2.6.2014

Attention: National Children's Commissioner

RE: Submission Response Examination of Intentional Self-Harm and suicidal behaviour in children.

I wish to submit my response for your consideration; this submission will address the following issues:

1. Why children and young people engage in intentional self-harm and suicidal behaviour.
2. The incidence and factors contributing to contagion and clustering involving children and young people.
3. The barriers which prevent children and young people from seeking help.
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.

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

In my experience as a Social worker factors that contribute include:

- I have observed and worked with children and their parents presenting with complex relational factors and associated trauma. The children and young people can be experiencing emotional disconnection from the most important people in their lives and miss deeply the connection that validates and nourishes them. An inability to seek comfort or be comforted can increase tension, irritability, reactivity and an inability to simply relax.

- In practice I come into contact with families, often at a time when a parent and/or parents themselves are experiencing, (very often have experienced for long periods) a depressive illness often including social anxiety.
- Parents through their own struggles can retreat emotionally and physically while being present in the home.
- Adults using self- harm to cope with their own pain (does occur) and children can become aware.
- Children can see times adults become apparently calmer after harming themselves, when in fact what has occurred is a sense of non-feeling numbness. The state of calm is actually a result of an adrenaline response.
- I have had conversations with parents following a suicide in the family or friendship network, comments can include a normalising of suicide as an option that took away someone's pain/problems they could not cope with.
- Clients have reported, in their experience self- harm can be a way of relieving pain and tension, put an end to suffering.
- The context of self- harming can be single, ongoing or cumulative experience children and young people have seen modelled within family/friendship systems and explored through social media.

Working with adults has involved safety planning, and exploring ways for gaining relief and support, specialist intervention.
Research has pointed to the addictive aspect of self-harming the adrenaline and calming associated with disassociation. The pain increases endorphins that create an analgesic effect all these factors have come under the control of the person harming them-selves.
There is an association with taking control back responses that are both physiological and psychological can occur based on fear and avoidance.

Bring into this the fact that it is a child or young person presentations can include; hyper arousal, hyper vigilance, and hyperactivity, regressive behaviours. I have worked with children that are functioning predominately through an internal self-focus, with a reduced capacity to attune to others and environments around them, in these situations it is not difficult to understand that the child is seeking to self soothe.

I have also seen however, that once supportive interventions and parent attention that is responsive loving, caring and unconditional is in place the child has moved on and stopped self-harming. I have followed up and stayed connected with a family and checked in for some time afterward, the self-harming has not reoccurred. There can be periods of family tension again, however the child concerned has chosen other means of addressing the tension and frustration and need for relief.

Additionally

- Consideration could also be given in terms of getting a wider picture of health and wellbeing; implications include patterns of family violence, family use of emergency relief, numbers of children presenting to bulk billing, (GPs) and emergency departments in local hospitals.

- Research has pointed out that children can use their bodies to relieve tension or act out impulses. The child/young person from 12-18yrs can understand appropriate behaviour but lack self control/insight.

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

   Factors for consideration

   - Essentially identify the wider factors that influence positive outcomes – are these factors present in the local community?
   - Parental risk factors - measured and contrasted with positive factors.
   - Research points to the fact that strengthening communities strengthens child and family resilience.
   - An indicator a child/young person is having difficulty can be identified in terms of behaviours (including connectedness with peers social skill development) school attendance and pattern of school support services usage and availability.

   I am aware of occurrences of children in lower level primary school grades being placed on part- time school attendance, due to complex behaviour presentations the school cannot manage. Any breaks in school attendance authorised by the school sets up patterns of disengagement with peers and learning environments and lack of opportunity for practising social and emotional learning, at a critical point of a child's development.

   School can also provide a break for children from chronic stress of home situations, in the environment of school children are exposed to help for regulating emotion and arousal through the normal school settings.
   To be separated from the holistic supports schools offer vulnerable children is to limit opportunity to enhance a child's developing self-concept, self identity, relationship formation, and cognitive development.

   Additionally:

   - A child can from a young age internalise negative self- talking fuelled by poor self-concepts and negative thought patterns.
   - Adults in positions of power in communities can have considerable influence on children directly and indirectly in terms of labelling and isolating children, young people and their parents.
   - The incorrect appointment of a School Principal in a high and complex school community can have an impact that can continue well past the Principals term of appointment.
   - The school environment offers an alternative system of beliefs and experiences.

