

Ms Megan Mitchell  
National Children's Commissioner  
Australian Human Rights Commission  
GPO Box 5218  
SYDNEY NSW 2000

Dear Ms Mitchell

**NSW Ombudsman submission to the Australian Human Rights Commission's examination of intentional self-harm and suicidal behaviour in children**

Thank you for the opportunity to attend the recent national roundtable (NSW) on intentional self-harm and suicidal behaviour in children, and to provide a submission.

Since 1996, the NSW Child Death Review Team has been responsible for reviewing and reporting on child deaths in NSW. The Team reviews the deaths of all children in NSW, with the purpose of preventing and reducing the likelihood of child deaths. The functions of the Team include: maintaining a register of child deaths and identifying trends in relation to those deaths; undertaking research that aims to help prevent or reduce the likelihood of child deaths; and making recommendations as to legislation, policies, practices and services to prevent or reduce the likelihood of child deaths.

Between 1996 and 2013, the suicide deaths of 321 children were registered in NSW, ranging in age from 10 to 17 years. Suicide is the second-leading cause of death of young people aged 15-17 years in NSW, after transport fatalities. The Team has reported on youth suicide deaths in considerable depth over the past 18 years, including its annual reports and its 2003 report on suicide and risk-taking deaths.<sup>1</sup>

In April 2014, the Team tabled a special report to Parliament on the causes of death of children with a child protection history in 2002-2011. The report included analysis of child deaths during the 10-year period by the Australian Institute of Health and Welfare (AIHW), examining differences in the causes of death of children with and without a child protection history. In relation to suicide, the analysis identified that over the 10-year period:

- The suicide mortality rate of young people aged 10-17 years in NSW was 2 per 100,000 children (ranging between 1.4 and 2.8 per 100,000 over the decade).
- Controlling for other variables, child protection history significantly increased the odds that a death was due to suicide. The suicide rate for children with a child protection

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<sup>1</sup> NSW Commission for Children and Young People (2003) *Suicide and risk-taking deaths of children and young people*

history<sup>2</sup> (6.3 per 100,000) was four times the rate of children without this history (1.5 per 100,000).

- While there was a significant decline in suicide mortality rates for children with a child protection history, there was no significant change in the rate for children without this history.

Data on youth suicide trends in NSW are available in the Team's annual reports, publicly available on our website: [www.ombo.nsw.gov.au](http://www.ombo.nsw.gov.au). In addition to demographic and trend information, the Team's examination of, and reporting on, youth suicide deaths registered in NSW includes detailed consideration of factors including:

- intent and precipitating factors
- risk factors, including mental health concerns, previous suicidal behaviour and self-harm, substance use, childhood trauma, and interpersonal and personal stressors, and
- agency contact with the young person and their family.

Noting the information the Team has put in the public arena on youth suicide, this submission is focused on the key issues arising out of our work that we believe warrant consideration by the Commission as part of its examination of intentional self-harm and suicidal behaviour.

### **Reporting data on youth suicide**

The problems with suicide data collection are well known and have been clearly documented in national inquiries, including the lack of a national systematic and consistent approach to data collection, and under-reporting of suicide in Australia.<sup>3</sup> We note that a range of activities have been undertaken in recent years to seek to address these issues, including the Australian Bureau of Statistics (ABS) revisions program for coronial data; and implementation of priority projects by the National Committee for Standardised Reporting on Suicide.

Given that the issues are well documented, we will not detail the concerns in this submission. The National Committee and others are best placed to advise the Commission on the progress of work to address the longstanding data collection and reporting problems. However, we would emphasise that the Team's work in reviewing and reporting on the suicide deaths of children over the past 18 years has highlighted the need for the development of a national minimum data set for suicide registers, and consistent reporting on youth suicide, including all ages.<sup>4</sup>

### **Identifying and targeting prevention measures**

The Team's reviews have highlighted the multiple and complex factors involved in the suicide deaths of children and young people. Many had multiple risk factors, typically diagnosed or

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<sup>2</sup> Children with a child protection history comprised children, or siblings of children, who were the subject of a report of risk of harm to the Department of Community Services within three years prior to their death (2002-2009); and children (and siblings of children) who were the subject of a report of risk of harm/significant harm to Community Services and/or to a Child Wellbeing Unit within three years prior to their death (2010-2011).

<sup>3</sup> Commonwealth House of Representatives Standing Committee on Health and Ageing (July 2011) *Before it's too late: Report on early intervention programs aimed at preventing youth suicide*; and the Senate Community Affairs Reference Committee (June 2010) *The Hidden Toll: Suicide in Australia*.

<sup>4</sup> In this regard, the Team notes that, while it has reported on the suicide deaths of children as young as 10 years, national data on suicide deaths has typically been truncated at either age 12 years or 15 years. In addition, the age groups reported in national data (such as by ABS and AIHW) have not aligned with the Team's jurisdiction of deaths of children aged 0-17 years. For example, national data on youth suicide has historically reported on the deaths of young people aged 15-19, 15-24, 12-17, or 12-24 years, without detailed breakdowns within these age groups.

undiagnosed mental health concerns; difficult family circumstances, such as family conflict, strained relationships, exposure to family violence, or parental divorce/ separation; difficulties or stress associated with school/ education; and previous suicidal behaviour and self-harm. However, it is important to recognise that this is not always the case – some young people who died of suicide did not have evident risk factors, and had not been on the radar of family or services as being at potential risk.

As noted in numerous reports and strategic plans on the topic, while there is extensive research into suicide and suicide prevention in Australia, the complexity of the factors involved and the different responses of individuals to particular circumstances presents challenges in identifying interventions that are most effective in preventing suicide. In this context, evaluation of suicide prevention strategies is critical to inform best practice and identification of effective strategies to guide future efforts.

In NSW, the *Suicide Prevention Strategy 2010-2015* and its associated implementation plan guide whole-of-government actions to reduce suicide and suicidal behaviour across six strategic directions. Since 2010, the Team has monitored progress on three recommendations directed to NSW Health in relation to the Strategy, focused on making use of new media to deliver prevention services to young people; developing resources to educate young people on the importance of passing on suicide risk concerns about peers; and increasing collaboration between schools and youth mental health services. While the Team continues to monitor progress in relation to the development of resources to support safe and effective discussion of suicide,<sup>5</sup> we are keen to see progress towards evaluating the broader Strategy.

The Strategy indicates that it will be independently evaluated (linked to key performance indicators), to provide the basis for future suicide prevention strategies in NSW. However, while the evaluation of the Strategy was due to start in 2012/13, there is currently a lack of clarity in NSW as to which agency has lead responsibility for this important work. The Team will continue to pursue this issue and report on progress through its next annual report.

There is a continuing need to ensure that there is clear coordination of activities to identify and target youth suicide prevention strategies; and consistent evaluation of, and public reporting on, the effectiveness and outcomes of the strategies. We note that there are many government and non-government organisations undertaking work in this area, and it is not always evident whether, and how well, the activities are coordinated to minimise duplication of effort and maximise efficacy.

Yours sincerely



Bruce Barbour  
**Convenor, NSW Child Death Review Team**  
**Ombudsman**

2/6/14.

<sup>5</sup> Further information about the Team's recommendations and associated agency implementation in relation to the Strategy can be found in the CDRT annual reports on deaths in 2009 onwards.