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To National Children's Commissioner,

Re: CALL FOR SUBMISSIONS: Intentional self-harm and suicidal behaviour in children

The Hunter Institute of Mental Health is pleased to provide this submission to inform and support the Commissioner's examination of intentional self-harm and suicidal behaviour in children.

The Hunter Institute of Mental Health (the Institute) is a leading national organisation dedicated to *reducing mental illness and suicide and improving wellbeing for all Australians*. For more than 20 years we have been delivering successful, evidence-based mental health and suicide prevention programs from our base in Newcastle, NSW.

These have made a considerable contribution to the mental health and wellbeing of many Australians.

- We build the capacity of individuals, families, organisations and communities so they can contribute to the reduction of mental illness and suicide;
- We translate evidence in to practical resources, programs and approaches that are fit-for-purpose;
- We work in partnership to deliver the best outcomes;
- We use evaluation and research to guide our work and the work of others;
- We are innovative and flexible – working locally and nationally.

The Institute works with Commonwealth and State governments, philanthropic organisations, research institutions, NGOs and businesses to develop and roll-out innovative and effective mental health and suicide prevention programs. You can learn more about the Institute at www.himh.org.au

The Institute as a whole is committed to the strategic goal of *reducing mental illness and suicide and improving wellbeing for all Australians*. We pursue this goal through a range of program areas and projects. The two key areas of the Institute's work that we see as being able to support the Commissioner's examination of intentional self-harm and suicidal behaviour in children are:

1. The *Community, Media and Arts Program*, which includes the Mindframe National Media Initiative, funded under the National Suicide Prevention Program. As part of this initiative the Institute works in partnership with other programs funded under the NSPP and the youth mental health program, NGOs, state and territory departments of health and consumers and carers to support evidence-based communication about suicide and mental illness.
2. The *Child, Youth and Wellbeing Program* which includes the Response Ability initiative which is funded under the Youth Mental Health Programs This includes leading national work in the pre-service training of school teachers and children's services workers and works in partnership with the youth mental health and school-based programs.

Given the expertise contained within these two program areas the Institute's submission comprises: information drawn from the work of Mindframe in response to *Questions 2, 8, and 9* (Annex A); and information drawn from the area of child and youth mental health promotion, prevention and early intervention in response to the overall issue of intentional self-harm and suicidal behaviour in children (Annex B). As such this submission speaks to the overarching issue of intentional self-harm and suicidal behaviour in children in terms of mental health promotion and prevention at a population level; as well as also addressing some of the specific areas of concern as identified by the Commissioner's questions.

The Institute believes this review is an important step towards preventing self-harm and suicidal behaviour in children and young people. We also understand that this is a complex area of work and it will be important to draw together input from a range of expertise and experiences. The advice and commentary provided to the Commissioner in this submission has been based on the best available evidence and the professional insight gained by the Institute from working in this space since 1995 as part of the National Suicide Prevention Strategy.

If you require additional information or need clarification in regards to points made in this submission please contact the HIMH Director Jaelea Skehan (Jaelea.Skehan@hnehealth.nsw.gov.au or 02 4924 6900).

Yours sincerely

Program Manager: Child, Youth and Wellbeing, The Hunter Institute of Mental Health

(on behalf of (A) Director, Jaelea Skehan)

Attachments: Annex A and Annex B

CC: Director, Program Manager CMA, Program Manager CYW

Annex A: Community, Media and Arts Program Mindframe Component

Australian Human Rights Commission submission: Intentional self-harm and suicidal behaviour in children and young people.

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The *Mindframe* National Media Initiative, on behalf of the Hunter Institute of Mental Health, is pleased to be able to provide the following submission to the Australian Human Right's Commission, on how children and young people under 18 years can be better protected from intentional self-harm and suicidal behaviour. Included are answers to selected questions posed in the call for submissions.

Mindframe believes this review is an important step towards preventing self-harm and suicidal behaviour in children and young people under 18 years of age. We understand that it is a complex process to incorporate the views of all parties. Our submission relates specifically to the role media plays on children and young people under 18 years engaging in intentional self-harm and suicidal behaviour. The suggestions are based on the best available evidence about the impact of the portrayal of suicide, self-harm and mental illness, as outlined in resources for media professionals available at www.mindframe-media.info.

