



Public Health Association
AUSTRALIA

**Public Health Association of Australia submission
to the Australian Human Rights Commission:
National Children's Commissioner examination of
intentional self-harm and suicidal behaviour in
children**

National Children's Commissioner
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Introduction

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles.

Public Health

Public health includes, but goes beyond the treatment of individuals to encompass health promotion, prevention of disease and disability, recovery and rehabilitation, and disability support. This framework, together with attention to the social, economic and environmental determinants of health, provides particular relevance to, and expertly informs the Association's role.

The Public Health Association of Australia

PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups concerned with the promotion of health at a population level.

Key roles of the organisation include capacity building, advocacy and the development of policy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector. PHAA has been a key proponent of a preventive approach for better population health outcomes championing such policies and providing strong support for the Australian Government and for the Preventative Health Taskforce and National Health and Medical Research Council (NHMRC) in their efforts to develop and strengthen research and actions in this area across Australia.

PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as a close involvement in the development of policies. In addition to these groups the Australian and New Zealand Journal of Public Health (ANZJPH) draws on individuals from within PHAA who provide editorial advice, and review and edit the Journal.

Advocacy and capacity building

In recent years PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all levels of Government and agencies, and promoting key policies and advocacy goals through the media, public events and other means.

Context and focus of this submission

This submission addresses the issues, as set out by the Australian Human Rights Commission National Children's Commissioner, in relation to Aboriginal and Torres Strait Islander children and young people under the age of 18 years engaging in intentional self-harm and suicidal behaviors. The submission also provides recommendations to address the issues highlighted.

Why children and young people engage in intentional self-harm and suicide behaviour

The AIHW (14) shows that the national rate per 1000 Indigenous children in out-of-home care is 7.3 times the rate of that for other children across all jurisdictions. The demographic profile of the Aboriginal and Torres Strait Islander population shows the majority of the population are children and young people. Recent statistics show Indigenous children were 1.3 times as likely as non-Indigenous children to be hospitalised due to some form of injury—most often due to assault (which was over 5 times higher for Indigenous children)(1). The Indigenous child death rate from external causes of injury was 3 times that of non-Indigenous children. Indigenous children were nearly 8 times more likely to be the subject of substantiated child abuse or neglect; 9 times as likely to be on a Care and Protection Order; and 10 times as likely to be living in out-of-home care. On an average day Indigenous young people were 15 times as likely to be under juvenile justice supervision; and 24 times as likely to be detained as non-Indigenous young people (1). These statistics support the need for solutions that focus on strengthening Aboriginal and Torres Strait Islander culture and communities to address issues of violence.

Increasingly, the Aboriginal and Torres Strait Islander population is growing at double the rate of the non-Indigenous population; however, due to the high burden of disease and excess mortality the Aboriginal and Torres Strait Islander population have fewer adults and elders compared to the general population (2). Additionally, the high levels of loss, illness and incarceration of family members has increased the care giving responsibility that is shared amongst kin and relations. Sharing of care-giving roles is considered a norm in the Aboriginal and Torres Strait Islander culture and is usually achieved within a person's own Aboriginal or Torres Strait Islander country (3). Current government policies have forced Aboriginal and Torres Strait Islander people, in rural and remote areas, into towns and onto another person's country, making it difficult for people to find their own country's cultural support (3). The Elder's Report (2014) states that "there is no balance for young people they are more adapted to non-Aboriginal culture than their own. This is happening because we have been forced into one place into towns and away from our traditional homelands our outstations." This statement in 2014 reflects the same measures that were used to implement the protectionism and assimilation policy from the 1890's to the 1960's (4, 5).

Furthermore, a large international review led by the University of Melbourne has found children and young people experience poor mental health, depression and anxiety following experiences of racism. There is little specific information available about Indigenous young people's experience of racism (6). A survey of young Aboriginal people in Melbourne found that more than 50% experienced racism that was associated with poor overall mental health and has some association with depression (7).

Recommendations:

1. There needs to be a balance between Western culture and the Aboriginal and Torres Strait Islander culture. The Aboriginal and Torres Strait Islander culture provides children and young people with a connection to their country, which is important for addressing issues of mental health and building individual and community resilience. Therefore, support and

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services need to be provided through Aboriginal and Torres Strait Islander community controlled services by Aboriginal and Torres Strait Islander people to provide culturally competent care. Public agencies should be culturally safe for Aboriginal and Torres Strait Islander people.

