



Australian Government

**Australian Institute of
Health and Welfare**

*Authoritative information and statistics
to promote better health and wellbeing*

National Children's Commissioner
Australian Human Rights Commission
GPO Box 5218
Sydney NSW 2000

Examination of intentional self-harm and suicidal behaviour in children

Dear Commissioner

The Australian Institute of Health and Welfare (AIHW) welcomes the opportunity to make a submission to the National Children's Commissioner's examination of intentional self-harm and suicidal behaviour in children. This submission highlights a number of reports available from the AIHW that may be of relevance to this important topic.

The AIHW is a major national agency set up by the Australian Government in 1987 as an independent statutory authority within the Health portfolio. Our mission is to provide authoritative information and statistics to promote better health and wellbeing. We provide timely, reliable and relevant information and statistics on health, aged care services, child care services, services for people with disabilities, housing assistance, child welfare services and other community services.

We collect data and manage national data collections in these areas, producing over 100 public reports each year. Our work is frequently referenced by the media. We also provide information to other Australian Government bodies and cross-jurisdictional councils, to external researchers and also directly back to data providers. We report in formats that suit their purposes and allow them to place their service provision in a wider context.

We also develop, maintain and promote data standards to ensure that data collected are nationally consistent. In all these activities we assist governments and the community to make better informed decisions to improve the health and wellbeing of Australians.

The AIHW supports the need for regular national reporting on self-harm and suicides by children and young people. A number of our published reports contain data relating to self-harm and suicides and are detailed in the attachment. Note that the age groupings in these differ in accordance with the respective requirements of each report.

AIHW reports have found that there are a number of issues related to the accurate identification and recording of intentional self-harm and suicide in children and young people.

- Determining whether an injury was due to intentional self-harm in very young children can be difficult, as this may involve a parent or caregiver's perception of the child's intent (AIHW: Pointer 2013).
- Infants and very young children do not possess the degree of maturation and ability to form an intention to inflict self-harm and to understand the implications of their actions. The age at which self-inflicted acts can be interpreted as intentional self-harm is not well-

defined and is the subject of debate. The difficulty in assigning intent limits the certainty of any estimates of intentional self-harm that are based on routine hospital data (AIHW: Pointer 2013).

- Indigenous people are known to have substantially higher rates of suicide. However, data quality issues with Indigenous deaths data and with Indigenous population estimates make it difficult to establish the exact difference conclusively (ABS 2012).
- More comprehensive data on suicides and attempted suicides is needed to facilitate better planning of support, prevention and early intervention services. A notable gap exists in the reporting of the number of suicide-related contacts by ambulance services, mental health crisis teams and the police. A gap also exists in terms of reporting on the services they provide (AIHW 2014, forthcoming).
- There are very few Australian or international evaluations on the impact of Indigenous-specific suicide prevention programs on suicide rates. More evaluation of suicide prevention programs are needed to help better inform policymakers and service providers about what works for Indigenous suicide prevention (Closing the Gap Clearinghouse (AIHW & AIFS) 2013).

Yours sincerely



David Kalisch
Director

3 June 2014

References

ABS 2012. Suicides, Australia 2010. ABS cat. no. 3309.0. Canberra: ABS.

AIHW 2014. Australia's health 2014, forthcoming.

Note this report is expected to be tabled in the Australian Parliament in by 26 June 2014.

AIHW: Pointer S. 2013. Trends in hospitalised injury, Australia : 1999-00 to 2010-11. Injury research and statistics series no. 86. Cat. no. INJCAT162. Canberra: AIHW.

Closing the Gap Clearinghouse (AIHW & AIFS) 2013. Strategies to minimise the incidence of suicide and suicidal behaviour. Resource sheet no. 18. Produced for the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies.

Attachment: List of other relevant AIHW publications

- AIHW 2011. Young Australians: their health and wellbeing 2011. Cat. no. PHE 140
Canberra: AIHW.
Indicator: Suicide rates for young people aged 15–24 (age groups 15–19; 20–24)
Year reported: 2007
Link: [Young Australians: their health and wellbeing 2011](#)
- AIHW 2012. A picture of Australia's children 2012. Cat. no. PHE 167. Canberra: AIHW.
Indicator: Intentional self-harm hospitalisation rate for children aged 10–14.
Year reported: 2010–11
Link: [A picture of Australia's children 2012](#)
- AIHW 2013. Aboriginal and Torres Strait Islander Health Performance Framework 2012 report: New South Wales. Cat. no. IHW 88. Canberra: AIHW.
Indicator: Intentional self-harm mortality rates by Indigenous status (15–24 years), NSW, Qld, WA, SA and NT combined 5 states, 2006–10.
Link: [Aboriginal and Torres Strait Islander Health Performance Framework 2012: detailed analyses](#)
- AIHW 2013. Australian hospital statistics 2011–12. Health services series 50. Cat. no. HSE 134. Canberra: AIHW. National tables for external causes of injury or poisoning
Indicator: Separations by external cause in ICD-10-AM groupings and age group, all hospitals, 2011–12, by gender
Year reported: 2011–12
Link: [Australian hospital statistics 2011-12, National tables for external causes of injury or poisoning](#)
- AIHW 2014. Australia's health 2014 (forthcoming).
Indicator: Suicide rates for young people aged 15–24
- AIHW: Harrison JE, Pointer S and Elnour AA 2009. A review of suicide statistics in Australia. Injury research and statistics series no. 49. Cat. no. INJCAT 121. Adelaide: AIHW.
Link: [A review of suicide statistics in Australia](#)
- AIHW: Pointer S. 2013. Trends in hospitalised injury, Australia : 1999–00 to 2010–11. Injury research and statistics series no. 86. Cat. no. INJCAT162. Canberra: AIHW.
Discusses trends over a 10–year period.
Link: [Trends in hospitalised injury, Australia: 1999-00 to 2010-11](#) (AIHW: Pointer 2013)
- Closing the Gap Clearinghouse (AIHW & AIFS) 2013. Strategies to minimise the incidence of suicide and suicidal behaviour. Resource sheet no. 18. Produced for the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies.
The resource sheet considers suicide prevention policies and programs that have been implemented in remote and non-remotes parts of Australia as well as internationally. It assesses their strengths and limitations and their actual, or likely, effectiveness in relation to Indigenous Australians.
Link: [Strategies to minimise the incidence of suicide and suicidal behaviour](#)

