SUBMISSION to National Children's Commissioner examines intentional self-harm and suicidal behaviour in children.

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  (Research Topic – Australian rural young people who lose a friend to suicide)
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Re points 2 - Suicide Contagion; 3 – Barriers for help; 8 – Education campaigns.

My PhD research has investigated the suicide experience of young people in rural Australia who lose a friend to suicide. Mixed research evidence has suggested this group of young people are at greater risk of suicide contagion, and hence suicidal behaviour. However, research in both the USA (Brent, 1983) and Australia (Hazell, 1991) in the mid 1990's queried the extent of contagion in close friends suggesting that they were likely at less risk of suicidal behaviour as they are exposed to the traumatic aftermath of the suicide on the family and other friends and this had a preventive effect. Peers less associated with or less close to the deceased were considered to be more at risk because they are exposed to the notoriety about the suicide death but not exposed to the same traumatic impact on family and close friends. Over the last 20 years, follow-up research on this point has been quite equivocal about the level of risk. Subsequent studies have focused on or maintained that close friends are at the highest level of risk for suicide contagion when a friend dies by suicide. However, these studies are almost purely quantitative and they have had a number of limitations. None have actually determined the closeness in friendship of the participants with the young person who died.

My PhD study is, to my knowledge, the first study to consider the suicide experience of rural young people in Australia. The study used mixed methodology; an in-depth qualitative interview plus a number of standardised measures (quantitative) to consider the extent of a range of health and mental issues. These included depression, anxiety, prolonged grief, post traumatic growth, coping skills, and stigma risk. Also included were questions about alcohol use and general health status. The eighteen young people in the study were aged between 14 and 21 years when they experienced their friend's suicide. The average age was 15. The closeness of their friendship with the young person who died was rated by the author following completion of the in-depth interview. Sixteen of the eighteen participants were close friends or part of the immediate friendship group with the person who died.

The study findings supported that close friends were not at risk of suicide contagion and as such suicidal behaviour. These close friends focus on the health and well-being of each other in a form of intensive peer-monitoring following a friend's suicide. They do see the trauma following the suicide and its impact on others and this seems to be the reason why they focus on each other. However they spoke about more peripheral peers who appeared quite distressed following the suicide death. It was usually these peripheral peers who exaggerated their closeness to the person who had died, with this exaggeration usually displayed by the

use of social media messages, via Facebook. Whilst the messages upset close peers, they seem to attest to a level of distress exhibited by these more disenfranchised peers who are also likely to be devoid of social support, and appear themselves at greater risk. This exaggeration, plus comments made by others who possibly didn't know the deceased well or at all or had previously engaged in bullying behaviour and also cyber-bullicide, are potentially at greater risk of suicide because of their lack of support. The supports that are currently afforded to close friends are not provided to this more peripheral group - their comments suggest their own personal cry for help.

This implication for the need to focus more broadly than possible risk to close friends is also an outcome from a large quantitative study from Canada (Swanson & Coleman, 2013), that concluded that perhaps any level of peer affiliation need to be considered following a young person's suicide.

Whilst close friends may not be a risk for suicide contagion, they are at risk for a range of other issues including depression, anxiety, and problem alcohol use. They also continue to exhibit these issues for two and up to three years after the suicide death of their friend. This in itself can increase the later risk of suicide and self-harm in subsequent years. These young people, and particularly rural young people, receive little if any support on intervention for these issues. School services are often time limited and usually only available for a period of 2-3 weeks. However, as described by the young people in the study, most are not ready for and do not want counselling at this immediate time. However, when they are ready for counselling to help with their grief, it is usually then no longer available.