- The reverse is also true; I have seen the impact a Principal can make in generating creative, alternative options to help children that are struggling. These Principals are open to alternative social and emotional learning curriculums, with a focus on preparation and readiness for group interaction and the curriculum.
- Being able to recognise the vulnerable child and developing a response that considers the child's state of arousal underpinned by an interpersonal element can be a point of change, and meaningful supports for the family.
- A Principal can make a huge difference across a school community by being proactive and inviting in to the school resources from the community to help children and their families that are having difficulty. By doing this the school can really generate energy with strong child centred and family led focused supports.

The Victorian Government document *Every Child every Chance* pointed out in 2008

'The presence of one or more risk factors, alongside a cluster of trauma indicators, may greatly increase the risk to the child's wellbeing and should flag the need for further child and family assessment, using the Best Interests Case Practice Model'.

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

Factors for consideration

- Children can become locked into the pattern of family secrets; not trusting others and not seeking real help for what is actually occurring, because no one actually trusts any-one else outside the family culture and system .

- Children have become accustomed to hearing conflicting messages and seeing the calming and experiencing for themselves the sense of calming that can occur with self- harming, in this regard children and young people cannot necessarily relate to community values and stigma.

- Repeated notifications to child protection, with occurrences of child abuse/neglect present in family patterns, families can be well known to local service providers, schools, and police and child protection services. Research has long made the link that the child's mind, body and emotions are impacted upon by the adults in their lives. However, after the disruption in the family; children experience frustration repeatedly when they see no real value or change in their family after any form of intervention.

- Things go back to the normal status quo in the family, when the light on the family goes away and any focused attention. Children can see no value in risking outside support (repercussions/disruption)

- In my experience children seek connections with others often repeatedly in their family system; children will repeatedly try to have a meaningful

connection with the people in their lives that can also be a source of harm. Often these very children have few options for tension relief in their lives, when they seek comfort and soothing, and reassurance the capacity of their parent/caregivers to be available to them is limited.

- A history of neglect or abuse, state care, placement of siblings a pattern of learned avoidance of adult authority figures; it is not difficult to understand factors that compound a child's sense of being self- reliant almost exclusively on their own resources.

3. **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.**

Considerations include

- Any proposed intervention in my view needs to have an understanding- that in fact there is as degree of relief associated with self-harming experiences and this is shared on social media. Young people and children may have difficulty with understanding any associated shame and social stigma attached to the self-harming and suicide. In some sub- cultures there are differing values and views expressed and children and young people are exposed to these views.
- For children /young people self-harming is not necessarily a high risk taking behaviour as they can feel disassociated from their bodies, and it is rationalised as not hurting others, self-focusing and withdrawal has been occurring for some time, they can feel it is a choice they are freely in control of making.
- Bystanders in the family have not acted or necessarily reacted in the past – to escalating changes in behaviour or even noticed these changes to create any impetus or motivation to change this behaviour.
- Children and young people may have a set pattern of accepting loss, and reduced capacity to attune to others this can include escaping from adults and peers into self absorption.
- Secrecy becomes normalised in situations to avoid judgements.
- We know from research that trauma survivors have developed ways of surviving that relies heavily on their own resources and avoids relying on others. Children /young people cannot at times understand the concerns others may have for their bodies and looking after their bodies is not a priority. Self- harming has a relief aspect as well as a cry for help, children and young people that have been abused research points to the fact that their bodies and sense of self can have dissociation.

In my view interventions focusing on helping the child/young person struggling with their internal conflicts and family peer relationships, in a safe therapeutic context is an aspect of intervention that can be offered as part of a holistic individualised response.

The following programs approaches represent examples that offer insights into practices that add opportunities for consideration in terms of the factors that can effectively target and support children and young people who are engaging in the range of intentional self-harm and suicidal behaviours.

These practices can be considered for adaption with specific groups ,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.

