



St John Ambulance Australia, Australian Youth Council Submission to the National Children's Commissioner

Intentional self-harm and suicidal behaviour in children

The St John Ambulance Australia, Australian Youth Council thank the National Children's Commissioner for the opportunity to submit their opinion on the subject of intentional self-harm and suicidal behaviour in children.

The Australian Youth Council focused particularly on submission question number three, the barriers which prevent children and young people from seeking help. The Australian Youth Council look forward to reading the findings report in the National Children's Commissioner's 2014 Statutory Report to Parliament.

Introduction

Active in Australia for over 130 years, St John Ambulance Australia is a self-funding, charitable organisation active in all states and territories, dedicated to helping people in sickness, distress, suffering or danger. Providing services to a broad scope of the community, St John Ambulance Australia is the country's leading supplier of first aid products, services and training. Each year we deliver 1.2 million hours of voluntary community service, train 500,000 people and treat 100,000 people in Australia at public events annually. St John also runs national Cadet program for more than 4,000 young people aged 8 to 18 years and provides first aid training for primary school students across Australia under our First Aid in Schools Program.

As a youth development organisation, St John has a particular interest in the mental health and wellbeing of young people. We receive reports from our Cadet Leaders about the mental health behaviour of our young people, and the organisation has allocated resources to developing

strategies to assist people experiencing the effects of mental health problems and in addition to building resilience.

St John Australian Youth Council Research

Earlier this month, the Australian Youth Council undertook research regarding the reasons behind intentional self-harm and suicidal behaviour in young people under the age of 18. This information was obtained by reaching out to the St John membership via social media and a literature search around this topic, gaining members personal views and thoughts behind the two questions we felt most appropriately fit into the work we do for the youth of St John:

1. Why do you think children and young people engage in intentional self-harm and suicidal behaviour?
2. What do you believe prevents children and young people who engage in intentional self-harm and/or experience suicidal behaviours from seeking help?

Literature review

Current literature suggests that there is an increasing prevalence of mental health and wellbeing issues amongst young people which is seen as a critical time in development (Rickwood, et. al., 2005). Most mental health disorders start to manifest themselves during this stage in life; depression, anxiety, eating disorders, substance use and psychosis peak during adolescence and young adulthood (Rickwood, et. al., 2005).

Moreover, research suggests that children and young people are poorly informed about mental health difficulties, which is a time when they start to take responsibility for their own health care (Rickwood et. al., 2005). This research suggests that young people tend to engage in intentional self-harm and suicidal behaviour during to this critical stage in life.

Why children and young people self-harm and commit suicide?

Children and young people usually self-harm as a way of dealing with overwhelming emotions.

These could be due to:

- bullying
- pressure to do well at school
- emotional abuse

- bereavement
- difficulties with family or friends.

Self-harm may also be a way of dealing with feeling:

- lonely
- sad
- angry
- numb or empty
- out of control

(NSPCC, 2014).

Young people may see self-harm as a way of releasing tension or anger. The physical pain may be easier to deal with than the underlying emotions. It can also be a way to control or cope with a situation when other parts of their lives are not in control (NSPCC, 2014). They also use self-harm to punish themselves for something they have done or are going through (NSPCC, 2014). Self-harm can be extremely addictive behaviour and can become extremely dangerous (kidshelpline, 2014).

Bullying and suicidality is linked with one in 10 teenagers bullied at school, attempting suicide (Independent, 2014). However, the largest prevalence in suicidal behaviour is mental health and wellbeing difficulties in children and young people (Wilson, Rickwood & Deane, 2007).

Assistance seeking behaviour

Current literature suggests that only between 18 and 34 percent of young people with high levels of mental health difficulties seek assistance (Gulliver, Griffiths & Christensen, 2010). The research mainly falls into two categories, treatment-related or person-related:

Person related and treatment related barriers

Person related barriers include cognitive and emotional problems such as the inability to recognise that a problem exists, stigma and embarrassment about the issue or a feeling of hopelessness that the problem cannot be fixed (Kids Helpline, 2008, Reachout.com, 2014). Treatment related barriers include perceived lack of access to services and fear of high costs and time constraints associated with mental health services (Kids Helpline, 2008).

