

National Children's Commissioner examines intentional self-harm and suicidal behaviour in children

Submission from the Australian Bureau of Statistics

Summary

The ABS welcomes the opportunity to provide a submission to the National Children's Commissioner in regards to the study of intentional self-harm and suicidal behaviour in children. This submission relates specifically to points four, five and six in the call for submissions.

There are three sources of information discussed in this submission. These are:

- the ABS Causes of Death collection (ABS cat. no. 3303.0);
- the National Survey of Mental Health and Wellbeing (ABS cat. no. 4326.0); and
- the Longitudinal Study of Australian Children.

In relation to the Causes of Death data, key issues discussed include:

- The importance of applying accurate and up to date underlying cause of death coding practices.
- The importance of information sources (i.e. coronial findings, police, pathology and toxicology reports) in allowing the ABS to identify and code deaths from intentional self-harm. Factors such as timeliness, completeness and dependencies are discussed.
- Current work underway in collaboration with data custodians which will enable dissemination of highly disaggregated data such as unit record information to support suicide research.
- The need to apply adequate protections to data to protect the privacy of individuals, and ways in which the ABS is seeking to work within legislation to support research in this area.
- The potential to enhance the availability of social and demographic characteristics in relation to deaths from intentional self-harm.

This submission provides ABS views in relation to a National child death and injury database, focusing on identifying and meeting a particular data gap, and maximising the coherence and interpretability of information contained on such a database.

Finally, descriptions are provided of the National Survey of Mental Health and Wellbeing and the Longitudinal Study of Australian Children, both of which may be able to provide information relating to suicidal behaviour and attempted self-harm in children.

Overview

The Australian Bureau of Statistics (ABS) provides a wide range of economic, social and environmental statistics which support informed decision-making, research and discussion within government agencies and the community. The ABS also plays an important leadership and coordination role in relation to the statistical activities of other official bodies.

Within the social statistics program of the ABS, there are two collections which provide information directly pertaining to intentional self-harm and suicidal behaviour in children. These include the Causes of Death collection (ABS cat. no. 3303.0), and the National Survey of Mental Health and Wellbeing (ABS cat. no. 4326.0). The ABS also works in partnership with the Department of Social Services and the Australian Institute of Family Studies to collect data for the Longitudinal Study of Australian Children.

These data collections provide important information to support an improved understanding of suicidal behaviour, deaths resulting from intentional self-harm and other characteristics recorded when such a death occurs. However, it is recognised that information requirements go beyond those able to be provided through these sources. As such, the ABS continues to seek opportunities to enhance the availability and content of relevant data which supports suicide prevention work, and values the opportunity to make a submission to the National Children's Commissioner's examination of how Australian children and young people under the age of 18 years can be better protected from intentional self-harm and suicidal behaviour.

Causes of Death data

ABS role

The ABS is responsible for the collection and dissemination of official statistics for Australia on causes of death, including deaths from intentional self-harm. The ABS assigns an underlying cause code to each death using information contained on either a medical certificate of cause of death, or on the National Coronial Information System (NCIS). Coding of deaths is undertaken in accordance with international guidelines using the 10th Revision of the International Classification of Diseases (ICD10).

The cause of death dataset is used extensively in policy development and monitoring across a wide range of health areas. It is also used extensively to inform national and international reporting, and forms a foundation for further health research.

Data quality

Assigning an underlying cause of death code is complex. The ABS has invested heavily in developing and embedding the skills required to ICD code deaths, and is an active member of

the World Health Organisation led Mortality Reference Group which reviews and updates the classification and coding rules on an annual basis. This ensures that the ABS is able to consistently and accurately apply international coding rules to deaths from all causes.

The comments made below relate to deaths referred to a coroner and would therefore be pertinent to deaths which could potentially be from intentional self-harm. It is assumed that the challenges faced in coding coronial deaths for the whole population are primarily similar to those faced when coding deaths of children and young people. However, some more specific challenges are also noted which pertain to the coding of deaths of those under 18 years of age.