In the literature it is recognised that the effects of media, digital technologies, and contagion are important factors in the self-harm and suicide of young people alongside significant contributors such as genetic vulnerability and psychiatric, psychological, familial, social, and cultural factors.[28] However, research shows an association only and linking media reporting directly to an individual death may be difficult without direct evidence of exposure and influence.

Experts believe that prevention of self-harm and suicide requires both universal measures aimed at young people in general and targeted initiatives focused on high-risk groups. However there is still a need to develop a greater understanding of factors that contribute to self-harm and suicide in young people, particularly in relation to contagion and the effect of new media.[28]

All media codes of practice in Australia acknowledge the body of evidence regarding the portrayal of suicide and mental illness and the potential risks for people who may be vulnerable including persons affected by suicide, self-harm or mental illness. It is vital that any changes to for this industry continue to take into account the current best practice evidence with regards to media portrayal of suicide, self-harm, and mental illness.

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

The *Mindframe* National Media Initiative

The media has an important role to play in influencing social attitudes towards, and perceptions of, suicide and mental illness. Most Australian media professionals report suicide and mental illness responsibly. For over 10 years, the media sector has been actively involved in working with the *Mindframe* National Media Initiative and the suicide prevention and mental health sectors, in helping to promote suicide prevention and addressing stigma and discrimination associated with mental illness. *Mindframe* is managed by the Hunter Institute of Mental Health and funded by the Australia Government's National Suicide Prevention Program and guided by media and sector specific advisory groups http://www.*Mindframe*-media.info/home/*Mindframe*-national-media-initiative/project-partners.

Suicide reports, when made, are usually presented with care to minimise the pain for relatives and friends. However, research on media reporting of suicide, and specific case studies, shows there is still progress to be made.

The *Mindframe* National Media Initiative, which began its active phase in 2002, aims to build a collaborative relationship with the Australian media and mental health sectors to enable a more accurate and sensitive portrayal of suicide and mental health issues across all news media in Australia.

Suicide is a topic of legitimate public interest for the media to cover. These are, however, complex issues to convey when considering the demanding pressures on journalists and the potential risks to the community when reporting suicide in certain ways. The *Mindframe* resources provide practical advice and information to support the work of media professionals when reporting on suicide. Resources include quick and comprehensive guides on reporting suicide, contacts for organisations which can provide comment for stories, and up-to-date facts and statistics about suicide.

- *Mindframe* resources can be found here http://www.mindframe-media.info/for-media/reporting-suicide.
- Media industry codes and standards on the issue of reporting suicide reflect *Mindframe* and can be viewed here http://www.*Mindframe*-media.info/for-media/reporting-suicide/industry-codes.

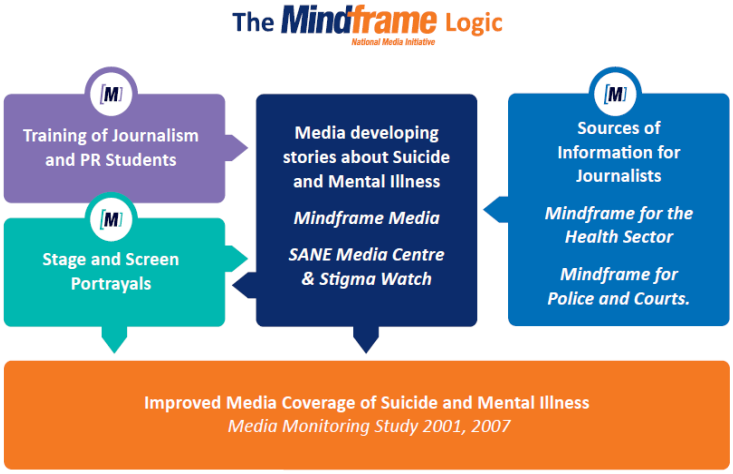
Mindframe approach:

Aim: To improve media portrayals of suicide and mental illness.

Sectors: Collaborative approach with media professionals and media organisations, journalism and public relations educators, the mental health and suicide prevention sectors, police, courts, and stage and screen.

The approach:

- Evidence-based and sector appropriate print and online resources
- Professional development and sector engagement
- Changes to policies, procedures and codes of practice
- National leadership.