Family group work – programs with a therapeutic *Mindfulness* application

Goldberg &Goldberg (1999) noted the value in undertaking a Post-modern clinical outlook in family therapy; the implications include the worker having permission not to be an expert but rather to work alongside the family in a collaborative manner essentially –

"The therapist learns to do something with the family rather than to the family

> There is a greater acceptance of eclecticism. Moving beyond employing specific intervention techniques, the therapist can more readily combine techniques (cognitive, systematic, constructivist or modalities (individual, couple, family) There is an increased likelihood to attend to a diversity of issues. By avoiding being boxed in by connectionist views of normal family life, and not looking for the "truth" of the situation, the therapist can learn about differing views offered by different family members.
>
> Clients and therapists alike are empowered by believing the situation is changeable. If accounts of misery or personal failure that troubled families bring to therapy are redefined not as "truths" but rather social constructions, the hopes for developing alternate accounts of their lives become attainable".
>
> (Goldberg & Goldberg 2004.pp.324-325)

Program material and activities designed to support holistic intervention with entire families in small groups through a range of learning and development processes with a focus on mindfulness as a means to soothe the mind within an overall family therapy framework. Experiential family therapy as an approach has a strongly client and individual family centred methodology this approach can be seen to have much in common with the following humanistic objectives: personal fulfilment, encouraging of sensitivity towards others, self-awareness, learning and growth , unpacking suppressed emotions and dissatisfactions and addressing these factors as they present .

The experiential family therapy approach considers the individuals experience within the family and the growth of the family system as a whole. This way of working includes challenging negative patterns to assist in building secure relationship bonds.

Virginia Satir a humanist orientated family therapist stressed the value of clarifying communications and understandings between family members in order to support self-esteem and self-worth for all family members.

Goldenberg and Goldberg (2004) noted that Satir viewed the role of a family therapist from a humanistic experiential model as, “one of helping people gain access to their nourishing potentials and teaching people to use them effectively”.

Relationship Based work with the Child in Mind at all times

Central to Family group work programs needs to be the child focused and the collaborative narrative that encourages all family members to engage their imagination and curiosity for mutual creativity generated through relationship.
Working with children and young people and their families program content needs to encourage engaging through playfulness allowing humour and warmth to emerge while parents attune themselves to their child’s experience. Whatever issues may be present in the family situation or what they may have been through communication is often a factor that undermines the capacity of family members to move onwards together. Having a playful approach can ‘bypass’ the problem saturation and parent blaming and encourages reconnection and healing.

Chasin and White (1989, p.5) noted the following

> “Each child brings to the session not only a separate viewpoint, but also uniquely evocative and contributory modes of communicating, often characterized by immediacy, spontaneity, and refreshing candour’. To this we would add humour, laughter, and opportunities for parental growth and change. “
> (Freeman. J. Epston. D. Lobovits.D.pp.75 1997)
>
> Working with children, young people and adults there are clearly differing stages of development and life cycle factors occurring as well as adjustments to role changes and/or situational crises and family stress levels. The need to be flexible, responsive and adaptable is necessary in order to be able to develop an effective intervention.

Child Inclusive Practices requires the worker to ensure practice that supports and enhances the following

- Opportunities for the child’s voice to be heard.
- Explicitly take into account the child’s view in conflicting family situations in any services provided.
- The child’s “voice” can be expressed in a variety of forms; explore And tailor to each child.
- The child’s voice as such can be silent.

- Children must not be intimidated or interrogated in any way and they must be given opportunity to respond; if that is the child's choice.
- Children and young people at all times remain voluntary clients
- No form of deception should be involved in consulting with children. children must be approached in an honest manner at all times.
- Children must not be placed in a situation or environment that presents a threat to their wellbeing. In consulting with children adults must consider the child's health and well-being.
- Any adults interacting with children in a professional or personal role should adhere to and reflect children's rights.

When interacting with young children Bush and O'Reilly (1998) noted the following,

> "This child centred focus is maintained by creating 'good process'; that is a process that respects the strengths, skills, abilities and traditions of those involved. A good process adds value and helps to ensure beneficial, safe and learning experiences that will extend beyond the moment."
>
> (Bush, D. O'Reilly, B. pp17. 1998)

Child Focused and Family Centred Practice -Brain Development Research Informing Practice

Over the last twelve years there has been significant advancement in the area of brain research today we know how the brain develops and which part of the brain is responsible for various functions, significant findings have been able to interpret the impact of abuse related trauma on children, their behaviour and their beliefs about themselves and their relationships.

