Submission

Intentional self-harm and suicidal behaviour in children

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Examination into intentional self-harm and suicidal behaviour in children

beyondblue

beyondblue, the national depression and anxiety initiative, is pleased to present this submission on intentional self-harm and suicidal behaviour in children, to the National Children's Commissioner at the Australian Human Rights Commission. In making this submission, *beyondblue* has focussed on the **high prevalence mental health disorders of depression and anxiety, and the links between these disorders and self-harm and suicidal behaviours.**

beyondblue is a national, independent, not-for-profit organisation working to reduce the impact of depression and anxiety in the Australian community. Established in 2000, *beyondblue* is a bipartisan initiative of the Australian, State and Territory Governments. *beyondblue* adopts a public health approach, which focuses on improving the health of the whole population, across the lifespan. *beyondblue's* programs are tailored to meet the needs of specific population groups, across a range of settings, including educational settings, workplaces, health services and online.

beyondblue's response to the intentional self-harm and suicidal behaviour in children inquiry

In examining intentional self-harm and suicidal behaviour in children and young people, it is important that the Commission considers the evidence that has already been established through relevant inquiries, consultations and national and state-based suicide prevention policies. These include:

- the Senate Inquiry into Suicide in Australia (2010)
- the House of Representatives Inquiry into Early Intervention Programs aimed at Reducing Youth Suicide (2011)
- the Reducing Youth Suicide in Queensland Final Report (2011)
- the Legislative Assembly of the Northern Territory Select Committee on Youth Suicides (2012)
- the New South Wales Child Death Review Team Annual Report (2012)
- Trends and Issues Paper Number 19: Child deaths – prevalence of youth suicide in Queensland (2014)
- Western Australian Ombudsman Investigation into ways that State Government departments and authorities can prevent or reduce suicide by young people (2014)

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

Self-harm and suicidal behaviours are complex, and have multiple contributing factors, including social, psychological, biological, genetic, cultural, spiritual, environmental and economic factors. The *beyondblue* 'Youthbeyondblue fact sheet – Self-harm and self-injury' (see Attachment A) describes some of the common reasons why young people harm themselves. It is important to note that **for most young people self-harm is a coping mechanism, not a suicide attempt**. However, people who

self-harm are more likely than the general population to feel suicidal and to attempt suicide, and the risk of accidental suicide is much higher in this group of people.

The *beyondblue* 'Youthbeyondblue fact sheet – Suicide prevention – knowing the signs' (see Attachment B) provides an overview of some of the contributing factors that may lead to suicidal behaviour in young people. People who have survived a suicide attempt report that, rather than wanting to die, they wanted their unbearable pain to end. [1]

There are clear links between mental illness and suicidal behaviour. Some research suggests that **mental illness may be present in 90 per cent of suicide cases, with more than 80 per cent untreated at the time of death.**[2] Other researchers question the validity of this data, as it is underpinned by the psychological autopsy methodology.[3]

People with a mental illness are more likely to experience serious suicidal ideation (that is, thoughts about suicide) than people not experiencing a mental illness.[4] The likelihood of suicidality increases significantly if a person experiences multiple mental illnesses (see Table 1) – for example, suicidality in people experiencing an affective, anxiety and substance use disorder is almost 50 times higher than among those without a mental illness (39.2 per cent compared to 0.8 per cent). The risk of suicide in people with a mental illness is significantly higher after discharge from hospital or when treatment has been reduced.[5]

	Suicidal ideation (per cent)	Suicide plan (per cent)	Suicide attempt (per cent)
No disorders	0.8	0.2	np
Affective disorders	16.8	2.4	2.1
Anxiety disorders	8.9	2.4	2.1
Substance use disorders	10.8	3.5	3.1
Any mental disorder	8.3	2.2	np

Table 1: Prevalence of 12-month suicidality by 12-month mental disorder class[6]
Note: Totals are lower than sum of disorders as people may have had more than one class of mental disorder
np: Not available for publication

While there is a strong association between mental illness and suicide, it is important to note that **most people who experience mental illness are not suicidal** - *"If the suicide rate is ~500 per 100,000 among clinically depressed people, it is ~5 per 1000, or ~0.5 per 100 depressed individuals. That means probabilistically, you can say with ~99.5% likelihood that no depressed person will kill him/herself imminently" (Caine, 2012).* [7]

There are also a **range of other factors that may predispose a young person to consider suicide** – this includes hopelessness; life event stress; problem-solving deficits; impulsivity; aggression;

perfectionism; impaired coping skills; rumination; negative automatic thoughts; non-suicidal self-injury; cognitive restriction; and attentional fixation. [8,9,10]

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

According to the Queensland Commission for Children and Young People and Child Guardian (2011) as many as **42 per cent of child suicides could be related to contagion**, that is, exposure to another's suicide. Internationally, it has been estimated that between 1 and 5 per cent of all suicides by young people occur in the context of a cluster.[11] Studies have shown that adolescents are the age group most affected by suicide contagion.[12] A Canadian study with adolescents aged 12 – 17 years has shown that young people who reported the suicide of a schoolmate were significantly more at risk of suicide than those with no exposure, with the effect most prominent in the youngest age group.[13]

Some young people, especially those who are already experiencing difficulties and life stresses, may identify with the person who has suicided. This may normalise the behaviour, and contribute to the thinking that suicide is an option. **Being exposed to suicide heightens the risk of contagion and therefore postvention services and resources need to be made available for all young people exposed to the suicide** – both those directly known to the person who suicided, and also those who may not have known the young person, but who may have heard about the suicide.

