimise the significance of their mental

health concerns and/or may fear the implications of raising their concerns for themselves or others.

Children and young people who initially disclose concerns about their mental health can resist, or be apprehensive about, undertaking additional steps required to address their mental health needs. For example, children and young people may find the idea of meeting a doctor to request a mental health care plan and attend appointments with a professional counsellor or psychologist overwhelming. Children and young people with complex needs, including those with a dual diagnosis of disability and mental health needs will also be required to attend specialist services provided by trained professionals and coordinated between agencies.

Often children and young people engaged with CSD appear distressed about the possibility their family may become aware of their mental health issues, particularly where self-harm or suicidal behaviour is present. To reduce this barrier, staff within the CSD receive specialist training to support their work with children and young people when mental health issues arise or are identified. This training includes motivational interviewing[2] specialised training (provided by the ACT Health Directorate), 'Safetalk'[3] and 'Applied Suicide Intervention Support Training (ASIST)'[4].

Age and disability can also be a barrier for children and young people who have difficulty in identifying and communicating the nature and extent of their feelings and mental health needs. For example, the mental health needs of children who cannot clearly articulate their feelings may be missed or obscured by behaviours that demonstrate behavioural or emotional disturbance (e.g. oppositional defiance or anxiety). There are also no screening measures for suicide designed specifically for children with intellectual disabilities, making assessments of need and service accessibility more difficult where children and young people have limited comprehension and language skills.

Cultural factors and language issues may act as additional barriers for children and young people seeking mental health support from appropriate service providers. Further to the risk factors for intentional self-harm and suicidal behaviour experienced by the broader community, Aboriginal and Torres Strait Islander children and young people may face additional challenges including cultural dislocation, alienation and social exclusion.

Children and young people from culturally and linguistically diverse backgrounds may face similar issues coupled with language barriers that can significantly limit their ability to engage with services. To assist in overcoming these barriers, CSD fund culturally specific community service providers to support and assist children, young people and their families. These are outlined in response to question 7.

[2] Motivational interviewing training enhances participant skills in leading and motivating clients to engage in the change process.

[3] Safetalk training increases participant understanding of suicidality and develops the skills to identify and respond to people with thoughts of suicide.

[4] ASIST training teaches participants to recognise individuals at risk of suicide, to respond in ways that increase their immediate safety, and to link them with appropriate support.

4. *The conditions necessary to collect comprehensive information which can be reported in a regular and timely way and used to inform policy, programs and practice. This may include consideration of the role of Australian Government agencies, such as the Australian Bureau of Statistics and the Australian Institute of Health and Welfare*

CSD provides information to the Productivity Commission for the *Report on Government Services* (ROGS) in relation to the rates and incidents of self-harm and suicide attempts of children and young people in custody on an annual basis. The high levels of monitoring, detailed incident reporting and record keeping practices that exist within a custodial environment support the timely identification and recording of this behaviour.

Accurate and consistent reporting of this information across jurisdictions requires regular review by the Juvenile Justice Research and Information Group to ensure consistent interpretation and application of relevant counting rules. Despite undertaking these measures, current data in ROGS is not comparable across jurisdictions due to variations in the defining, recording and measuring of self-harm and suicide incidents. Jurisdictions are working to address these issues.

5. *The impediments to the accurate identification and recording of intentional self-harm and suicide in children and young people, the consequences of this and suggestions for reform*

Barriers exist at an individual level to the accurate identification and recording of intentional self-harm and suicide. CSD recognises that feelings of shame, stigma and fear are associated with intentional self-harm, suicide or other mental health issues in children and young people, leading to under-reporting of this behaviour. Specific barriers may also arise for children and young people who are impaired by cognitive factors (e.g. younger children or the intellectually impaired) to recognise and communicate mental health concerns, including self-harming and suicidal behaviours.

Further, the likelihood of self-disclosure of these issues may depend on the length, nature and level of trust in a child or young person's relationship with their service provider. Mechanisms that allow for the anonymous identification and recording of intentional self-harm and suicide may assist in overcoming these obstacles.

Barriers also exist at a system level to the accurate identification and recording of these behaviours. While some areas responsible for the delivery of services for children and young people are required to report on intentional self-harm and suicidal behaviour (e.g. services for young people in custody), recording this information is not mandatory across all levels of service provision. There is also no standardised collection of this information across government and community service providers, nor is there centralised collation, analysis or reporting of this data.