While the consistent application of up-to-date coding techniques is important from a data quality perspective, the ability to accurately code both mechanism and intent (accident, assault or intentional self-harm) remains reliant on the information available to coders. The information used by coders is sourced from the NCIS and includes coroners' findings, pathology and toxicology reports, and police reports.

Where a coroner makes a finding on either mechanism or intent, ICD codes need to align with that finding. However, there can be significant time delays (generally of up to three years) before coronial cases are closed and findings are made available. In the absence of a coronial finding (i.e. open cases) coders need to make use of other information available on the NCIS to assign an ICD code for mechanism and intent. Cases that remain open when data is finalised for a particular reference year are then re-coded 12 and 24 months later as part of a revisions process. This ensures that wherever possible the coroners' findings can be reflected in the final ICD code assigned to the death.

Time delays in coronial case closures can impact on the level of specificity of ICD coding for open coronial cases. The degree to which this impacts on data quality is associated with the availability of supplementary information to support a coding decision. Over the past five to six years, the ABS has noted an improvement in the timely availability of information on the NCIS to support coding of open cases. This is contributing to improved specificity in the preliminary causes of death data the ABS releases. In a recent review, only 1.4% of preliminary codes needed to be changed during the revisions process because of a disparity with a coronial finding.

It is understood that there are circumstances in which a coroner may be reluctant to make a finding of intentional self-harm or suicide, especially in the case of children and young people. This may be because of legal concerns or perceptions that the child could not have understood the consequences of their actions. This issue has been raised by the Victorian Coronial Council in a recent national consultation paper and the ABS has provided a detailed submission in response to this review. Feedback focussed on how to separate legal and other ramifications associated with a coronial finding of suicide from the need or ability to code these deaths to intentional self-harm for public health and research purposes. The final recommendations from this review are not yet publically available.

Data availability

Over the past three years the ABS has worked closely with the jurisdictional Registries of Births, Deaths and Marriages to implement a sustainable dissemination process for disaggregated (unit record) causes of death information. This has been challenging for all involved and the ABS recognises the impact of these data not being available over this period. However, despite significant legislative barriers, an agreed solution has been negotiated and agreements required to support that solution are being finalised. It is expected applications for this dataset will be opened shortly with the timeframe dependent only on the finalisation of one more inter-jurisdictional agreement to enable data sharing with the Queensland Registrar of Births, Deaths and Marriages (the Registry which will nationally coordinate the release of this key data on behalf of the Registrars and the NCIS). This will ensure more timely access to a national cause of death unit record file for research purposes.

Prior to 2013, the ABS had not separately published intentional self-harm data pertaining to children and young people under the age of 15 years. Intentional self-harm in this age-group is one of the leading causes of death. However, the number of deaths is comparatively small, which constrains the disaggregation and publication of these data within the ABS' legislative requirements. In early 2013, the ABS worked with the National Committee for Standardised Reporting on Suicide to find a solution which allowed some data to be published, focusing on the use of five year aggregates to enable publication of relevant information. While this has enabled publication of a count of intentional self-harm deaths for those under 15 years of age by state and territory and by sex, the limitations of such tables are recognised. The ABS continues to seek ways of enhancing the availability of information using aggregated reference periods to provide more details on individual characteristics.

To meet the information requirements of those working in suicide prevention, the ABS recognises the importance of bringing together information from multiple sources. Access to disaggregated cause of death data is important, but that information is constrained by details collected at the time of death. Building a stronger profile of those most at risk would necessitate access to additional characteristics such as those highlighted in the recent House of Representatives report: 'Before it's too late: Report on early intervention programs aimed at preventing youth suicide'. These characteristics included ethnicity, culture, geography, educational attainment, employment status and socio-economic status.

The ABS has been examining options to deliver this type of information and believes it may be possible through data linkage. The ABS is actively engaging with relevant data custodians to highlight the value of this type of study and garner agreement on a way forward. Further consultation with other stakeholders is also required as this work is currently unfunded. While there may yet be challenges faced in progressing this study, the potential benefits are clear.