Problems recognising symptoms

Young people often have difficulty identifying that their issues fall outside the normal threshold of human behaviour and often alter their perception of what is normal to avoid having to seek assistance (Reachout.com, 2014). This is often known as emotional competence or emotional intelligence which is defined as the ability to identify, understand, manage and describe emotions (Rickwood, Deane, Wilson & Ciarrochi, 2005). Research suggests that those with low emotional competence do not seek assistance from either professionals or other sources such as parents or teachers when it comes to mental health and wellbeing difficulties (Rickwood, et. al., 2005). Often it is young males who do not help-seek which is worrying as there are higher rates of completed suicide in males (Rickwood, Deane & Wilson, 2007).

Stigma and embarrassment

Stigma and embarrassment is one of the most frequently reported barriers to seeking assistance (Reachout.com, 2014, Kids Helpline, 2008). Young people often feel that they will not be believed or taken seriously and are too embarrassed or feel too shamed to talk to an adult about a problem (Wilson, Rickwood, Ciarrochi & Deane, 2002).

Negative attitudes and beliefs related to seeking professional help

Another barrier to help seeking for young people is attitudes to mental health professionals (Rickwood, et.al, 2005). It is likely that young people will not seek assistance if they have had a negative experience with a mental health professional previously (Rickwood et.al., 2005). Young people report that they felt their problems were not taken seriously and that the advice was unhelpful in their opinion (Rickwood, et. al., 2005, Wilson, Rickwood & Deane, 2007).

Family and friends influence

Family and friends have a significant impact on young people seeking assistance however, it often depends on the age of the young person to whether or not they seek help from a family member or friend (Rickwood, et. al., 2007). Younger adolescents are more likely to seek help from family than older adolescents whereas friends and partners often become more influential the older the young person gets (Rickwood, et. al., 2005, Wilson, et. al. 2007).

Hopelessness

A feeling of hopelessness is also a common factor which is a barrier to young people getting help. The more distressed a young person gets and the more hopeless they feel, the less likely they are going to seek support (Reachout.com, 2014). This effect is known as help-negation which refers to

not using assistance that is currently available. Research suggests that the higher distress a young person feels, help seeking intentions decrease (Rickwood, et. al., 2005).

Survey

The survey was voluntary and anonymous. The qualitative responses to the survey were analysed and sorted into key themes. *Question 1 – Findings on why children and young people engage in intentional self-harm and suicidal behaviour?*

Respondents thought the reasons why these children may be participating in intentional self-harm and suicidal behaviours are multi-layered and complex, and had many variables. The research highlighted several prominent themes. Of particular note for why young people engage in these behaviours included the role that social problems played in the lives of these young people (such as isolation, acceptance problems, issues with friends and poor social skills) and that intentional self-harm and suicidal behaviour is a method of coping (including a way of escaping reality; feeling a different feeling other than the unwanted feelings/thoughts and a way to feel better; self-harm acted as a temporary relief from everything else going on in their life; the behaviour giving control when the person felt out of control in other parts of their life).

Bullying and harassment was a common theme, particularly in the school environment. Some respondents noted that social media has more recently become a mechanism for isolation and bullying behaviours which can lead to a feeling of isolation and low self-esteem. These forums are also 24/7, so the young person often feels like they can never escape the bullying/harassment. Equally important to respondents was the role that home/family life played in self-harm and suicidality. Pressures from family about study, family violence and relationship issues featured in respondents answers.

Some respondents viewed participating in self-harm/suicidal behaviour as a way of reaching out for help, however respondents believed this act of self-harm or anything that may cause deliberate self-injury to the body was the only way the young people believed they could reach out.

