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

Submission from CYPMH

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

Many young people aged 12-24 are referred to Children and Young People's Mental Health (CYPMH) because of suicidal behaviour and intentional self-harm.

During a designated one year period, the most prevalent presenting issue for young people aged 12-24 accessing CYPMH were suicidal ideation followed by deliberate self-harm and depression.

While there are some limitations to these statistics, at least 38% of young people accessing CYPMH experience suicidal ideation and 22.7% deliberate self-harm. Discussion with clinicians and management suggests that the incidence of self-harm exceeds these numbers as self-harm is a symptom of a diagnosis, and in many cases only the diagnosis is recorded. This means that the prevalence of self-harm is not accurately recorded.

The most common reasons young people who access CYPMH engage in intentional self-harm is distress management.

From the perspective of CYPMH staff, there appears to be a rise in the incidence of self-harming behaviour as a distress management strategy in young people. This may be related to societal changes in terms of parenting norms and/or social media.

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

A main factor that contributes to the contagion of self-harming behaviour is social media.

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

Two significant barriers to young people getting the care they need is 'disappointing parents' and a lack of services.

Many young people do not seek help as they are unwilling or afraid to tell their parents that they are self-harming or struggling in any way. In addition, young people have trouble accessing services when they need help. There are no drop-in services available for young people to access for clinical support after hours.

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.

More funding for research and support positions to 'support' clinical services and staff in capturing this data would help towards managing this issue.

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.

As self-harm is a symptom rather than an 'illness' it is often not recorded.

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.

We would like to see more funding towards early intervention and prevention.

The development of more programs that better prepare parents to equip children with healthy coping strategies is crucial. For example, the relationship between insufficient sleep and exercise in children and the experience of distress (and, in turn, self-harm) is well-established. The development and implementation of programs that ensure parents have the necessary information, skills and support to raise resilient children with healthy coping strategies could be an effective prevention/early intervention strategy.

Furthermore, funding for research and the development of clear clinical guidelines for working with young people who self-harm is essential. There is a general lack of treatment protocol and clarity on best practice is needed.

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.

We believe that public education campaigns can be very effective.