National child death and injury database

It is recognised that there are important information requirements which cannot be met by either the causes of death national dataset or the unit record information. This might be because of timeliness issues or a lack of supplementary variables which inform particular aspects of research or policy development. Effectively this means that there are identified gaps in the information required by certain groups or sectors.

The ABS is supportive of efforts to fill these critical data gaps and understands that this might be the ultimate aim of a national child death and injury database. The call for submissions does not provide information on what such a database might comprise, or how it might be compiled and managed. However, in any such enterprise the ABS would advocate that the data gap be clearly identified to avoid duplication with other such data sources such as existing jurisdictional child death and injury data holdings.

If such a database were to be developed, it would form part of the information system which supports public health policy in Australia. To that end the ABS would seek to contribute to discussions around the development of such a database, and could provide advice or expertise around maximising the coherence of information contained within this database. The ABS also has experience working in partnership with Children's' Commissions to ensure best practice coding techniques are applied which improve the interpretability of data.

The coherence and interpretability of information stored in a national database would be critical to maximising the value of data, enabling clear and accurate comparisons with other data sources. This would help ensure it facilitates an improved national understanding of the factors affecting intentional self-harm and suicidal behaviour of children and young people under 18 years of age. The importance of time series and trend data in this regard should not be under-stated while recognising the potential value of point-in-time information.

Other potential sources of information

There are two other potential sources of information on intentional self-harm and suicidal behaviour which the ABS would like to draw to attention of the Commissioner. The National Survey of Mental Health and Wellbeing was conducted twice by the ABS in 1997 and 2007. A summary of the survey and published data which may be of relevance is provided below. At this stage any future iterations of this survey remain unfunded

Another potential source of information is the Longitudinal Study of Australian Children. Information on this study is included because of its potential to provide relevant information in the future.

National Survey of Mental Health and Wellbeing

The National Survey of Mental Health and Wellbeing (SMHWB) was first conducted by the Australian Bureau of Statistics (ABS) in 1997 and a second survey was conducted in 2007. Both of these surveys were user-funded. The 2007 survey collected information from approximately 8,800 Australians aged 16-85 years. The survey provides information on the prevalence of selected lifetime and 12-month mental disorders, by the major disorder groups:

- Anxiety disorders (e.g. Social Phobia);
- Affective disorders (e.g. Depression); and
- Substance Use disorders (e.g. Alcohol Harmful Use).

The survey also provides information on the level of impairment, health services used for mental health problems, physical conditions, social networks and caregiving, as well as demographic and socio-economic characteristics. The survey was based on a widely-used diagnostic international survey instrument, developed by the World Health Organization (WHO) for use by participants in the World Mental Health Survey Initiative. As part of the survey, respondents were asked about suicidal behaviours which included ideation (i.e. the presence of serious thoughts about committing suicide), and/or plans or attempts. As the survey also collected information on disorders, it has been possible to investigate the relationships between suicidal behaviour and disorder.

For example, results from the 2007 survey reported that of young people with a mental disorder, 8% had suicidal thoughts, plans or attempts in the year prior to being interviewed. The rate was almost three times higher for young people with Affective disorders, with almost a quarter having suicidal thoughts, plans or attempts in the previous year (23%).

Longitudinal Study of Australian Children

Growing Up in Australia: The Longitudinal Study of Australian Children (LSAC) is conducted in partnership between the Department of Social Services, the Australian Institute of Family Studies and the Australian Bureau of Statistics.

The study captures a wide range of information relating to children and their behaviour. Content changes are made over time to capture information relevant to children in the study as they grow older. Content is designed by a consortium of pre-eminent academics from across Australia. AIFS manages the design process. DSS manages content input from across government and provides final content approval. From the age of 14/15 (Wave 6 for the K cohort) children are asked about self-harm behaviour and suicide ideation.