Respondents highlighted the importance of childhood trauma, abuse and neglect, self-esteem problems, depression, anxiety and other mental health and wellbeing difficulties may play in these behaviours occurring..

Another theme was that self-harm and suicidal behaviours were a cry for attention so that others may become aware of how they are feeling. Some respondents believed there is a recent trend for

young people to use social networking sites as an aid in glorifying self-harming behaviour or modelling self-harm. For example, blogs can be found on the internet written by adolescents continually re-blogging photos of self-injury expressing their feelings in the captions of these photos. Regarding suicidal behaviour, videos are posted on sites like YouTube by suicidal young people who tell their story. In many cases, these young people complete suicide. . This information can unfortunately be viewed by millions of children and young people browsing the internet every day, normalising the behaviour plus making it seem like self-harm or suicide is a solution. A small number of respondents identified that self-harm and suicidal behaviour may be used to seek attention.

A final theme in which a child or young person can see no other option was identified. The emotions could be overwhelming and that it is their only way to stop how they are feeling.

Question 2 - Findings on what participants believe prevents children and young people who engage in intentional self-harm and/or experience suicidal behaviours from seeking help.

A common theme amongst respondents was the stigma and embarrassment a person may feel in needing to ask for assistance. Some respondents noted that they did not want others finding out that they had a problem and therefore were more likely to keep it to themselves. It was also highlighted that it may be difficult to speak to parents or close relatives as they feel as if no one understands what they are going through. It should also be highlighted that there were negative responses by participants of the survey. It was suggested that children and young people who get bored engage in self-harm or suicidal behaviour and that parents should encourage their children to get a hobby which will distract them. This highlights the lack of understanding of mental health and wellbeing issues in the community.

There was also a theme amongst respondents that young people do not see self-harming behaviour as abnormal and do not believe it to be an issue. The results also pointed out that often young people see no other option to their problems and develop a feeling of hopelessness which can lead to self-harm and suicidal behaviour.

There was also the view that when young people do seek help, however, case management under the Australian health care system does not support the long term care of children and young people with mental illness. It was suggested that this leads to children and young people having negative

attitudes and beliefs about seeking professional help, and as a result there is a return to past maladaptive behaviours. As a consequence, these young people may become further isolated as they find it harder to open up and trust others.

A point was made in one of the survey responses that 'Greater effort needs to be put into mental health awareness and education, particularly in schools, as a way to breed tolerance and understanding.' If greater emphasis on understanding and dealing with mental health and wellbeing problems was included in the Australian curriculum, it is hypothesised that this might lead to less stigma associated with mental health problems, and increased help seeking behaviours.

Respondents highlighted the importance of teaching children from a young age that:

it is okay to feel the way they do

there are other options than self-harm and suicidal behaviour

help is available and where to seek help, and

the importance to seeking help before it gets to the point where self-harm or suicidal behaviour is the only option.

An enormous amount of research exists on the topic children and young people experiencing mental health difficulties, help seeking behaviours and the barriers that young people face to seeking help.

Conclusion

In conclusion, self-harm and suicidal behaviour in adolescents should be seen as a critical topic within Australia. There are many reasons behind why adolescents are participating in these behaviours, and there will always be a problem as long as depression and mental illness occurs. Health promotion strategies around this topic within all population groups, not just young people themselves, may assist in greater understanding and both help seeking and support-giving behaviours in the community. It is essential that greater understanding around the topic is created in the community and the encouragement of educators, parents, leaders and care givers to create environments where it okay to discuss with children from an early age. Children and young people need to know that there are options for seeking help, they are not alone in their experience, and the importance of encouraging them to look out for friends or family members expressing signs and symptoms of mental health and wellbeing issues. If community members understand that the simple question, 'Are you okay?' may prompt a child or young person to seek help, it may even save a life.

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