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

Children and young people, like adults, experience many barriers which impact on their likelihood to get help for depression and anxiety, and self-harm and suicidal behaviour. Despite the strong evidence on the effectiveness of treatment, **over 80 per cent of males and nearly 70 per cent of females with mental disorders aged 16 – 24 years do not use any professional services for their mental health problems**.[14] Australia's only nationally representative survey of child and adolescent mental health also documents the low levels of help seeking among children – **while 13 per cent of young people aged 4 to 17 years report experiencing mental health difficulties, only a minority (25 per cent) have received help in the previous six months**.[15]

The low level of help seeking among children and young people reflects the broader population, in which over half of adults do not use professional services for a mental health problem.[16] It is important that young people have the knowledge, skills and ability to access professional care, as while the mental health issues of some young people will be transient, it is now well recognised that the symptoms of mental health disorders are often apparent from a young age, with half of all diagnosable mental health disorders estimated to started by the age of 14 years, and approximately 75 per cent of mental illness emerging before the age of 25.[17]

The **most common barriers to seeking help, across the community,** are stigma; concerns about confidentiality and trust; poor mental health literacy; knowledge of available services; lack of accessible services; and a preference for 'self-reliance'.[18,19] People's beliefs and culture also impact their behaviour and attitudes towards seeking help and the effectiveness of different treatment

options.[20,21,22] Among children aged 4 to 17 years the major barriers to obtaining help include practical issues, such as the cost of attending services, not knowing where to get help, and long waiting lists.[23]

To overcome the barriers to help seeking, **it is important that there are a range of treatment options that meet the needs of children and young people** – for more information on the types of programs and practices that effectively target and support children and young people, see the response to question 7.

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

To collect comprehensive information on self-harm and suicidal behaviour in children and young people there needs to be national agreement on:

- what information should be collected
- who should be responsible for collecting this information
- when the information should be collected and reported on
- how and why the information is collected, reported on and used.

The National Committee for Standardised Reporting on Suicide has identified priorities and plans for achieving standardised and accurate reporting of suicide (for more information, see: https://suicidepreventionaust.org/project/national-committee-for-standardised-reporting-on-suicide-ncsrs/). The gathering and reporting of data on child self-harm and suicide is included in the Committee's reform agenda, and should be supported as part of suicide data improvements across the lifespan.

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

The death of a child by suicide is an extremely sensitive issue. The number of deaths of children attributed to suicide can be influenced by varying coronial reporting practices across jurisdictions and states. Issues associated with the compilation and interpretation of suicide data are explained by the Australian Bureau of Statistics (2011) when presenting the 'Causes of Death' data – see: www.abs.gov.au/ausstats/abs@.nsf/Lookup/3303.0Explanatory+Notes12011

As explained by the ABS (2011): *"Suicide deaths of children are an extremely sensitive issue for families and coroners. The number of child suicides registered each year is small and is likely to be underestimated, more so than for other age groups. Consequently, data produced for child suicides would likely be subject to ABS procedures to protect confidentiality and, as a result, could not be reliably analysed. For these reasons, this publication does not include detailed annual information about suicides for children aged under 15 years in the commentary or data cubes…"*[24]
www.abs.gov.au/ausstats/abs@.nsf/Lookup/3303.0Appendix12011

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

A national child death and injury database, that provides standardised information across all states and territories, will improve the usefulness and impact of data on deaths by suicide and self-harm behaviours. Accurate statistics underpin successful suicide prevention strategies, including their development, implementation, evaluation, and accountability for achieving outcomes. Understanding prevalence and individual risk profiles for children's suicide and self-harming behaviour is imperative to developing meaningful prevention and intervention strategies.