Further, staff and service providers are not uniformly trained to accurately identify or record this behaviour in children and young people. Practices to support the accurate identification and consistent recording of intentional self-harm and suicide would improve these barriers. Data systems that enable the standardised collection of this information would also assist in overcoming these challenges.

6. *The benefit of a national child death and injury database, and a national reporting function*

The ACT Children and Young People Death Review committee conducts independent review of the deaths of children and young people (under 18 years) in the ACT. Functions of the Children and Young People Death Review Committee are specified in the *Children and Young People Act 2008*. These functions are to:

- keep a register of deaths for children and young people who reside in the ACT, or who die in the ACT
- identify patterns and trends in relation to the deaths of children and young people
- undertake research, or identify areas requiring further research, which assist in preventing or reducing the likelihood of death for children and young people
- make recommendations about legislation, policies, practices and services for implementation in the ACT (government and non-government)
- monitor the implementation of committee recommendations
- report to the Minister of Disability, Children and Young People annually about:
  - the number of deaths
  - the age, gender, and involvement of the deceased with child protection services
  - pattern or trends identified in relation to deaths
- any other function given to the committee.

This process aims to contribute to preventing future deaths of children and young people by identifying trends and areas of risk and ensuring appropriate legislative, policy and professional practice responses.

Work is underway at a national level to develop a national child death and injury database. When established, this initiative will benefit the ACT government and professional agencies by enabling the ACT to compare and contrast the success of other jurisdictions' initiatives (by assessing their impact on trends and rates of child and youth death or injury) and to further improve CSD's policies and practices.

7. *The types of programs and practices that effectively target and support children and young people who are engaging in the range of intentional self-harm and suicidal behaviours. Submissions about specific groups are encouraged, including children and young people who are Aboriginal and Torres Strait Islanders, those who are living in regional and remote communities, those who are gender variant and sexuality diverse, those from culturally diverse backgrounds, those living with disabilities, and refugee children and young people seeking asylum. De-identified case studies are welcome.*

Children and young people engaged with CSD are supported to access effective mental health care whether they are located in custody, out-of-home care, respite care or living in the community. CSD is committed to providing a holistic service response to children and young people that addresses health and welfare needs, in addition to any statutory requirements relating to criminogenic and child protection factors.

Within CSD, staff receive 'Applied Suicide Intervention Support Training' (ASIST) and 'Safetalk' training. In times of crisis, staff access and request support from the Mental Health ACT Triage and Crisis Assessment and Treatment Team and emergency services to ensure an appropriate response to immediate threats of self-harm and suicide. Staff also

encourage young people to access national help and counselling services Kids Helpline and Lifeline (dependent on age) for additional 'out-of-hours' support.

Services provided by CSD to support children and young people include:

- a Trauma Recovery Centre (operational from July 2014) will provide trauma-informed therapeutic services to children aged 0 to 12 years, who present with issues including emotion dysregulation, severe impulsivity, impaired relationship functioning, high levels of aggression and suicidality. Work will be undertaken with children in the context of their care and support networks using trauma and attachment informed interventions, including individual, relational and systemic practice that supports recovery. The Trauma Recovery Centre framework for practice and its outcomes may have long term beneficial effects in mediating dynamic and static risk factors of self-harm/suicidality, as well as the development of adaptive coping skills to manage stressors and relationships into adulthood.

- Child and Family Centres work with children (0 to 8 years) and their families to improve health and wellbeing, through a focus on early intervention and prevention. A range of universal and targeted services based on the needs of children and their families are provided in multiple centres across the ACT and on an outreach basis. Program areas include parenting groups and support, case management for families, therapy programs for children, and health and antenatal programs and clinics.

- To better support children and young people in out of home care, CSD is currently developing an *Out of Home Care Strategy (2015-2020*), proposing the introduction of regular comprehensive wellbeing assessments of all children and young people in care.

- When children and young people are held in custody at Bimberi, the admissions process requires all children and young people to be assessed by Justice Health and Forensic Mental Health Services within 24 hours of entry. Trained and qualified psychologists, psychiatrists, social workers, nurses and doctors are employed to undertake assessments and to make recommendations to Bimberi's management team about the level of support provided to a child or young person. Assessments are regularly reviewed (routinely and in response to critical incidents) and the level of monitoring provided to children and young people is varied according to the level of risk they pose to themselves or others. In addition, these children and young people are supported to maintain pre-existing professional relationships with community service providers to promote continuity of care.