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

The senate inquiry in 2009 found that one of the key issues that impact on Aboriginal and Torres Strait Islander suicides within communities is the continued occurrence of 'copycat' suicides (8), also known as the 'contagion effect' or 'cluster' effect. In QLD, the Commission for Children and Young People and Child Guardian assert that 'contagion' or 'copycat suicide' plays a key factor in 60% of suicides amongst children and adolescents whereby they have taken their own lives after the suicide or attempted suicide of a friend, relative or community member (8). The 'copycat suicide' effect is highlighted in the Elders Report 2014 and is considered to be as a result of young people following each other. Also, there are no or limited services provided for children and adolescents who have previously been in trouble and there is no safe place for them in some communities especially at night. Additionally, there are insufficient services or programs available to them to talk face-to-face with someone who understands their cultural norm of communicating on an ongoing basis (3).

The Aboriginal and Torres Strait Islander cultural communication system is an oral tradition performed in a collective environment. The collective communication style refers to the establishment of trust, within relationships, before discussing the main points (9). In the Western system a more individualist style is utilised whereby communication is about getting straight to the point and expressing ones issues directly. Understanding and being sensitive to the different systems is very important, especially since the destructive effects of colonisation. Aboriginal and Torres Strait Islander people engage with high-context culture, which means that the spoken word has less meaning and interpersonal aspects of communication have a much higher meaning (9). As a result, due to the different styles of communicating and transmitting knowledge, it is much more effective to deliver knowledge that addresses high incidences of intentional self-harm and suicide tendencies in Aboriginal and Torres Strait Islander children and young people by tailoring it to the high context cultural system to be delivered with Aboriginal and Torres Strait Islander people.

Recommendation:

2. What is required is a model of train-the-trainer requiring all the staff of the organisations that deliver intentional self-harm and suicide prevention services or programs to Aboriginal and Torres Strait Islander children and young people to have appropriate education and training with Aboriginal and Torres Strait Islander elders to develop strategies to work alongside Aboriginal and Torres Strait Islander people to address these issues in their children and young people.

The barriers that prevent children and young people from seeking help

Barriers that prevent Aboriginal and Torres Strait Islander children and young people from seeking help include a lack of support for Aboriginal and Torres Strait Islander programs and services (3). The relatively high rates of preventable injuries in Indigenous communities have been attributed to a range of factors including the ongoing effects of colonisation, social disadvantage, high rates of drug and alcohol misuse and of violence, high stress levels, residence in remote areas, poor safety standards, unsafe roads and lack of access to primary health care. The reasons for the over-

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representation of Indigenous young people in the child protection system may include the legacy of past policies of the forced removal of some Aboriginal children from their families, intergenerational cycles of poverty, and cultural differences in childrearing practices (2). Fragmentation of programs and services makes it difficult for people to find out the roles of various organisations and where to go to get the best help quickly. There needs to be a national strategy to address racism, social marginalisation, economic disadvantage, social and criminal justice issues and cultural and community life (8, 9, 10, 11). The social determinants of health also impact on children and young peoples' ability to access and afford services.

Recommendations:

3. A national strategy should address the issues that have been highlighted, time and again by organisations, that contribute to the barriers preventing young people from accessing services, such as where to access sustainable and flexible funding; how to develop and implement culturally appropriate services, like traditional healing, and cultural programs for suicide prevention.
4. Programs need to be community inclusive and driven so as to build on the strengths of the communities and enhance self-determination in program and/or service delivery.

The conditions necessary to collect comprehensive information

There needs to be further consideration of and attention to 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 (ABS) and the Australian Institute of Health and Welfare (AIHW).

For Aboriginal and Torres Strait Islander people, one's social and emotional well-being is a holistic concept that is related to family, individual and community together with one's connection to their country or land (3, 13). The impact of colonisation, past policies and practices and immense socioeconomic deprivation has had a continuous detrimental effect on the social and emotional well-being of Aboriginal and Torres Strait Islander people resulting in psychological distress and higher levels of mortality and morbidity from mental illness, assault, self harm and suicide.

