REPORT OF PROCEEDINGS BEFORE

COMMITTEE ON CHILDREN AND YOUNG PEOPLE

REVIEW OF REPORT OF THE CHILD DEATH REVIEW TEAM

SUICIDE AND RISK-TAKING DEATHS OF CHILDREN AND YOUNG PEOPLE

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At Sydney on 23 November 2004

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The Committee met at 3.45 p.m.

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PRESENT

Ms B. M. A. Perry (Chair)

Legislative Council	**Legislative Assembly**
The Hon. J. C. Burnswoods	Mr J. R. Bartlett
The Hon. A. Catanzariti	Ms S. R. Cansdell
The Hon. K. F. Griffin	Mr B. J. Collier
Ms S. P. Hale	Mrs J. Hopwood
The Hon. M. J. Pavey	Ms D. V. Judge

GILLIAN ELIZABETH CALVERT, Commissioner, Commission for Children and Young People, Level 2, 402 Elizabeth Street, Surry Hills, affirmed and examined:

Mr STEVE CANSDELL: The report of the Child Death Review Team [CDRT] identifies that the quality and extent of information contained in records is highly variable and that while coronial inquiries contain detailed information about the death in the case of precipitating circumstances, information about life circumstances is recorded less consistently. What are the implications of this limitation for the study and its findings? What measures could be taken to minimise the impact of this problem in future studies?

Ms CALVERT: The limitation that you are referring to is, in fact, a limitation in the research methodology that we have used, which was primarily to look at records. So we were therefore dependent upon the information that was available for the record, and for some of these kids there was very little information on the records about them, so we were unable to get it. We sought to address that research problem by going to every available data source that we could. Regardless of that, in tracking down every record that has ever been held on them that the CDRT were entitled to at the time, about 42 per cent of children and young people had no record of prior contact with human service agencies and the only information we could access was on their coronial file.

We have already taken measures to address that. The Child Protection Legislation Amendment Act in 2003 broadened the range of departments and agencies that the CDRT can require information of. So we now can require information of private practitioners and non-government agencies as well as government agencies. I think that has probably improved our access to records. But unless the child has a record we are unable to really take any measures to overcome it.

Mr STEVE CANSDELL: Basically, have any recommendations come out of this report that would lead to more awareness programs for parents to recognise signs?

Ms CALVERT: Of suicide?

Mr STEVE CANSDELL: Yes, depression and suicide.

Ms CALVERT: Certainly one of the findings that we had out of the suicide and risk taking report was that many of the children had told someone else that they were intending to harm themselves and, perhaps because of a promise not to tell, those people felt that they could not go and tell someone else. So we think it is important that the message is given that people break the promise to keep it quiet if they are told that someone is thinking about harming themselves; it is the one time it is okay to break a promise.

The second thing we wonder is whether there is a belief that if someone says they are going to kill themselves that they will not do it. Again, this research highlights that that is not the case and that that is a myth. So there needs to be some work done in tackling that myth about suicide and people telling.

Mrs JUDY HOPWOOD: I have a particular concern about the fact that young people do not seem to know that it is recommended that they do tell somebody else, just from my own daughter's circle of friends and the problems that they have in terms of if they find out or the friend said something to them that indicates a potential for suicide. How do you imagine we are going to get that message out there, because some kids do not even like their school counsellor and they might be a bit guarded about telling their own parents for fear of the parents telling the set of parents involved. I think this is a huge thing. I said to my daughter, "If you cannot tell me, find an adult you trust and tell somebody else". But that is not widely known. The kids still feel the need to be that good friend and keep that confidence, and then a tragedy could occur.

Mr STEVE CANSDELL: And they live with guilt.

Ms CALVERT: I think the impact on the kids who have been told is awful. Certainly, because it is one of our findings, we thought that it was important that the suicide strategy be updated to reflect that. So we have referred that finding to the Government to include in their updated strategy. I would envisage that that is where services like Kids Help Line become particularly important, because they are anonymous services and you can ring up or e-mail and get a response from somebody who knows how to deal with and respond to those sorts of issues. Most kids are aware of Kids Help Line, they have got something like 98 per cent recognition. Having said that, that does not mean the kids will use them for that particular issue if they are worried about breaking a promise, so we felt it was important that the message was not only this is where you can go for help but that it is okay to break this promise.

