

Professor Gillian Triggs
Human Rights Commission
GPO Box 5218
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Dear Professor Triggs.

Please find below my response to your request for submissions into “intentional self harm and suicidal behaviour in children”.

I apologise in advance for the absence of academic format and professionalism. I have written this submission based on actual events and from the heart. I am a Mum who was cast into that dark time very unexpectedly. My son is now 20 and I have shared our time with you in the hope someone listens. First let me clarify that I am the parent caring for the young person who self harmed, not the self-harmer or the person with suicidal behaviour.

One of your questions remains unanswered as it seemed a little beyond my circle of understanding, however I may understand if it is worded differently. It's not easy to share in written words exactly how events have occurred and what worked and didn't work. Obviously I haven't been able to share every detail, such as the events that occurred at the high school [redacted] was attending that lead to him not returning. The lengths some organisations will go to in order to “not” deal with self harming and the involved parties defies the fundamental “basic duty of care”.

[redacted] survived the darkness of self-harm and suicidal tendency, however my son is physically scarred for life and at one point I thought he might meet with the ultimate darkness, suicide. [redacted] is well aware of my plight to reach out and help other parents and carers and supports the sharing of our life experience if it will help but one person.

I have written of my time raising [redacted], his self-harming and the implications of his action.

As I pen this letter to you I am moments away from meeting with a wonderful young lady who “got it” when I contacted her organisation for help. Fortunately [redacted] was a part of an investigative study into self-harm and the like a number of years ago in the [redacted] immediately responded to my proposal and offer to investigate setting up a support group founded by parents and carers of young people experiencing such sad and debilitating behaviours that unfortunately often lead to suicide.

I thank you most sincerely for considering my submission. I have written honestly and factually. As there is much more of both mine and life story that has been left out, I am available if your team have further questions and would ensure my availability at a time that might suit.

Thank you for addressing an issue that is somewhat taboo and shining light into the darkness of self harm and suicide.

Kind regards

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

- is ASD – He was diagnosed with mild Asperger Syndrome at the age of 5 in
- prior to school and at a very young age would deliberately hurt himself. Squeezing his hand in between the swinging mechanisms on the top of his Hills swing set was just one way he would inflict a wound on himself. At the time he would proudly show his wounds to me. My initial shock at what he was doing was quickly replaced with a response masking any emotion so to not draw attention to what he was doing. I was taught as a new mother to dismiss any action that was not appropriate so not to provide the attention the child apparently sought at the time. Additionally, would bang his head on the floor, seemingly to me for no apparent reason. In hindsight, this was, these were, the first signs of his tendency to self-harm. However it was never acknowledged as a self harming action by “experts” we were seeing for his behaviour at the time. As a first time parent I knew no different and no professional was concerned when it was mentioned, other than to say he was attention seeking.
- life situation at the time he was transitioning into year 11, age 14 / 15, was one of turmoil, confusion and developing hormones. was a challenging child throughout high school, ASD is a challenge. Girls were not of any consequence until was about 14. It was at about 15 a young girl impacted on emotions and held little understanding for or knowledge of ASD. She “did his head in”. was bright at math and industrial design skills bought out his talent for handcraftsmanship. His support teacher at high school was a tremendous help, however, school administration labelled him as a disruptive, naughty, defiant young lad. As did the psychiatrist “You’re just a defiant naughty boy aren’t you?” were words that will forever be etched into my memory. We never returned to office after that incident and were referred to CYMHS where we regularly saw a clinician. Until mood was at what seemed to be an all time low, and he refused to attend further.
- had been accused of being a negative influence in his little brother’s life – A claim presented during a family report writing session by the father of his brother. is and always has been committed to the protection of his brother and took this claim very personally and to heart. I believe it was at this time he began the journey of self-harming and MUST be investigated further as there are many children subjected to this tumultuous court process every day. The torment both my children experienced at the hands of our legal system added to decline in mental health. This process requires review to prevent possible future negative impact on other children.

- was introduced to self-harm by a young lad at high school as a way to vent his feelings and “get out” what was emotionally affecting him. How do I know this? The young lad who introduced to it told me directly, and was later confirmed by
- high school community, with the exception of his support teacher, was a place of condemnation and ignorance. When high school administration fails to call an ambulance for a child who has sliced both legs from thigh to knee and is clearly in a state of shock when I arrive at school, there is clearly an abandonment of their “duty of care”.

2. The incidence and factors contributing to contagion and clustering involving children and young people.
 - Unfortunately this is one question you might want to ask me personally and is one that I do clearly not understand. Please don't disregard my lack of knowledge on paper; by posing the question differently I may have an answer.

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

- Being told by health care practitioners they're - naughty, defiant, attention seeking.
- Lack of support from, and understanding, by family members of the emotional and psychological upset they're experiencing.
- Lack of understanding and support within the school community.
- Inability to verbalise their feelings for fear of retribution from others.
- Fear of reactions exhibited by parents and carers.
- A fear that parents and carers will be unfairly judged for their actions by others.
- When help is required by a child it is often at the most critical moment. Often phone help lines place people on hold resulting in the person giving up. Physical location of help centres often prevent access to help, young people often don't have licences or money or even the knowledge of how to attend organisations.
- Not knowing that there are people within their school environments who may be able to assist.
- A current situation in our home has revealed my stepson, 10yr old, wasn't even aware of the guidance councillor at his primary school when his mother told him she had made a regular appointment for him, without his consultation and knowledge.
- Parents are often left to their own uneducated guesses as to how to help their young people from within the family home.