Where mental health concerns are identified, children and young people living in the community are supported by staff to receive appropriate mental health care. Typically, this involves supporting children and young people (and if appropriate, their carers) to apply for a mental health care plan and discussing referrals to the most appropriate mental health care provider with a medical professional.

In the community:

- Winnunga Nimmityjah Aboriginal Health Centre provides ongoing mental health care for Aboriginal and Torres Strait Islander children and young people.

- Gugan Gulwan Youth Aboriginal Corporation provides an early intervention youth outreach program to support early diagnosis, treatment and advice to at risk Aboriginal and Torres Strait Islander young people experiencing mental ill health and emotional wellbeing programs.
- Headspace and the Child Adolescent and Mental Health Service (CAMHS) are regularly engaged to work with children and young people more broadly.
- the Multicultural Youth Service works collaboratively with CSD staff to appropriately engage and support children and young people in need of mental health and other wellbeing support.

Programs and practices that provide broad support to Aboriginal and Torres Strait Islander children and young people who engage in the range of intentional self-harm and suicidal behaviours include:

- Aboriginal and Torres Strait Islander Family Support Program - provides support to children and families who have been referred to the program, assists with appraisals, home visits and Aboriginal and Torres Strait Islander cultural plans. The program delivers family support services to vulnerable children and their families in Jervis Bay, including the Wreck Bay Aboriginal Community.
- Integrated Service Delivery for Aboriginal and Torres Strait Islander People - offers assistance to Aboriginal and Torres Strait Islander families with issues such as health, education, unemployment, domestic violence, and living and parenting skills. The program seeks to establish sustainable partnerships with the local community, government and non-government organisations to provide culturally appropriate support services to vulnerable Aboriginal and Torres Strait Islander families in the ACT.
- Aboriginal and Torres Strait Islander Foster Care Program - managed by the Kinship Care Support Team within Care and Protection Services and provides direct support to carers to assist in responding to the needs of children within the program.

8. *The feasibility and effectiveness of conducting public education campaigns aimed at reducing the number of children who engage in intentional self-harm and suicidal behaviour*

The feasibility of conducting a public education campaign for children and young people in the ACT could be supported if the campaign was promoted by services typically accessed or used by children and young people. For example, family service providers, youth service providers and Aboriginal health care providers, such as Child and Family centres, Headspace, the Junction Health Centre and Winnunga Nimmityjah Aboriginal Health Centre, and disability service providers such as Barnardos and Marymead.

Some children and young people engaged with CSD struggle with low levels of literacy and can experience disengagement from the education system, making effective engagement through written mediums and educational facilities more difficult. Any public education campaign targeted to children and young people with disabilities would need to be adapted to suit the abilities and learning styles (e.g. given any cognitive impairment impacting on comprehension levels and abstract thinking).

ACT Health delivers education campaigns to young people in custody. ACT Health has a strong presence at Bimberi through Justice Health and Forensic Mental Health services. These services engage with children and young people on a regular basis and have access to facilities within Bimberi. Bimberi also has a dedicated Programs and Services Manager who is responsible for liaising with and facilitating service and program delivery within the facility, including those from external providers.

9. *The role, management and utilisation of digital technologies and media in preventing and responding to intentional self-harm and suicidal behaviour among children and young people*

Children and young people engaged with CSD often experience significant disruptions and barriers to meaningful community and/or service engagement. Such barriers can include high levels of transience, educational disengagement, communication barriers and/or social exclusion. Using social media and digital technologies and media to deliver simple, targeted messages to children and young people (or their families) may assist services and mental health care providers to overcome some of the barriers to meaningful community and service engagement faced by children and young people.

Children and young people with limited transportation and financial resources, or who wish to access supports outside of business hours, may benefit from the use of digital technology as an effective means to provide counselling and support (e.g. apps or online counselling). The anonymity that digital technology allows may further encourage children and young people to engage with service providers (where age-appropriate), particularly where there are concerns about the potential impact that knowledge of their mental health issues may have on others, including family.