Ms VIRGINIA JUDGE: I have two daughters, one is 19 and the other one is just about to turn 18, and both of them were told by a peer at school that one of the students in their year was harming herself and that another student was thinking of committing suicide. One of my daughters found this out when she was on their school excursion. In both these situations my daughters asked the student to go and see the school counsellor and they did not want to. The way my daughters found out was through a school excursion. This is a bit unrelated but in a way it is very related too because school excursions are often opportunities for students to get together and to spend more time together in an informal way. You often find that a lot of problems—whether it is about sexual abuse in the family—come out when the students are on these little camps. Even if they are going for two or three days I think the role that these camps play in schools is really important and ought to be supported. The children do feel that they are breaking the trust of that person. There was another case to do with the person's sexual identity where they found that they were a bit ambivalent about it. The school has a lot of resources so it touches every walk of life, but I think it is a really important issue.

The other issue was No. 4, mental health problems. In terms of human service agency contact with children and young people falling into the subgroup, experiencing mental health problems and distressed emotional states, the report highlights several areas of inadequate practice centred on (1) inappropriate agency actions, (2) failure to recognise suicide risk, and (3) ineffective case management. Has the CDRT monitored these identified inadequacies and, if so, what did the CDRT find, and what was the response of NSW Health to this aspect of the report?

Ms CALVERT: Certainly in relation to the first, we monitor recommendations, we do not monitor findings. So we really only had one recommendation out of this report, which is that the Government update its New South Wales Suicide Prevention Strategy, taking into account the findings. And we recommended that those issues that you have just mentioned be addressed as part of that review and updating of the New South Wales Suicide Prevention Strategy.

In relation to NSW Health's response to this aspect of the report, they reported that they have developed Statewide training for all staff on documenting casework and assessing issues such as suicide risk; they have also developed policy and risk assessment guidelines for NSW Health staff and staff in private hospitals and they are also developing a training module to assist workers assess and work with young people at risk of suicide—and that will be aimed at both workers in government and non-government services. That is what NSW Health has advised me.

Mrs JUDY HOPWOOD: In the case of young people within this subgroup who had not received any mental health services, the report states that the cases highlight the need for innovative methods to engage young people experiencing difficulties in counselling or to support them to seek some other form of assistance. Could you please expand on the nature of the innovative methods contemplated in the report?

Ms CALVERT: I guess one of the reasons we suggested innovative approaches is because we are not sure what works. What might be required in this area is for experts to conduct further research into what approaches are effective and then to pilot them and evaluate them. Having said that, we would anticipate that they would do some of the things that you mentioned, Virginia, one of which is to provide soft entry points that kids are unlikely to go to services off their own bat, so it is through doing other activities and forming relationships with the people running those activities that kids will then start to talk about some of the issues that are in their lives.

So one of the things that we would expect an innovative service to do would be to make themselves accessible through soft entry approaches. I also think that young people often do not have access to be able to get to services, so that is where innovative things such as e-counselling and telephone counselling come into play and are quite useful and worthwhile exploring. I also think that flexible services is something that is really critical for young people and you would expect to see in an innovative approach; flexible in terms of the opening hours, so it is not 9 to 5, because kids are at school from 9 to 3. So you would want to think about flexibility in terms of your opening hours after work hours—weekends and so on.

I think, again, that is where Internet-based services also come into their own because they are 24 hours and telephone counselling services are 24-hour as well. For example, a recent innovative approach, which I thought started to demonstrate some of the things that we talked about in our report, was Reach Out's recent trial of an SMS support service for young people undertaking their HSC. You could register for this service and they would then SMS you support messages throughout the HSC period. It is an example of thinking outside the square and being a bit innovative, perhaps being able to reach out to kids who might otherwise have not had access to that.