Evidence: suicide in the media

http://www.mindframe-media.info/for-media/reporting-suicide/evidence-and-research

A critical review, *Suicide in the News and Information Media*[21], was conducted in 2010 to inform the development of resources for media and other sectors engaged by the *Mindframe* National Media Initiative. The study was an update of an earlier critical review which examined how the media represents suicide and the impact of that representation on attitudes and behaviour in the community. Key findings included:

- Over 100 studies have looked at media reporting of suicide and its impact on suicidal behaviour.
- 85% of studies have shown an association between media reporting and increases in suicidal behaviour following.
- The risk of copycat behaviour is increased where the story is prominent, is about a celebrity, details method and/or location and where is glorifies the death in some way.
- Whilst healthy members of the community are unlikely to be affected, people in despair are often unable to find alternative solutions to their problems.
- People may be influenced by the report, particularly when they identify with the person in the report.
- While the media has a role to play in raising awareness of suicide as a public health issue, there is generally a lack of evidence supporting any positive benefits of discussing suicide in the media.

That doesn't mean media can't be used as a tool for good.

- Single studies suggest that:
    - Personal stories about someone who has managed suicidal risk as protective.
    - Focusing on the impact suicide could be protective.
- Expert opinion suggests that:
    - Adding (the right) help-seeking information can be helpful.
    - Adding information about risk factors and warning signs can be helpful.

Overview

There is strong support for the relationship between media reporting of suicide deaths and increases in completed and attempted suicide rates. These increases cannot be explained by suicides that may have occurred anyway, as they are not followed by commensurate decreases in rates. For example, a major 1995 study of coverage in Australian newspapers found that rates of male suicide increased following reports of suicide, with actual male suicides peaking on the third day after the story first appeared.[37]

The way in which suicide is reported appears to be particularly significant. While evidence for media reporting that can contribute to a reduction in rates is generally lacking, there are some isolated studies that suggest reporting that frames suicide as a tragic waste and an avoidable loss, and focuses on the devastating impact of the act on others, has been linked to reduced rates of suicide.

Studies that suggest reporting that frames suicide as a tragic waste and an avoidable loss, and focuses on the devastating impact of the act on others, has been linked to reduced rates of suicide. For example, a 1997 Australian study of reporting of Kurt Cobain's suicide in a range of media found that rates of suicide among 15-24 year olds fell during the month following the reporting of Cobain's death. Significantly, media coverage of Cobain's death was highly critical of his decision to suicide.[35]

Aspects of reporting contributing to risk

The review of international research indicated that imitation or 'copycat' suicide is more prevalent under certain circumstances.

- Risk is related to the prominence of the coverage, with repeated coverage and prominent news items strongly associated with subsequent suicidal behaviour.[37, 2]
- It is accentuated when the reader or viewer identified with the person as either someone that is similar to themselves7 or someone they admire such as a celebrity.[4, 5, 6, 7]
- Certain subgroups in the population (e.g. young people; people experiencing a mental illness) may be particularly vulnerable.[5, 9]
- Explicit descriptions of the method or location have been linked to increased rates of suicide by that specific method or at that specific location.[10, 2, 11, 12]

Newspapers

Higher rates of suicide have been reported during periods when suicide stories are run in newspapers. As noted above, in Australia, male suicide rates have been found to increase following the reporting of suicide.[37]

- Higher rates of suicide have sometimes been recorded after *celebrity* suicides receive front page coverage. A US study (1984) and Austrian studies (2001, 2004) found suicide rates and attempts of suicide increased significantly in the month celebrity suicides were published.[4]
- Higher rates of suicide by a particular *method* such as burning or poisoning have been found to follow the appearance of newspaper stories on a suicide by these methods.[12]
- The number of subway suicides and suicide attempts in Vienna dropped after the introduction of media guidelines led to less frequent reporting of suicides in these locations.[13]

Television

- Some studies have found that rates of suicide increase following television news reporting of suicide. For example, a 1982 American study found that the national suicide rate increased for a period of 10 days following a news story on suicide.[38]
- Increases in the number of teenage suicides have also been recorded following news stories on suicide in international studies.[9] Coverage of suicide of elderly people has also been linked to higher levels of suicide by older people.[9]
- Studies have also found a relationship between the method of suicide portrayed in a fictional film or television program, and increased rates of suicide using this method.[39]