- 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.
 - Any environment needs to be treated with the utmost respect. One on one questioning of carers and teens, online questionnaires, reports from facilities treating self harm injuries as soon as the incident is reported. Such action needs to be taken immediately, otherwise, which is the case for most, you may find that carers are too embarrassed to share or feel intimidated by their surrounds and the young people partaking in the self harming may feel the same. Community level engagement is where collection of information will be most true and real. High schools speak of knowing about the problem yet do little to assist, which begs the question, why?

- 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.
 - Many of my answers address blockages in the system. The system is top heavy with dominance and judgement directed at both the young people and their carers. Put people in jobs that have experienced such turmoil first hand, provide training in the field so they might connect with and help others prevent further injury and offer empathy rather than judgement. As I mention further down, I have raised my hand publically via “Change Day 2014” to speak out, however most perceive my plight as me being the self-harmer. I AM NOT! I am the mum who walked alone during that dark time, trying to help her son, who wants to put a light on for others so they don’t feel alone like I did.
 - Carers Australia exists for carers, yes, however, they too misinterpreted my communications to them, obviously due to their lack of persons who have experienced living with a self-harming, or suicidal young person. These places are great, but they lack “actual” experience. No textbook or university degree can prepare you for or give you insight into the “actual” experience.

- The benefit of a national child death and injury database, and a national reporting function.
 - This would gain insight into the demographics of self-harmers and may assist in tailoring appropriate assistance accordingly.

- 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.

- Headspace, CYMHS and many others.
- The problem is locations. Self-harming isn't just happening in however the only Headspace location for other than How is a young person who doesn't drive and doesn't have an income or money, access these places? How do parents access the help I speak of if it isn't within the community.
- One practice that greatly assisted was skateboarding. It wasn't until after several occurrences confided to me he was leaving the house late at night with his skateboard. He would skate many kilometres. I was at first concerned with his safety at night, however explained that it helped him work out the confusion and mess in his head. I had to trust and hope he would be ok because the alternative was far worse. shared he skated one night from , across to , across to , down to the to and back up to . When realised he was not going to be judged by me, criticised by me and was instead given positive support he shared more of his skateboarding travels. As a parent I had to let go of the obvious control that most parents (myself included previously) exercise to their young people and trust that if it was his way to change his behaviour and not self harming or worse then it was ok on some level. My concern and worry of course remained as a mother; I'd rather he was skating than cutting and bleeding.

- 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.
 - YES YES YES! But you need people who have lived it, who have worn the shoes I have worn, who have experienced the aloneness of caring for and parenting self-harmers and young people with mental health issues. You need people who can genuinely connect with the families and friends who are trying to help and prevent further instances of self-harm or prevent the ultimate in self-sacrifice, suicide. It's what was missing when I was going through it and I really hope you listen.
 - I really could use your help and I believe with all my heart, you might benefit from mine as a Mum. I'm willing to stand up and step out and extend my hand, my ears and share my experience with other parents and carers who are traversing these dark and traumatic times. If we could reach the carers and start there, we might have a chance to reduce the incidence of self harm and one day prevent it completely. I'm "just a mum" a mum who would do anything to help other parents and carers but I need your help, you have the knowledge, the experts the teams in place. I have the physical, first hand experience of wearing the shoes. I have bought the domain with the intention of creating an online presence for other parents and carers who find themselves wearing the shoes I have taken off. I hope, through guidance of professionals, this group will be a physical and online group who address the mental health issues currently plaguing our young people.
 - 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 answer is simple... set up High School Help Centres, set up places within the suburbs that are easily accessible. It makes sense to have the HELP where it's happening. Not just a Chaplain, not just a Councillor, real people with REAL experiences that can be reached out to when needed, without having to travel miles, taking time off work to get help and face further ridicule. These places need to be accessible outside normal hours and with in normal hours.
 - Skateboarding and physical activities as mentioned above, hold some community days at locations where young people "hangout" encourage parents to attend

- Don't make this all about FUNDING, I'm acutely aware of that being the issue for everything and everyone. "We don't have funding". Building the capacity of our community to respond appropriately is the key. If we all work together to make this happen and we do it to save lives and reduce and or eliminate self harming then isn't it worthwhile? There are billionaires, millionaires and people who could help, people who if they actually SAW someone like me who has nothing but wants to step out to help others might offer assistance. They would help if they knew their money was actually going to help others and not line the pockets of CEO's, Managers, and "Fat Cats", particularly those who have NEVER experienced these dark times as either the patient or carer or parent.

- 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.
 - I don't really think digital technology is going to prevent a response to intentional self-harm, however as mentioned above it may provide avenue for a response. Change starts with the carers within the living environment, schools and the community, through supporting and educating them about how to connect with and care for their teens and young people experiencing these difficulties. Digital technology may have helped prevent his self harming had I been aware of the signs earlier, had I had a place to turn to seek advice from people who'd experienced it themselves so they might have shared what worked for them, what didn't and what they, in hindsight, could have tried. I needed the guidance and the help to help I needed empathy and support from people who had experienced what I was going through. As I have mentioned, there was nothing and no person available to talk to who had actually worn my shoes. To date there has been very little change.