In an article by MacDougall, Riggs and Lee (2014) it is maintained that Aboriginal and Torres Strait Islander led research, policy and practice, monitoring and appropriate support mechanisms ensure better outcomes are achieved for children and young people. Furthermore, to enhance self-determination in Aboriginal and Torres Strait Islander children and young people it is especially important that Aboriginal and Torres Strait Islander children and young people are encouraged to enjoy their own culture, decide and practise their own religion and use their own language alongside English as part of their life choices.

Recommendations:

5. As the problem disproportionately affects Aboriginal and Torres Strait Islander young people, the development of collection protocols and reporting should be carried out in consultation with representative groups such as the National Aboriginal Community Controlled Health Organisation (NACCHO) and the Secretariat of National Aboriginal and Islander Child Care (SNAICC).
6. Information needs to be collected through a variety of health information systems to address information needs for different purposes. National surveys such as the ABS National Aboriginal and Torres Strait Islander Social Survey and Health Survey are important for high-

level monitoring of trends and could incorporate data items that relate to key issues regarding racism, self-harm and suicidal behaviour. Currently these surveys are collected too infrequently to monitor trends and the impact of specific changes in policy.

7. Work is needed to define what information is required to inform policy and practice decisions, at what level of geography or for which population cohorts the information is needed, and then tailor data collection accordingly. Practice level information that is nationally consistent would support understanding of what services are leading to improvements in mental health and reduced self-harm that could be replicated.
8. Measures of performance are required that are integrated in the performance frameworks of health systems including Local Hospital Networks and Medicare Locals/Primary Health Networks, that feed into national performance indicators that are the reported by Commonwealth, State and Territory Governments.

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

From the Indigenous status data in the National Hospital Morbidity Database (12) for all states and territories in 2011–12, an estimated 88% of Indigenous patients were identified in public hospitals. However, the overall quality of the data provided for Indigenous status varied between states and territories and needs to be improved by a continued and concerted effort of all jurisdictions to train staff in best practice for identification in keeping with the AIHW developed guideline, and a requirement that Indigenous status be completed in the relevant health datasets, supported by specific mechanisms within the collection system. The quality of the data for private hospitals is not known.

In addition, the Aboriginal and Torres Strait Islander health performance framework 2012 survey reported that between 2006 and 2010 the deaths due to self-harm accounted for 4% of the deaths for Aboriginal and Torres Strait Islander people in the jurisdictions with adequate data quality (NSW, QLD, WA, SA and the NT) combined. The survey also found that following an adjustment of the age structure of Aboriginal and Torres Strait Islander people and non-Indigenous people the rate of suicide among Aboriginal and Torres Strait Islander people was twice that of the non-Indigenous population. Furthermore, these rates highlight the need to focus on protective factors, such as community connectedness, strengthening the individual and rebuilding family, as well as traditionally based programs that provide traditional opportunities (13).

Recommendations:

9. All health professionals involved with identification and recording of Aboriginal and Torres Strait Islander people to have mandated training in best practice for data identification and recording.
10. The data quality of private hospitals across all jurisdictions, in reference to Indigenous status, should be made readily available.
11. Programs for Aboriginal and Torres Strait Islander children and young people need to focus on the above-mentioned protective factors.

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

Currently, there is no cross-state jurisdictional sharing of hospital data. Additionally, data on the issues of intentional self-harm and suicidal behaviours of Aboriginal and Torres Strait Islander children and young people is incomplete (13). Often there are inaccuracies in the recording of self-harm and suicide, and the causes of death data are not widely published or available to states, territories or health system managers at a local level.

Recommendations:

12. There needs to be cross-jurisdictional sharing of data. This means that unit records are accessible so if a child(ren) moves from one state or territory to another we don't lose the record for that child(ren). This is especially important for Aboriginal and Torres Strait Islander populations due to the transient nature of the culture and transfers that occur across state and territory boundaries to hospitals particularly for people living in remote areas.
13. Causes of death data should be made available to state and territory governments, and regularly published to inform policy and programs.
14. The Aboriginal Community Controlled Health Sector should be engaged to develop an appropriate data collection on the mental health needs of children and young people and services provided, to monitor changes over time and to evaluate the impact of services and programs.