Making this information available to the wider community and parents through public education campaigns linked to reducing harm generalised and specifically linked to campaigns aimed at reducing the number of children and young people who engage in intentional self-harm a potentially suicidal behaviour .

The role of the limbic system as the neurologic centre for controlling emotions and motivation has provided new understandings of how best to work with children. Today we realize that children are emotionally beings that are essentially learning to regulate and control their impulses through maturation.

Many actions are influenced by the child's emotional state and feeling of well-being the importance of positive relationships and interactions from significant others can positively influence the developing child's self-concept self-esteem and well-being. Research has pointed to the importance of nurturing and responsive relationships in building healthy brain architecture that provides a strong foundation for learning, behaviour, and health.
The brain develops through the creation of neural pathways which connect different regions of the brain together. The greater the integration of these pathways, the more adaptable children can become to their current and changing environment.

Research from the Australian Childhood Foundation in relation to children that have experienced trauma indicates the following;

a. Children are very vulnerable to the effects of trauma due to their brain's developmental immaturity.
b. With under-developed cortical resources, children find it difficult to understand why they were mistreated, or what has triggered the event.
c. Children have an under-developed vocabulary for feelings, and find it difficult to identify, name and express feelings.
d. Children need secure relational experiences in order for them to feel able to explore their world.
e. A child's brain is so malleable, the impact of trauma is faster to manifest. It leaves deeper tracks of damage; therefore a child's brain requires intensive, collective effort to change patterns of activation and responses.
f. Children that experience trauma do not easily understand or engage with consequential learning. Their brains are over-activated they find it hard to take in new information for learning.
g. Children can shut down emotionally and cognitively and stay this way, they can simply fail to engage in anything of interest for fear of being hurt again, simply put – they can tune out, and go to a world of their own that can include being disconnected from their feelings. These children can find it hard to take any action to reduce stress and let it build, they can bottle up their strong emotions, and at times their behaviour and actions are little understood by the adults around them.
h. These children have little capacity to be self-aware; in terms of how much they are affected, and can engage in risk behaviours in order to feel and stop the void of not feeling, to feel something even if it is pain. (self-harming)
i. Children can take on adaptive responses that have become maladaptive patterns of functioning.
j. Children that have experienced abuse and neglect have brains that have been found to not be as well integrated as the brains of non-abused children. This can help explain why abused and neglected children have significant difficulties with emotional regulation, integrated functioning, learning and social development.
k. Children that have been abused and neglected can have disorders of attachment due to their birth-parents lack of nurturing /sensitive responsive interactions with them.

Family work in Context with *Mindfulness*

Through a range of practical exercises the practice of 'Mindful-awareness 'is developed, with the specific focus on children's life skill development and family/cultural relationship contexts. This material is designed to help children and families develop skills in addressing stressful situations in a healthier manner, with a strong focus on reflection and child centred exercises supporting resilience, and self-understanding.
The content in each session is designed to enhance participant's ability to be reflective, and recognize, name and manage their feelings.

Learning experiences include the following:

- Learning about how our brains react to emotions, and how to quiet our minds and the benefits of a daily brain break.
- Self-awareness , coming to an understanding of what we think, and feel, and how thoughts and feelings influence actions and choices
- The importance of 'calm place' to go to in our minds, and taking control back.
- Experience self-management as an empowering experience, learning how to handle challenging emotions so they are not problematic for individuals.
- Being able to set goals and deal with challenges
- The importance of self-regulation (inner self)
- Consideration of the consequences of actions on ourselves and others.
- Creative ways of focusing and reflecting savouring the peaceful gentle feeling of contentment.
- Social awareness- recognizing and accepting difference with others , in terms of understanding the thoughts, feelings, and the rights of others to differing perspectives and developing empathy.
- Practice mindful sensing, exploring sight, taste, smell, hearing and motion.
- Focus on and give attention to detail, learn perspective and how to view things differently.
- Relationships skills

The inclusion of a family group work methodology encourages and assists all family/carers to listen and respond to others expression of feelings with respect and empathy. Parent/carers are asked to become role models and plan a 'Mindfulness' practice each day this will strengthen the practice reflection of mindfulness and family/cultural connectedness and attachment.