Mixed media

- Several Australian studies have looked at the relationship between reporting of suicide across media and suicide rates. A Queensland study found a peak in suicide rates following extensive negative publicity about suicide in the psychiatric wards of a local general hospital.[40]
- Conversely, suicide rates among young Australians aged 15-24 were significantly lower in the month following Kurt Cobain's death when compared to corresponding months in previous years.[35]
- In some instances, reporting of suicides in certain locations has led to safeguards being introduced in these places to prevent suicide.

Fictional portrayals

A literature review conducted in 2010 indicated that the portrayal of suicide in film and television drama was widespread, and depictions of the act becoming lengthier, more extensively modeled, and more likely to involve firearms had increased over time.[40] The findings also suggested the portrayal of suicide was becoming more romanticised, glorified and condoned, with young people being disproportionately represented in films with a suicide theme. [40] This report is available to download here.

Australian reporting:

Rather than restricting media coverage of suicide, Australian research[20] has indicated that there has been:

- A two-fold increase in the reporting of suicide since the dissemination of the *Mindframe* resources: 4,813 items retrieved in 2000/01 and 8,363 in 2006/07.
- An indication that media have integrated the guidelines into their reports, with an overall improvement in quality from 57% in 2001 to 75% in 2007, with an improvement across seven of the nine principles outlined within.

Self-harm

Self-harm and suicide are distinct and separate acts. However, the relationship between the two is complex. Self-harm is a deliberate act of self-inflicted injury intended to cause physical pain as a means of managing difficult emotions, or as a way of communicating distress to others, but not to result in death.[22]

Self-harm is different from suicidal behaviour, but some people who self-harm are also suicidal or can become suicidal. Acts of self-harm should always be taken seriously as they can be physically dangerous and may indicate an underlying mental illness.

While there is limited research addressing media and the reporting of self-harm, the available research suggests that media professionals should consider codes of practice and guidelines for reporting suicide, with some additional recommendations.

- Minimise detailed description of methods: if it is important to the story, discuss the method in general terms such as 'self-harm' or 'self-injury'. Explicit depictions of self-harm have been linked to copycat behaviour [23, 24, 25, 26] and methods of self-harm are often similar or the same as methods of suicide.
- Ensure accuracy and balance: balanced reporting that provides insight into the realities of self-harm can increase community understanding and reduce the stigma associated with self-harm.
- Reduce the prominence of a story to decrease the risk of contagion.

- Reduce the volume of stories about self-harm as a succession of stories may normalise self-harming behaviour and references to self-harm may prompt vulnerable people to engage in self-harming behaviour.
- Take care not to perpetuate inaccurate stereotypes: this includes stereotypes such as that people self-harm to manipulate others or situations, attract attention, feign suicide, or belong to a subculture as this can lead to negative community attitudes and stigma.
- Use appropriate language: take care not to use colloquialisms or terminology out of context. Referring to self-harm as a 'fad' or 'phase' can minimise the seriousness of the issue. Separate a person from their behaviour, as using labels to describe people as 'cutters' or 'self-harmers' can lead to stigma.
- Include help-seeking information: this provides support options for people who may be distressed or prompted to seek help following the story.[27]
- Online news content: while evidence is emerging, the same advice applies for online content. Also consider implementing procedures to monitor and manage message boards for posts that may be harmful or from people in crisis.
- Helpful ways to present information: balanced reporting that provides insight into the realities of self-harm can increase community understanding and reduce the stigma associated with self-harm.
- Seek expert advice: a story may be improved by obtaining the views of health experts who can assist by providing accurate interpretation of issues and statistics.