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

The AIHW Indigenous observatory fact sheet (14) highlights the priority for action given to children and Aboriginal and Torres Strait Islander people in the National Injury Prevention and Safety Promotion Plan 2004-2014. The AIHW continues to point out, in the National Framework for Protecting Australia's Children 2009 – 2020, its aim to reduce child abuse and neglect across Australia and to reduce the over-representation of Aboriginal and Torres Strait Islander children in child protection systems. One of the six outcomes highlighted in the framework is that 'Indigenous children are supported and safe in their families and communities.' However, the AIHW (15) shows that the national rate per 1000 Indigenous children in out-of-home care is 7.3 times the rate as that for other children across all jurisdictions, and 62% of these children were placed in accordance with the Aboriginal Child Placement Principle.

Research by Paradies et al (2012), has found that in Victoria there is an association between racism and depression among Aboriginal and Torres Strait Islander people, leading to feeling ashamed, a lack of control, stress, negative social connections and powerlessness. In WA the Aboriginal child health survey, 2001 and 2002, found that a number of health conditions, behaviours and social circumstances experienced by individuals, carers and families have an association with the social and emotional wellbeing of their children (13). This survey found that 24% of Aboriginal children aged 4 to 17 years were considered at high risk of clinically significant behavioural or emotional difficulties compared to 15% of all children. There were no results available on Torres Strait Islander children at the time of this survey. These results tell us that there needs to be a multidimensional approach when responding to social and emotional well-being in Aboriginal and Torres Strait Islander children and young people.

Recommendations:

15. What is not clear is how the Aboriginal Child Placement Principle is being delivered, through which organisations, and whether these services are adequately supported to be able to meet the needs of families - demonstrating the need for a full evaluation of implementation and service delivery of all programs and practices, across all jurisdictions, to determine their effectiveness.
16. There needs to be a multidimensional approach to social and emotional well-being in Aboriginal and Torres Strait Islander children and young people. This should involve a whole of community approach including the individual, families, communities, education providers, health services, family services and non-government organisations (NGOs). In particular, the approach must be culturally valid and at the same time recognise the role history and policy plays in the lives of Aboriginal and Torres Strait Islander people, children and young people.

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

There is little evidence to demonstrate that a public education campaign would work with Aboriginal and Torres Strait Islander children and young people. Further, it should be kept in mind that history has demonstrated that campaigns, programs and interventions that are developed and delivered to Aboriginal and Torres Strait Islander people without the complete involvement of the Aboriginal and Torres Strait Islander people, families and communities, have failed to empower this population group - hence the complete failure of the campaigns, programs and interventions (2, 3, 9, 10, 13).

Recommendations:

17. Due to the holistic and collective nature of the Aboriginal and Torres Strait Islander culture any such campaign will require complete individual, family and community engagement to deliver from a self-determining and empowerment perspective.
18. As Aboriginal and Torres Strait Islander traditions are oral, it is recommended that:
 - a. any and all campaigns for Aboriginal and Torres Strait Islander youth should be oral in nature
 - b. Aboriginal and Torres Strait Islander stakeholders should be engaged in the development, and delivery, of proposed campaigns.

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

Digital media may provide a means for improving engagement of young men with services, as suggested in the recent report of findings of the national Young and Well Survey in the “Game On” report (16). There is little specific information available about Aboriginal and Torres Strait Islander young people’s use of digital media, however Aboriginal and Torres Strait Islander young people in remote areas are disadvantaged in this regard because of lack of easy access to digital media.

Recommendation:

19. A separate strategy that involves educating Aboriginal and Torres Strait Islander children and young people, families and communities about what is considered appropriate and safe

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when using digital technologies; is necessary for this group which is at high risk of intentional self-harm and suicide.

Conclusion

PHAA supports the broad directions of the Australian Human Rights Commission and the Commissioner for Children. However, we are keen to ensure that Aboriginal and Torres Strait Islander children and young people are not indoctrinated into the Western way of thinking. In line with this submission we are seeking that any decolonised system targeting Aboriginal and Torres Strait Islander children and young people be written and implemented by those who were colonised and in this case they are the Aboriginal and Torres Strait Islander children and young people, their families and their communities. This is essential to restore balance between the Aboriginal and Torres Strait Islander cultural system and the Western system and as a means to address intentional self-harm and suicidal behaviours in this population group.