Current school postvention guidelines (for example headspace, 2012) focus on the risks for close friends and also those considered 'vulnerable'. The guidelines do not offer how to identity those vulnerable. Schools need to take a more proactive approach following student suicide. Schools need to collaborate more closely with mental health experts (although many rural areas have limited availability and access to CAMHS type services, which are themselves overloaded and often understaffed). Schools need to consider the introduction of screening following a suicide to ensure a process of identifying vulnerable young people. Schools also need to ensure that they do not support a 'medical model' for their counselling services, i.e. a model that relies on student's self-referral for help. Most young people do not self-refer so schools need to proactively offer support. Finally interventions need to be offered for at least 2 years following a suicide death, not wrapped up in a matter of weeks.

Young people and particularly those in rural communities have poor mental health literacy; stigma and shame about suicide prevent discussion of this subject, and enforce a negative view of people who may be suicidal and/or have risk concerns. Young people have a high exposure to suicide. I undertook an earlier pilot study (Bartik et al, 2013) that included 10 participants. These young people had been collectively exposed to 22 suicide deaths of friends plus 5 family members. The current PhD study involved 18 young people who knew 30 other friends who had died by suicide; plus the suicide death of 4 family members.

The need to improve mental health literacy and hence the feasibility of public education campaigns, also needs to recognise that young people talk about suicide. They talk about it with their friends; they talk about it using social media. If we, as professionals and responsible community members, do not talk about suicide in a professional, informed and help-seeking way, we reinforce the stigma about suicide. We also do not challenge young people's views about suicide, which are (often inappropriately) reinforced by their peers. It

must be preferable for young people's views about suicide and self-harm to be mediated and appropriately challenged and balanced by (hopefully) sensible and informed adults rather than their own peers. Public education about suicide and self-harm needs to provide information and support about suicide that helps guide help-seeking and assistance and to dispel stigma. It is important however to not normalise or glorify suicide and self-harm.

Re Point 9 – Digital technologies.

Young people are major users of digital technology, over 95% of young people connect to the internet using their mobile devices and predominantly with Facebook (Burns, et al, 2013) although newer platforms are also increasingly being used. Facebook was a major issue in my research findings. Whilst Facebook facilitated rapid information about the suicide death, it also became a means that was used for the promotion of misinformation, gossip, and rumours about the suicide death and the person who died. This often resulted in bullying and often negative views about the person who had died. This lead to much distress among young friends and often reinforced stigma and shame associated with suicide. Very often, negative comments were posted to the deceased person's Facebook page. Rarely was this page moderated or closed by family following the suicide death. This is not surprising as thinking about a Facebook page to either close it or memorialise it is possibly the furthest thing from the minds of parents who are grieving the loss of the daughter or son. Facebook requires formal contact (usually from immediate family) and some proof of death before it will take action to suspend, close or memorialise an account. This assumes that parents are even aware of the account, and sometimes the multiple accounts that young people might have open. Even finding the information on Facebook about how to close an account is not intuitively obvious.

Representation should be made to Facebook to consider perhaps temporary suspension of an account where either a family member of friend advises that the user has died, whether by suicide or other means. A temporary suspension could then be held, say for a two-week period, following which more formal notification could be made. Account suspension of this nature could prevent both negative information and at times ongoing cyber-bullicide that occurs over an un-monitored account. The spread of this type of information has a possible contagion risk for vulnerable peripheral peers.

Facebook has also developed and is promoting prevention algorithms that can detect when key words and posts are made about suicide and self-harm (Facebook, 2011). This information is monitored by Facebook staff who then contact the user and offer suicide support services contact details and self-help information. The use of this technology and links to support agencies is occurring in the USA and also the UK with war veterans, but not in Australia. The use of this technology needs to be extended for use in Australia, particularly given that Australians are one of the biggest users of technology world-wide. Given young people also make up a substantial part of the Facebook users market, the technology should be applied to young people under 18 years as a priority. Rural young people would particularly benefit from this type of technology. Access and availability of help is more restricted in rural areas with confidentiality a major consideration for young people. The anonymity of Facebook that can prompt suicide and self-harm support would be well suited to rural young people.

Thankyou for accepting this brief submission. I am happy to expand or discuss in more detail if appropriate.

Kind regards

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