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

There is a range of effective *beyondblue* prevention and early intervention programs that target and support children and young people engaging in self-harm and suicidal behaviours. There include:

- ***beyondblue* Support Service** – the *beyondblue* Support Service provides immediate, short-term, solutions-focused support and referral services via a 24/7 telephone service, a web chat service from 4pm to 10pm, and an email response service. There is a high level of use of web chat by young people – while approximately 30 per cent of Support Service users are aged 15 – 24 years, this age group makes up nearly 50 per cent of web chat users. The Support Service is not a suicide or crisis line, however suicide-related issues are discussed in approximately 6 per cent of web chats, and users are supported to access services to best meet their needs.
- **KidsMatter Primary** – this mental health promotion, prevention and early intervention framework is being implemented in 2,000 primary schools across Australia. Independent evaluations of the program have demonstrated that it improves staff and parent capacity to support children's mental health and wellbeing, and improves children's mental health on standardised measures over two years. By improving the mental health and wellbeing of primary school students and providing greater levels of support for those experiencing mental health problems, this program will help to reduce the level and impact of self-harm and suicidal behaviours in children and young people. This program complements and supports the *beyondblue* KidsMatter Early Childhood program, which is also being implemented in early childhood settings across Australia.
- **MindMatters** – this program extends the KidsMatters framework into high schools. It is currently being redeveloped and will be rolled out to 1,500 secondary schools by mid 2016. The framework specifically addresses adolescent development in a secondary school context, and will strengthen staff knowledge and skills, and provide the starting point for whole-school implementation of evidence-based mental health strategies and programs.
- **SenseAblity** – this strengths-based resilience program is designed for those working with young Australians aged 12 – 18 years. It includes a suite of modules developed to enhance and maintain emotional and psychological resilience. To date, approximately 1,820

secondary schools have ordered the SenseAbility program, which represents approximately 66 per cent of all schools nationally.

- **Resources for parents and guardians** – *beyondblue* has developed two information resources specifically for parents and guardians. The *beyondblue* guidelines on '*How to prevent depression and anxiety in your teenager: Strategies for parents*' and the '*Parent's guide to depression and anxiety*' provide practical strategies and information to assist parents and guardians to understand mental health problems and how best to support their young person.
- **Youthbeyondblue website and apps** – for more information, see response to question 9.

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

Public education campaigns are an important component of an evidence-based public health response to a health issue. *beyondblue* has utilised public education campaigns to effectively increase awareness and knowledge of depression and anxiety disorders across the community. These campaigns have formed part of *beyondblue's* comprehensive response to depression and anxiety, which includes:

- communicating about depression and anxiety
- developing programs and partnerships across different settings and sectors
- building the capacity of individuals, communities, health services, workplaces and educational providers
- contributing to, and advocating for, healthy public policy
- building and promoting knowledge through research and evaluation.

While campaigns can lead to population-wide changes in awareness and knowledge of an issue, to achieve behavioural changes other public health strategies, such as those outlined above, are needed. To reduce the number of children who engage in intentional self-harm and suicidal behaviour, it is recommended that other public health strategies, such as capacity building and developing programs across different settings, are used. Embedding messages on self-harm and suicidal behaviour into the suite of existing mental health promotion, prevention and early intervention programs targeting children and young people, and those who support them, will help to reduce the number of children who engage in this behaviour.

9. 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

Digital technologies and media have an important role in responding to self-harm and suicidal behaviour among children and young people. *beyondblue* research suggests that young people are increasingly obtaining information on health problems online. The *beyondblue* Depression Monitor, a longitudinal community-wide survey of 3,200 people, suggests that between 2005 and 2012 there was a significant increase in the proportion of people aged 18 to 24 seeking information about

depression from the internet (from 49 per cent in 2005 to 72 per cent in 2012), and a decrease in the proportion of people seeking information from a GP/doctor (from 40 per cent in 2005 to 24 per cent in 2012). Given the importance of the internet as a place to find information and support for mental health problems, it is essential that effective, evidence-based information and services to support children and young people are available through this medium.

In addition to the *beyondblue* Support Service, which provides counselling via web chat, email and telephone, *beyondblue* also provides information on depression, anxiety and suicide to young people through the Youthbeyondblue website (www.youthbeyondblue.com). This site has recently been re-launched to include updated content and images that appeal to the target audience of people aged 12 – 25 years. The site includes the Youthbeyondblue key messages of *Look* for the signs of anxiety and depression, *Listen* to your friends' experiences, *Talk* about what's going on and *Seek help* together. The text-based content is enhanced through a series of video blogs and links to other relevant resources.

beyondblue's online support for children and young people is also expanding to include a number of apps and online programs. The 'Brave online' program is a treatment program for childhood and adolescent anxiety. A number of other programs are in development, and will be available later in 2014 and made freely available to the Australian community. These include:

- 'Music as a canary' app, which will examine whether automatic monitoring of young people's music use, physical activity and social networking can predict changes in depression risk.
- 'Check in' app, which will assist young people to approach a friend who they think is struggling.
- 'Conversations' resources, which will include a range of multi-media resources to support young people to have a conversation with someone they are concerned about, and parents to have a conversation with their child about depression and anxiety.

While digital technologies and media have a significant role to play in effectively responding to self-harm and suicidal behaviour in young people, it is important that the risks associated with online technologies are also acknowledged and considered. The Young and Well Co-operative Research Centre (http://www.youngandwellcrc.org.au/) has conducted significant research investigating young people's use of technology, and optimal ways to engage young people and improve mental health through this medium. The suite of research projects and resources developed by this Centre should inform any new projects or services targeting intentional self-harm and suicidal behaviour among children and young people.

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