Aboriginal and Torres Strait Islander people

Caution must be exercised in examining information and data on patterns of mental illness and suicide in Aboriginal and Torres Strait Islander communities as accurate statistics and population estimates are unavailable. Data that is available is limited in quality. Discussion in the field draws both on available Australian research and limited data on hospitalisation and mortality rates for Aboriginal and Torres Strait Islander people. Research has found that within the Aboriginal and Torres Strait Islander population, mental disorders are the second highest cause of burden of disease.[33] Almost one third of young Aboriginal and Torres Strait Islander people (16-24 years) reported high to very high levels of psychological distress in 2008. This is more than twice the rate of non-Indigenous young Australians.[34] The rates of suicide are substantially higher in Aboriginal and Torres Strait Islander peoples, accounting for 4.2% of all indigenous deaths compared to the 1.6% national suicide rate. Between 2001 and 2010, suicide was the leading external cause of death for Indigenous Australians.[32]

Contagion has been identified as a strong predictor of Indigenous suicide in Indigenous settings particularly hanging as a behavioural contagion.[29] For Indigenous youth: being young and Indigenous makes them doubly at risk of behavioural contagion.

Telling the story of suicide without ensuring adequate safety nets and suicide response plans in communities has significant risks. Point clusters from news media stories are well-known phenomena, but while news spreads differently in Indigenous communities, the news of a completed suicide spreads rapidly in a tight knit Indigenous community. Therefore, any education about suicide needs to be set in the context of an established suicide safety network, crisis intervention committee or suicide-safe/ promote-life community forum.[30]

Known risk factors for youth suicide include: (1) mood disorders, substance use disorders, conduct disorder and concurrent disorders; (2) previous history of suicidal behaviour; (3) family history of suicide or physical abuse; (4) current life stressors; (5) exposure to sensationalized media reports of others' suicidal behaviour; and (6) access to lethal means for suicide.[31]

Protective factors against suicide are less well established but are thought to include: (1) individual coping and problem-solving skills; (2) strong family support and involvement; (3) interpersonal competence; (4) positive school climate; and (5) strong community and cultural ties.[31]

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.

When conducting public education campaigns, the way in which suicide is reported appears to be particularly significant. While evidence for media reporting that can contribute to a reduction in rates is generally lacking, there are some isolated studies that suggest reporting that frames suicide as a tragic waste and an avoidable loss, and focuses on the devastating impact of the act on others, has been linked to reduced rates of suicide. For example, a 1997 Australian study on reporting of Kurt Cobain's suicide in a range of media found that rates of suicide among 15-24 year olds fell during the month following the reporting of Cobain's death. Significantly, media coverage of Cobain's death was highly critical of his decision to suicide.[35]

Covering suicide sensitively and accurately can challenge public misconceptions and myths, increase community awareness and encourage discussion and prevention activities.

Physician education in depression recognition and treatment and restricting access to lethal methods has been shown to reduce suicide rates. Other interventions need more evidence of efficacy. Ascertaining which components of suicide prevention programs are effective in reducing rates of suicide and suicide attempt is essential in order to optimise use of limited resources.[36]

Suicide is an important issue of community concern. It is important that all members of the community are engaged with the issue. However, there is often confusion about what is meant by discussing or talking about suicide, and confusion about the evidence.

There are different contexts for discussion about suicide e.g.

- One-on-one conversations
- Large group presentations
- Media reporting about suicide deaths
- Media reporting about the issue of suicide.

We know:

- Talking to someone, one-on-one, directly about suicide will generally not increase their suicide risk.
- Media reporting of suicide deaths has been associated with increased risk for those who are vulnerable to suicide.

We don't know:

- Whether more general media reporting about suicide (or awareness campaigns) will increase or decrease risk.

With the evidence about reporting and portrayal of suicide in mind further issues to consider when communicating about suicide include:

- While talking about suicide will not generally increase risk, media is not a conversation, it is one way communication
- Messages in editorial are not "market tested" - we have no way of monitoring how the story is being interpreted by people sitting in their own homes
- Vulnerable people may take away different messages than those that were intended
- Raising awareness on its own (e.g. increasing reporting) is not enough to change behaviours
- The capacity to cover suicide responsibly varies between media professionals
- The tone of reporting is important as this can either alert or alarm people.

*note: The Hunter Institute of Mental Health's Conversations Matter online resources for discussing suicide is looking towards funding for evidence based resources for young people and professionals that work with young people. The suite of resources are hosted on the Conversations Matter website at www.conversationsmatter.com.au.

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.

The role of the media in preventing and responding to suicide among children and young people has been outlined above in question 2.

