Ending the harm: preventing and responding to intentional self-harm among children and young people

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Megan Mitchell
National Children’s Commissioner
Australian Human Rights Commission
My role as National Children’s Commissioner

- prioritise the best interests of children (article 3)
- Make sure children’s views are heard and taken seriously (art 12)
- Focus on marginalised, excluded and vulnerable children (art 2)
- hold governments to account for Australia’s obligation to protect the child’s right to life, survival and maximum development (art 6)
My role as National Children's Commissioner:

- Prioritise the best interests of children.
- Make sure that children's views are heard and taken seriously.
- Focus on children who are marginalised due to discrimination, disadvantage and exclusion.
- Hold the government to account for its obligation to protect the child's right to life, survival and maximum development.
An area in need of further investigation

- children and their advocates raised the issue
- intentional self-harm leading cause of death
- 10,699 hospital separations for intentional self-harm
- actual level of intentional self-harm estimated to be higher
- certain groups of children are vulnerable
  - Aboriginal and Torres Strait Islander children
  - sexuality diverse, transgender, gender diverse and intersex children
  - children in out-of-home care
  - children with disability
  - children from culturally and linguistically diverse backgrounds
  - children living in rural and remote areas of Australia
  - children in immigration detention facilities
  - children affected by bullying and violence
The relevance of children’s rights

• a child is anyone under 18
• children have rights to prevent intentional self-harm:
  – right to life (article 6)
  – right to freedom from violence (article 19)
  – right to health (article 24)
  – right to an adequate standard of living (article 27)

• the UN has commented that:
  – disaggregated child death data be provided in country reports
  – Information on prevention measures should be reported
  – violence may be a cause of self-harm
Benefit of a child rights-based approach

- preventing intentional self-harm is morally right and legally required under international law
- children are rights-holders who should be placed at the centre of prevention efforts
- certain groups of children are disproportionately affected
- the human rights of all children should be protected
Method

- review of the relevant literature
- 12 expert roundtables, with 154 people participating
- 140 written submissions
- new data from Kids Helpline about children’s view
- partnering with organisations to hear children’s views
- original data sourced about death and hospitalisation
Kids helpline: 2012 – 2103, 5-17 year olds

Suicide stated contacts – 6,703

- Other concerns- mental health, self injury, relationships, emotional well being

- 71.5% metropolitan areas: 89.3% females, 62.3% contacts on line, 7.4% by phone

- 28.5% rural, regional and remote: 93.5% female, 57.9% contacts on line, 42.1% by phone

Self harm stated contacts – 4,380

- Other concerns - suicide, mental health, relationships, emotional well being
A young person’s perspective:

“I started very young. I started when I was ten and it was a year and a half or two years before somebody actually found out and I ended up telling the school counsellor and of course she told my parents. Neither of my parents knew what to do...and I didn’t know how to explain...it took a long time for me to get proper help, and I know that getting inadequate assistance when I was younger, it took longer for me to actually get the right help and for me to continue to seek out the right help”
Help negation

- the process of help withdrawal or avoidance found among those currently experiencing clinical and subclinical levels of different forms of psychological distress, including low and critical levels of suicidal ideation

(Wilson, Bushnell, Caputi, 2011)
### Deaths due to intentional self-harm

<table>
<thead>
<tr>
<th>Age ranges</th>
<th>Number of deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 to 11</td>
<td>50</td>
</tr>
<tr>
<td>12 to 13</td>
<td>150</td>
</tr>
<tr>
<td>14 to 15</td>
<td>200</td>
</tr>
<tr>
<td>16 to 17</td>
<td>250</td>
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</tbody>
</table>

Early intervention and prevention

- 186% increase
- 657% increase
- 92% increase

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Deaths due to intentional self-harm

Percentage of deaths

Age ranges

Hanging

Other mechanisms
Deaths due to intentional self-harm

Percentage of deaths

Area of death

Home, Countryside, Transport area: other, Recreational Area, Cultural Area, or Public Building
Deaths due to intentional self-harm

Time of death

Percentage of deaths

0 5 10 15 20 25

12am-3:59am 4am-7:59am 8am-11:59am 12pm-3:59pm 4pm-7:59pm 8pm-11:59pm Unknown time

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Deaths due to intentional self-harm

![Bar chart showing percentage of deaths among different age groups for non-Indigenous and Indigenous populations.](chart.png)

Percentage of deaths

- **4 to 11**
  - Non-Indigenous: 80%
  - Indigenous: 20%

- **12 to 13**
  - Non-Indigenous: 100%
  - Indigenous: 0%

- **14 to 15**
  - Non-Indigenous: 120%
  - Indigenous: 80%

- **16 to 17**
  - Non-Indigenous: 100%
  - Indigenous: 0%

- **Population**
  - Non-Indigenous: 100%
  - Indigenous: 0%
Self harm data – 2007/8 to 2012/13 for children 3-17 yrs
AIHW 2014

• 18,277 hospitalisations
• 82% for self poisoning
• 82% females, 18% males
• 42% from rural and regional areas
• 19% from remote areas
• 7% involved Indigenous children
Children’s Rights Report 2014 recommendations

- National research agenda to improve understanding about children under 18 who engage in intentional self-harm, with or without suicidal intent

- Prevention begins with adequate surveillance to define and understand the problem
Ending the harm: preventing and responding to intentional self-harm among children and young people

Thank you

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