Australian Human Rights Commission

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

SUBMISSION

Organisation & Area Background

This submission is made by Dr Sarah Lutkin, Mental Health Academic, with the Mount Isa Centre for Rural and Remote Health (MICRRH). The Mount Isa Centre for Rural and Remote Health is a "participating University Department of Rural Health (UDRH)" one of a national network of eleven across Australia and the only one in Queensland.

The North West region covers over 300 000 square kilometres, encompasses the towns from the Northern Territory border to Richmond, North to the communities of Mornington Island and Karumba in the Gulf of Carpentaria and as far South as the town of Dajarra. The economic basis for the district consists of mining, cattle, fishing and tourism, and the subsequent support structures of these industries.

The total North West region Population is 33 066 (ABS, 2011) with a population of 22,779 (ABS, 2013) in Mount Isa itself. There are an estimated 7412 indigenous (ATSI) residents in the region (ABS, 2011). This represents 22% of the region's population and 4% of the state's indigenous population. The age structure of the region is predominantly young with 40.1% of the population being aged less than 24 years of age, and 54% between the ages of 25 and 64 years, and only 5.9% are aged more than 65 (ABS, 2011). Of interest is that almost one quarter of Mount Isa's population and around one third of the population in more remote communities are 14 years or under (ABS, 2011).

Areas of Interest

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

Firstly, it should be clearly defined that self-harm may not be related to suicide and so reference to self-harm will refer to non-suicidal self-harm and any behaviour that has suicidal intent will be covered in reference to suicidal behaviour. The influences for self-harm and suicide in young people is multi-factorial but a number of prominent factors can be identified within this region. Of great significance is the perceived increase in stressors upon young people today within a region consisting of rural and remote locations that has vulnerable populations and poorer health status indictors. Young people in rural and remote locations often complain of limited structured activities and parental and weather constraints often resulting in young people spending more time inside watching TV or playing video games. This can lead to a loss of social networks which can be an important protective factor. Also a large majority of families in this region have either both parents working or both unemployed. This can also mean that there is often less supervision and understanding around the appropriateness of media. Media violence is a significant predictor of delinquency, and in turn this can have a significant impact on a young person's coping ability (Hopf, Huber & Weiß, 2008). Social media and internet use can influence self-harm and suicidal behaviour in young people and this can be a particular issue in small rural and remote communities. It is well known that cyber bullying contributes to an increase in distress in young people with an

inability to even escape the bullying within their own homes and can lead to self-harm and suicide ideation.

Of great concern in rural and remote areas is the use of drugs and alcohol by young people and adults across socioeconomic status and anecdotally, a high tolerance for drug use and misuse. Parents with deficits to their own coping abilities often provide inadequate supervision, this not only contributes to young people engaging in substance use in groups but also having the care of younger siblings and exposing them to substance use. Like other remote towns, a community culture of self-harm can also develop within groups and can also lead to 'suicide packs'; where it is agreed that if one commits suicide all will follow. Parental wellbeing has also been associated with poorer communication in the family, lower levels of parenting satisfaction and increased difficulties for the child (Morgan, et al., 2013). Abuse and neglect are also significant contributors to self-harm and suicidal behaviour. However, there are limited services available in the North West Qld region, particularly in remote areas, to assist young people with behavioural, emotional or mental health concerns. Senior community leaders have identified relationship issues as an important factor, as in dealing with disappointment.

Another factor that has contributed to suicide in the North West Region is the large number of deaths of young people by suicide which anecdotally have now led to a general understanding that suicide is an option. Of concern are quite young children using the threat of suicide but it's unclear if any of the young people truly understand the finality of suicide. There is also a general increase in hopelessness from young people around the future in rural and remote areas with concerns around having to leave the community for education or work. Finally, at a critical time of identity development, issues around sexuality can also increase self-harm and suicide behaviour.

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

The use of social media can contribute to contagion and clustering due to many young people expressing suicidality in a social format rather than seeking help. There is also the factor that most young people will express suicide ideation and intent to self-harm to a trusted friend rather than an adult and the stigma around perceived mental health concerns can often hinder help seeking. Also reports of suicide in the media have been shown to increase suicide behaviour in young people (Williams, 2011). Another issue is the small nature of rural and remote areas whereby everyone knows each other and a suicide can impact on the whole community. Further to that is the concern that remembrance memorials for people who have died by suicide can be promoted in a way that immortalises the individual and this can be appealing to some young people.