Social media has become the most popular activity for Australians online. In addition, many professionals, including journalists and public relations practitioners, have entered the social media space to engage with and influence consumers. The trend towards the prevalent use of social media has been received with mixed views from consumers, professionals and the media, particularly regarding the perceived role that social media can play in the discussion of suicide and mental illness.

Discussing suicide and broader mental health issues on social media can be challenging and it is widely agreed that there has not yet been enough research into this area. Therefore, anyone using social media to discuss these topics should proceed with caution and refer to the *Mindframe* principles.

The best suicide-prevention communication activities are generally not focussed on suicide deaths, rather they focus on:

- Mental health and wellbeing: Promoting social and emotional wellbeing to maximise health in individuals and communities.
- Prevention: Increasing understanding of risk factors (i.e. mental illness) and warning signs of distress.
- Impact: Talking about the impacts of suicide and how we can better support those bereaved.
- Support: Promoting ways people can access support for a range of problems.

The convergence of online technologies with the traditional media, has led to *Mindframe* working collaboratively with stakeholders on ensuring current best practice communication knowledge can be translated/transferred to the online industry (including the mental health and suicide prevention sectors, media and social media).

Current *Mindframe* work in this space can be found here http://www.mindframe-media.info/for-media/resource-downloads/other-resources-and-reports.

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ANNEX B: Child, Youth and Wellbeing Program Component

Submission: Intentional self-harm and suicidal behaviour in children and young people

The **Hunter Institute of Mental Health** welcomes the opportunity to provide a submission to the National Children's Commissioner's examination of intentional self-harm and suicidal behaviour in children. The submission draws on published literature and the work of the Hunter Institute of Mental Health's Child, Youth and Wellbeing program area. It outlines the benefits of a **mental health promotion approach** – particularly one that involves preparing gatekeepers to observe and act – in **preventing intentional self-harm and suicidal behaviour** and **enhancing help-seeking** in children and young people.

1. Wellbeing, self-harm and suicidal behaviour

- For this submission, we have considered intentional self-harm and suicidal behaviour to include any self-inflicted potentially injurious behaviour, regardless of intent to die.[1]
- Self-harm and suicidal behaviour is associated with poor overall mental health and low wellbeing. Specific risk factors for self-harm and suicidal behaviour in young people include socio-demographic factors, negative life events and family adversity (e.g., parental separation and divorce, parental death, physical or sexual abuse, family history of suicidal behaviour, bullying, interpersonal difficulties), physical illness, and psychiatric or psychological factors (e.g., mental illness, alcohol or other drug misuse, low self-esteem, poor self-concept, impulsivity, poor problem-solving, perfectionism, hopelessness, intellectual disability).[2-8]
- People with poor mental health and low wellbeing also have greater difficulty in independently seeking help, as do younger children. Those who do seek help for mental health problems will typically do so through friends and family.[7, 9-11]
- To prevent and reduce self-harm and suicidal behaviour and increase help-seeking, it is important to optimise social and emotional wellbeing in children and young people and simultaneously provide formalised early intervention when problems first arise.[12]

2. Preventing self-harm and suicidal behaviour: Universal mental health promotion

- Universal mental health promotion is a non-clinical model that takes action to maximise mental health and wellbeing for all individuals by addressing potentially modifiable determinants of mental health; strengthening protective factors and reducing modifiable risk factors in a child or young person's life.[13]
- Universal mental health promotion may include influencing broad population-level determinants such as housing, food, safety, income, education, policy, workforce capacity, and the structure and function of institutions; as well as influencing more individual-level determinants such as improving an individual's skills (e.g., emotion and behaviour regulation, problem-solving, interpersonal functioning and communication) or beliefs (e.g., self-concept, self-determination, hope for the future, sense of autonomy) or improving functioning within families (e.g., parenting, family resilience).[13-15]
- Examples of universal mental health promotion approaches include improving mental health literacy, wellbeing and skills training programs through institutions such as schools or interest groups; public awareness media campaigns; and gatekeeper training in observation, response and

mental health promotion for those who may be in contact with young people experiencing self-harm or suicidal behaviours.[14, 16-18]

- Prevention of self-harm and suicide optimally occurs across the lifespan, which means that for adolescents, their level of risk can be influenced from birth and early childhood.[19, 20]