Furthermore, if success is to be achieved in reducing the number of incidents of self-harm and suicides in Aboriginal and Torres Strait Islander children and young people, we are particularly keen that the following principles/points are highlighted:

- Aboriginal and Torres Strait Islander stakeholders are to be engaged with; in order to address the alarmingly high rates of children being removed from their homes by government agencies. The urgency of this recommendation cannot be underestimated; current removal rates appear to be ongoing extensions of Australia's longstanding history of forcibly removing Aboriginal and Torres Strait Islander children from their families.
- Western policies, programs and approaches for health service delivery need to be developed collaboratively with Aboriginal and Torres Strait Islander stakeholders. Success in reducing self-harm rates and suicides in Aboriginal and Torres Strait Islander children and young people is contingent on engaging with Aboriginal and Torres Strait Islander children and young people. This will increase capacity-building and resilience, and reduce depression, and this can only occur if youth are provided services within systems that engage in processes that reflect their cultural values. It is essential that Aboriginal and Torres Strait Islander approaches enlist Aboriginal and Torres Strait Islander people in driving service delivery in mental, social-emotional well-being and physical health practices. Non-Indigenous health professionals/ workers must be provided with training regarding Aboriginal and Torres Strait Islander approaches that are conducted, developed and implemented by Aboriginal and Torres Strait Islander stakeholders.
- The generating, and tracking, of data regarding mental, social emotional and physical health of Aboriginal and Torres Strait Islander children and young people needs to be developed alongside government agencies by Aboriginal and Torres Strait Islander stakeholders and run by Aboriginal and Torres Strait Islander stakeholders in order to identify, track and share records within and between jurisdictions regarding Aboriginal and Torres Strait Islander children and young people.
- If success is to be achieved in reducing self-harm and suicide rates among Aboriginal and Torres Strait Islander youth, then Aboriginal and Torres Strait Islander cultures must not only be acknowledged, but the values held in these cultures must be incorporated into every

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aspect of health, education and service delivery for Indigenous Australians. Unless and until this occurs, it can be expected that Aboriginal and Torres Strait Islander children will remain the second highest group of children to commit suicide in the world.

- Addressing intentional self-harm and suicidal behaviours among Aboriginal and Torres Strait Islander children and young people needs to be a national priority, with a National Strategy, specific and appropriate funding. The strategy should include clear activities that are demonstrated to be implemented and evaluated using rigorous methodology in consultation with Aboriginal and Torres Strait Islander people, and performance monitoring including indicators at different levels, integrated into existing performance monitoring structures. All actions should be determined and agreed by Aboriginal and Torres Strait Islander peak bodies with the support of all governments.
- The National Strategy should include a specific data strategy with funding that will allow specific improvements to be made to existing data collections and data infrastructure. The strategy should include clearly articulated information needs at different levels, national, local and service level. Information and data collected should be targeted towards what will drive improvements in policy and service provision. Key indicators should be included in performance monitoring frameworks at the Commonwealth, state and territory levels as well as local health systems.

PHAA appreciates the opportunity to make this submission to the Australian Human Rights Commission, Commissioner for Children.

Please do not hesitate to contact PHAA should you require additional information or have any queries in relation to this submission.



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References

1. AIHW, 26/05/2014,
<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737419008&libID=10737419007>
2. Sheenan, N., Martin, G., Krysinska, K. & Kilroy, K., 2009, Sustaining Connection: Towards a Cultural Strengths Framework for Aboriginal and Torres Strait Communities, Spiritual, Social and Emotional Wellbeing. The University of Queensland. ISBN 978-0-9808207-3-7
3. The Elders' Report into Preventing Indigenous Self-harm & Youth Suicide. (pdf is available on request)
4. Couzos, S., & Murray, R., (Eds.). (2008). Aboriginal primary health care. An evidence-based approach (3rd ed.). South Melbourne: Oxford University Press.
5. Smith, J. (Ed.). (2007). Australia's rural and remote health: A social justice perspective (2nd ed.). Victoria: Tertiary Press
6. Priest, N., Paradies, Y., Trenerry, B., Truong, M., Karlsen, S., Kelly, Y., 2012, A systematic review of studies examining the relationship between reported racism and health and wellbeing for children and young people. Soc Sci Med. 2013 Oct;95:115-27.
7. Priest, N., Paradies, Y., Stewart, P., Luke, J., 2011, Racism and health among urban Aboriginal young people BMC Public Health. 2011; 11: 568.
8. Hope for Life
www.suicideprevention.salvos.org.au
9. Ranzijn, R., McConnochie, K., Nolan, W., 2009, Psychology and Indigenous Australians: Foundations of Cultural Competence, Palgrave Macmillan, South Yarra
10. Krysinska, K., Martin, G. & Sheenan, N., 2009, Identity, Voice, Place: Suicide Prevention for Indigenous Australians – A Social and Emotional Wellbeing Approach. The University of Queensland. ISBN 978-0-9808207-5-1
11. http://www.indigenoussuicideprevention.org.au/images/uploads/resources/Perth_forum_summary.pdf 26/5/14
12. National Hospital Morbidity Database 2013-13
<http://meteor.aihw.gov.au/content/index.phtml/itemId/568730>
13. Aboriginal and Torres Strait Islander Health Performance Framework (HPF) 2012
<http://www.health.gov.au/intent/publications/publishing.nsf/Content/oatsih-hpf-2012>
14. AIHW, Indigenous Observatory Factsheet
<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737419008&libID=10737419007>
15. Australian Institute of Health and Welfare and Australian Bureau of Statistics, 2008, The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2008, ABS cat no 4704.0

