

**Submission to National Children's Commissioner
Intentional Self-Harm and Suicidal Behaviour in
Children and Young people**

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

- Mental health issues, e.g. depression, anxiety, eating disorder etc.
- Lack of connectedness with community, family, school.
- Isolation from peers, friendship issues, bullying.
- Developmental trauma, dysfunction in family, e.g. conflict, violence, drug and alcohol abuse, poverty, safety issues etc.
- Feelings of 'hopelessness' which may be reinforced by interactions on social media.
- Self-harm is often a coping mechanism for emotional release and regulation, which may give the child/young person a sense of having some control over their body and/or life.

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

- Social media provides children and young people with a way to instantly share information and photos regarding their self-harm and/or suicide ideation/attempts and thus increases contagion.
- Children and young people are exposed to self-harm and suicide from a young age which may lead to vulnerable young people viewing this as a normal or helpful response.
- Through social media children and youth connect with other young people who are engaging in similar behaviours and encourage and support each other to maintain the harmful behaviour.
- Birds of a feather flock together- children and young people who engage in self-harm are likely to develop friendships with other young people who engage in similar behaviours.
- In some cases self-harm is a 'badge of honour' and a requirement for inclusion in a peer group.
- Glamorising suicide increases the risk of suicide.

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

- Children, young people and their families often have limited awareness of available support services.
- Accessibility of support services is often limited- due to location, transport, hours of operation (appointment availability after school hours is often limited).
- Majority of support services provide short-term support but are unable to provide intervention and case-management for longer periods.
- Limited capacity of support services- there is often a wait-list and motivation to seek support may have decreased by the time an appointment is available.
- Parents may be unable or unwilling to help their child/young person to access support. This may be due to:
 - i. The parent's failure to understand the significance of their child's feelings and risky behaviours
 - ii. The parent's lack of capacity (their own physical or mental health issues, limited time)
 - iii. Conflict between separated parents

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- Most services require parental consent for children under 14 years of age. Some parents may not consent to intervention, or the child/young person may be deterred if they don't want their parent to know how they are feeling.
 - Stigma- children/young people and/or their families may worry about possible negative reactions from others in the community if they access support.
 - One of the best ways for children and young people to receive early intervention support is through the school counsellor. However, there are significant barriers to accessing the school counsellor due to:
 - i. limited funding
 - ii. referral system- unable to promote the school counselling program as the counsellor becomes inundated and is unable to cope with the demand
 - iii. limited capacity for early intervention as the counsellor must prioritise children and young people who are in crisis or have complex needs.
- 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. This may include consideration of the role of Australian Government agencies, such as the Australian Bureau of Statistics and the Australian Institute of Health and Welfare.**
- School counselling programs collate a broad range of useful data regarding students presenting with suicide ideation and behaviour, self-harm and mental health issues. Perhaps this data can be collated across the state or nation.
- 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.**
- A widely held belief that young children do not have suicide ideation as they do not understand the finality of death, leads some persons to fail to recognise, record and intervene when children are at risk of suicide.
 - Teaching staff in schools are not equipped or trained to identify students at risk and school counselling services are overwhelmed and under funded.
 - Common unhelpful responses of teachers and parents to self-harm are to over-react or ignore the behaviour as attention seeking. These responses can prevent children and young people from receiving early-intervention proactive support. An over-reaction may cause the young person to become more secretive about their harmful behaviours, whilst an under-reaction may cause the behaviours to continue or worsen.
- 6. The benefit of a national child death and injury database, and a national reporting function.**
- A database may allow for better monitoring and support for vulnerable children and young people who change schools.
 - A database would also alert schools to issues that parents are reluctant to share with the school, thus helping the school to put appropriate supports mechanisms in place.

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- Any system that helps frontline staff to monitor vulnerable children and young people and share information will be highly valuable.
- 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. 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. De-identified case studies are welcome.**
- Intervention strategies and programs should foster a sense of connectedness to family, peers and the school community and reach out to those students whom are isolated and disengaged.
 - School counselling programs provide timely and effective intervention for students who are identified as having self-harm and suicide ideation and behaviours.
 - The demand for school counselling, particularly in secondary schools, consistently exceeds capacity. Additional funding and resources needs to be allocated to school counselling programs.
 - School staff are well placed to notice a change in a child or young person's behaviour due to the frequency of contact with students. However, the primary role of schools is to educate and they are not equipped as a mental health service.
 - Additional resources must be invested into schools and external mental health services to build capacity such that collaboration can occur.
 - All school staff should be provided with access to gatekeeper training to help them identify and learn how to respond to students at risk of suicide.
 - The need for further and ongoing training for frontline staff is paramount and opportunities for professional mentoring of educational leaders, teachers and counsellors.
 - Adolescent boys are less likely to openly share with people in their support network about how they are feeling. They are also less likely to seek support from traditional counselling services.
 - Early intervention programs such as mentoring vulnerable students are an effective way of ensuring positive role models and helping young people to maintain positive support networks. These programs must have clear structures and boundaries to ensure safety and positive outcomes.
 - Consideration should also be given to locating mental health services for children and adolescents within schools. This will ensure that services are more accessible and support collaboration between students, families, school staff and mental health services.
- 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 most effective when they highlight the early warning signs and symptoms of mental health issues and provide information outlining how to access professional support.

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- Adolescents are often unlikely to share with adults about how they are feeling, and are much more likely to share with their peers. Thus, it would be advisable to run education campaigns in schools which teach adolescents what to do if they notice their friend is experiencing mental health issues or showing signs of self-harm/suicide. However, care must be taken to avoid glamorising suicide.
- Public education programs need to be well resourced delivered by highly skilled professionals and have clearly defined outcomes otherwise there is the potential for harm.
- Public education programs targeting children and young people must use digital technology as this is the preferred mode of communication for young people.

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 great potential to increase awareness of children and young people regarding mental health and available support services.
- On the flip side, social media also allows for the fast and wide spread of information in circumstances where a child or young person completes suicide. This information is very difficult to contain and can contribute to glamorisation of suicide and the risk of contagion.
- Online counselling services are often more accessible and a preferred source of support for young people. This is an area that needs greater investment and promotion in order to be effective.