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

There are a number of barriers that prevent children and young people seeking help for issues relating to self-harm and suicide. Firstly, stigma is still a barrier to seeking help although this does seemed to have improved over the past decade. There are very limited young specific services in rural and remote areas, if they exist at all, and most service provision caters for the complete lifespan. This means that services are often not youth

friendly and can appear too clinical to youth. A particular issue for the North West region is the transient nature of the population which can make follow up by services difficult. There is also a lack of child and youth mental health service providers in this region particularly for young people with mild to moderate mental health issues, as recently identified in a scoping project conducted by the Mount Isa Centre for Rural and Remote Health. This limited service provision reduces accessibility to help and anecdotally young people in rural and remote areas have expressed a general reluctance to use telephone helplines.

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.

There are a number of barriers to data collection in the North West region. Firstly, many local service providers report they are overwhelmed by the need for service provision and this would then leave limited time for accurate data collection. There is also a lack of funding for specific research projects around youth mental health, suicide and self-harm that has rural and remote focus, resulting in data from research in metropolitan areas often being applied to rural and remote areas. Specific data on topics of interest are often provided for large geographical areas, which makes advocating for funding for particular community issues extremely difficult to justify. Funding, policy and programs are often based on data from more populated areas and models of service are applied to smaller communities with limited flexibility.

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

The accurate identification and reporting of self-harm and suicidal behaviours can be influenced by a number of factors such as medical staff's awareness and willingness to ask about self-harm and suicidal behaviour. Young people themselves may be reluctant to report these behaviours due to the stigma and anecdotally young people have expressed concern regarding 'being locked up' if they admit they are not coping. Another factor to consider is that not all self-harm and suicide attempts come to the attention of medical personnel, or even an adult, which makes the recording of such instances extremely difficult. This can mean that some young people are not identified early for assistance. A national database, where professionals enter a record of self-harm and suicide attempts, still may not completely capture all of the relevant data.

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

There are a number of benefits for having a national child death and injury database such as accessible information regarding deaths and injuries, which can then guide policy and funding. However, there would need to be a clear definition as to what constitutes self-harm, and the process for determining and reporting a suicide will need to be consistent across the

states and territories. It would also be essential that specific areas such as rural and remote locations can access the data relevant for their community to guide service provision.

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.

During 2011 the Mount Isa region experienced a significant increase in suicide, which sadly included a number of young people. One of the positive outcomes was funding for an EdLinQ position which was a link between schools and the Child and Youth Mental Health service (CYMHS). This position was able to provide early intervention, prevention and education to both students and teachers and also ensured referrals were directed to the appropriate services. Unfortunately, after funding revisions in 2013 this position was no longer able to be funded and the North West region remains one of only two districts in Queensland without such a position. The North West region also has a high representation of children involved with child safety and experiencing behavioural and/or emotional difficulties due to trauma and family separation. Children and young people, known to the child protection system, have a 3.9 times greater suicide rate than that of all young people in Queensland (Commission for Children & Young People & Child Guardian, 2014). There are limited services available for these children, with some of the more severe having to be relocated to larger communities. However, the recent inclusion of an Evolve position within the CYMHS team has significantly contributed to addressing this issue. Unfortunately, there are no specific services aimed at Aboriginal and Torres Strait Islander youth, gender variant and sexually diverse youth or youth living with disabilities to reducing self-harm and suicidal behaviours for these specified groups within the North West region. However, diversionary activities and education around substance use are provided by Young People Ahead and Alcohol, Tobacco and Other Drugs (ATODS) with a focus on harm minimisation to high risk, disengaged youth.

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.

For an educational campaign to be effective it should be aimed at improving the factors behind self-harm and suicide, such as skills to resolve conflicts, and parenting skills. Other possible effective campaigns are those that promote social connectedness and improved community concern such as RUOK day. Anecdotally, it is reported that many communities have lost community spirit and connectedness, for example with many living in the same house for years and never knowing their neighbours. It should also not be forgotten that adults are the role models for our children and any public campaign should have a whole community perspective.

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.

Research has indicated that technology, such as the internet, can exert both positive and negative influences on the risk of self-harm and suicide in young people (Daine et al., 2008). Appropriate services via digital technologies that are managed by trained professionals would have a positive influence in reducing the risk of self-harm and suicidal behaviours, particularly if easily accessible and cover extended hours. However, a young person's online chat room, for example, may have a negative influence, particularly if a number of young people engaging in self-harm communication resulting in an increase in self-harming behaviours.

Closing comments

This topic is of particular relevance to the North West region as child and youth services are limited and service provision to young people, particularly in the areas of prevention, early intervention and mild to moderate mental health issues, have been identified as a gap in a recent mental health scoping project.