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16. Burns, J. M., Davenport, T. A., Christensen, H., Luscombe, G. M., Mendoza, J. A., Bresnan, A, Blanchard, M. E., Hickie IB Game On: Exploring the impact of technologies on Young Mens' Mental Health and wellbeing <http://www.youngandwellcrc.org.au/knowledge-hub/publications/game-exploring-impact-technologies-young-mens-mental-health-wellbeing/#sthash.JXY1IaxA.dpuf>
17. MacDougall, C., Riggs, E., Lee, V., 2014, Writing a new story for Australia's children. Australia and New Zealand Journal of Public Health, Vol. 38. No. 3

Extra References

AIHW 2010. National best practice guidelines for collecting Indigenous status in health data sets. Cat. no. IHW 29. Canberra: AIHW. <http://www.aihw.gov.au/publication-detail/?id=6442468342>

Tatz, C., 1999, Aboriginal Suicide is different. Aboriginal Youth Suicide in New South Wales, the Australian Capital Territory and New Zealand: Towards a model of explanation and alleviation. A report to the Criminology Research Council on CRC Project 25/96-7

Annual Report: Deaths of children and young people Queensland 2012-13. The State of Queensland (Commission for Children and Young People and Child Guardian) 2013, ISSN: 1833-9522 www.ccydpcg.qld.gov.au/resources/publications/report.html

SNAICC, 2014, Secretariat of National Aboriginal and Islander Child Care: Advocating for the needs of Aboriginal and Torres Strait Islander children. <http://www.snaicc.org.au/news-events/tx-view-article.cfm?loadref=32&id=1424>

National Framework for Protecting Australia's Children 2009-2020. Australian Government Department of Social Services. <http://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/protecting-children-is-everyones-business?HTML>

W.H.O. Developing policies to prevent injuries and violence: guideline for policy-makers and planners. http://www.who.int/violence_injury_prevention/publications/39919_oms_br_2.pdf

Research and evidence in suicide prevention <http://www.livingisforeveryone.com.au/uploads/docs/LIFE-research-webpdf>

Tell them they're dreaming <http://oyh.org.au/sites/oyh.org.au/files/tell-them-theyre-dreaming-view.pdf>

National Aboriginal and Torres Strait Islander Suicide Prevention Strategy May 2013 [http://www.health.gov.au/internet/main/publishing.nsf/Content/305B8A5E056763D6CA257BF0001A8DD3/\\$File/Indigenous%20Strategy.docx](http://www.health.gov.au/internet/main/publishing.nsf/Content/305B8A5E056763D6CA257BF0001A8DD3/$File/Indigenous%20Strategy.docx)

Protecting Children is everyone's business – National framework for protecting Australia's children 2009-2020 <http://www.communities.qld.gov.au/resources/childsafety/child-protection/national-framework.pdf>

Child review and consultation in Western Australia https://www.iccwa.org.au/useruploads/files/child_injury_review_and_consultation.pdf

Northern Territory Department of Health – Strategies NT suicide strategies http://health.nt.gov.au/NT_Suicide_Prevention/Strategies/index.aspx