3. Gatekeepers: Equipping individuals to observe and act

- Many groups of people either directly or indirectly influence the wellbeing of children and young people and in doing so have a contributory role to play in preventing self-harm and suicide by optimising social and emotional wellbeing, creating safe environments, encouraging help seeking, and observing and responding to signs of self-harm and suicidal behaviour in children and young people.[21]
- These groups of people include: teachers, educators, and other school staff; parents, caregivers and family members; peers; health professionals, including specialist mental health professionals; health and welfare officers; police, corrective services and other members of the legal system; staff and volunteers involved in religious, sporting and other youth-orientated community activities; and the media.
- For professionals, training in the fundamentals of mental health promotion prior to service provides the best opportunity to influence and prepare a skilled workforce. It is easier and more cost-effective than in-service training, supports more consistent messaging across professionals, and ensures they are well-equipped from the first day of their career to support the wellbeing of young people and prevent intentional self-harm and suicide. Pre-service training also lays the foundation for in-service programs.[21-23]
- For families, peers, non-professionals and professionals alike, training and capacity building in mental health promotion, in particular with role- or situation-specific examples, helps them to develop and practise concrete skills to support young people's wellbeing and prevent intentional self-harm or suicidal behaviours.[20, 24]

> Every system that touches the lives of children offers an opportunity to strengthen the foundations and capacities that make lifelong healthy development and wellbeing possible.[20]

4. Examples of universal mental health promotion programs for child and youth wellbeing

- There are a number of universal mental health promotion programs currently in operation in Australia. These programs target a range of gatekeepers who interact day-to-day in various settings with children and young people of all ages.[25]
- The Hunter Institute of Mental Health's Child, Youth and Wellbeing program specifically implements several successful, evidence based, capacity building programs for gatekeepers. These include:
    - *Response Ability Teacher Education Initiative:* Support and resources for the pre-service training of school teachers and early childhood educators regarding mental health in children and young people.[26]
    - *Connections* and *Foundations*: Support and resources to increase the capacity of the early childhood education and care workforce, families and communities to promote the social and emotional wellbeing of children.[27, 28]

- *Child Illness and Resilience Program (CHiRP)*: Support and resources for parents and caregivers of children and young people living with a chronic illness to promote the resilience and psychological wellbeing of their family.[29]

5. Benefits of universal mental health promotion

- The largest benefit of universal mental health promotion approaches from an early age is that self-harm and suicidal behaviour can be prevented before it occurs. This is particularly pertinent since the largest predictor of an episode of self-harm or suicidal behaviour is having a previous episode.[30] Prevention is also a cost effective solution that benefits the whole community.[31, 32]
- For children and young people already engaged with mental health services for assistance with self-harming and suicidal behaviours, it complements and supports their treatment, offering a strengths-based, secondary prevention approach.
- For both those engaging in self-harm and suicidal behaviour and vulnerable children who are at high risk of doing so, taking a positive, strengths-based tone such as that of universal mental health promotion can be a safer way to talk about the issue of self-harm and suicidal behaviour that minimises contagion.[33]
- Universal mental health promotion targets all children, thereby:
    - Reaching the substantial proportion of children and young people who engage in self-harm or suicidal behaviour unbeknownst to their families, teachers, doctors or peers. Most young people never see a health professional for their self-harm and suicidal behaviour.[2]
    - Avoiding possible unintentional stigma in singling out children and young people from particular groups who are at greater risk of self-harm and suicidal behaviour (e.g., Aboriginal and Torres Strait Islander, remote or rural location, low socio-economic status, gender and sexuality diverse, developmental or acquired disability, personal or family mental illness).
    - Decreasing the stigma associated with mental illness amongst young people and the community. Stigma is one of the greatest predictors of failure to seek help.[34]
- Universal mental health promotion is a core part of an integrated system. It ensures that evidence-based treatments for self-harm and suicidal behaviour are accessed effectively and efficiently. It also has a reciprocal relationship with confidential national screening and surveillance programs: ensuring accurate data from informed professionals and enacting population-level change that would be observable on a national register.
- Universal mental health promotion sends the message that everyone has a contributory role to play in preventing issues such as self-harm and suicidal behaviour.

6. References

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