The major family therapy approaches offer capacity to work with families integrating a child-centred, family led and culturally responsive intervention framework.

Relevant Family Therapy approaches include

- Experiential. (Satir and Whitaker)
- Transgenerational. (Bowen)
- Structural (Minuchin)
- Strategic (Haley)
- Cognitive- Behavioural (Beck and Ellis)
- Narrative (Michael White)

Aspire Program - Child, Youth and Family Engagement Mental Health Program.

Aspire was successful in their tender for this program through funding from FaHCSIA, as a project focusing on children, youth and their families in Devonport and Central Coast regions of Tasmania.

Aspire have a strong focus on outreach in this program, and is an organisation that is committed to serving children and adolescents with severe emotional, mental and/or behavioural problems and their families.

In my work with families I have been able to refer client families (with children that have a history of self-harming), the feedback even at this early stage has been very positive. The workers focus on developing a positive non-judgemental relationship with the family they are working with and most importantly work from a child centred focus.

I am working alongside families in Family Group work weekly that are also engaged with this program and/or I have been able to exit a family into this program.

I feel the Child, Youth and Family Engagement Mental Health Program is a model that has significant potential to make a very meaningful contribution. The program can offer short term assistance through; education, referral, and support strategies with the family, and intensive /long terms supports with the development of a Family Plan.

A Key is on the development of a Relationship with the child and family.

If a child/young person engages in a program like this Aspire program there is an opportunity to work on an interpersonal relationship level that can help a child/young person with their thinking and feeling. (Re-framing self-harming as a form of relief, towards new learning's and skill development with new ways of coping.) The relationship factor once established with enough credibility the worker is able to talk frankly about the costs of continuing to get relief in this way.

Therapeutic relationships once established can -

- Help children/young people identify feelings, thoughts and sensations that trigger the urge to self-harm?
- Cognitively reframe –thoughts and identify feelings/mood states – explore alternative options
- What actual symptoms the child/young person is hoping to control
- Is the thinking about the relief able to help relief the symptoms?
- Is this addictive? How long will relief last?
- Learn to seek relief in other means of self- soothing initially -
    - induce numbing by rubbing an ice cube on her arm
    - instead of cutting, or drawing cut marks with a red magic marker if child/young person needs the sight of red blood to induce an adrenaline rush, or putting rubber bands on her wrists and snapping.
    - Safety planning

In time the worker can begin to help the child/young person trust and turn to others they can trust.

Youth, Family and Community Connections - Focus on Primary Schools Partnership

Program & Respectful Relationships (Devonport Tasmania) this program has received positive feedback with the worker integrated into local schools as an additional resource for children and parents.

Focus on Primary School Partnerships Program

The Focus on Primary Schools Partnership Program (FoPSPP) is an early intervention program working with grade K-6 students and their families in NW Coast primary schools.

The program aims to create an effective, integrated network of external support for students and their families thereby increasing their capacity and functioning by providing a range of supports including:

• Individual support to students and their families,

• Information on a range of issues which affect child development and family functioning

• Referral to services that can provide assistance and strengthen family support networks,

The program is delivered in two parts:

For students- in the school using the six week LAUFF (Learning About U, Family and Friends) to promote resilience and coping mechanisms, mindful thought processes and positive self-image;

For families- providing information, referrals to sustainable services and advocacy within the school environment.

Respectful Relationships

The Respectful Relationship (RR) Program is currently being delivered in Mersey Leven high schools, and primary schools with the Respectful Relationships Upper Primary School Program (RR UPS) for Grade 5 / 6 students.

RR’s key outcomes are to promote healthy, respectful and safe relationships, explore the concept and use of respect, encourage positive communication and assist students to develop self- care and rapport with peers, adults, the school and wider community.

In conclusion any practice framework phases of work need to be monitored to ensure safety, security and wellbeing with principles and perspectives that can be tested in terms of the following:

- Child centred
- Family led and culturally responsive
- Strengths’ and evidence based

And practice triggers targeting reflective practice to ensure engagement with the child/young person and clarity of roles, monitoring of power and inclusion of child advocacy

Thanking you for your consideration of my submission

Kind regards,

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Bernadette Zeeman

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