The Hon. TONY CATANZARITI: Some of these kids will not talk to anyone about their problems, yet they are obviously having a problem. What assistance can you give to someone? How do you identify that they have a problem if they are not going to speak up?

Ms CALVERT: It is very difficult. I refer to our learning from the inquiry in children who have no-one to turn to and other research; it becomes important to surround kids with a set of strong connections to other people. That means trying to have relationships with kids in family, friendship, school, child-care and activity settings.

The Hon. TONY CATANZARITI: Do the kids themselves talk about it? To try to help someone with a problem, do other kids identify their mate's problems?

Ms CALVERT: Often kids will identify a problem, and they try to sort it out between themselves. If they cannot, they will turn to some adult who will help them. Maybe that question could be directed to Professor Raphael. I am sure that the Department of Health and the Department of Education and Training have a number of programs that are aimed at skilling-up the emotional capacity of children and young people.

CHAIR: Professor Raphael is addressing the Committee on Thursday.

Mr STEVE CANSDELL: Gillian, is all right saying that kids can seek help, but there is a disparity between country and city. On the North Coast we have half the State's mental health problems. The under-12s are normally looked after by the area health service or DOCS. After that it becomes a high-risk area and there are limited resources for them. The mental health counsellors are there for only the extreme diagnosed cases, because they do not have resources to go further. So, where do children get help? Is the Kids Help Line a 1300 number?

Ms CALVERT: Yes, it is. It is a free call.

Mr STEVE CANSDELL: Perhaps that should be advertised more widely, because basically the Help Line is their only lifeline.

Ms CALVERT: As I said, the research done into the Kids Help Line showed that it has about 98 per cent recognition, and I back up that finding. When I speak with kids and ask them who do they have to turn to apart from mum, dad and the teacher, they say "Kids Help Line", and they can recite the number by heart; it is on their bus passes, so they get constant messages about it. It does have quite high recognition. Questions on services and access to services should be addressed to Professor Raphael when she appears before the Committee.

The Hon. MELINDA PAVEY: It is 4 o'clock, and we are coming back on Thursday, so I am happy to postpone my questions until then.

CHAIR: If your questions are to Professor Raphael that is okay. Gillian will not be here on Thursday, her evidence will finish today.

The Hon. MELINDA PAVEY: My question may be better posed to Professor Raphael, but as Gillian is here I will ask her. What research on suicide by young people has been done into incidences of ADHD, drugs, Ritalin, and those particular issues. Recently there was a high profile death involving a young girl who had taken anti-depressants. Do you have any statistics?

CHAIR: Are you able to readily answer that question, or would it be better addressed to Professor Raphael on Thursday?

Ms CALVERT: It is probably a question that Professor Raphael should answer. Certainly in the CDRT 2003 annual report we found that four of the six young people experiencing depression were prescribed a particular medication. That class of anti-depressant drug, called selective serotonin re-uptake inhibitors, Zoloft, Prozac and Arapax, have been associated with increased risk of suicide in children and young people. The Therapeutic Goods Administration is currently reviewing the use of anti-depressant drugs in children and young people. The CDRT has decided to await the outcome of that review before commenting any furthers.

The Hon. TONY CATANZARITI: Where do they get those drugs?

Ms CALVERT: The are prescribed medications, that is why it would be better to ask Professor Raphael because she will understand the details.

The Hon. MELINDA PAVEY: The Child Death Review Team report notes that DOCS is conducting a literature review and redesigning its data capabilities in relation to child deaths. Have both projects been completed? Will the CDRT encourage DOCS centre for parenting and research to undertake research along the lines of its recommendation?

Ms CALVERT: I am not aware that the research has been completed as yet by DOCS.

Mr JOHN BARTLETT: In Port Stephens 80 per cent of call outs and other areas are domestic violence related. Obviously the effect on children is enormous. Have you looked at documentation by Triple-P in Queensland? Is there any agency in New South Wales that does anything like Triple-P?

Ms CALVERT: Yes, I am aware of Triple-P, it is a parenting program, one of the few evaluated programs on parenting education. Again, you might want to take that up with Professor Raphael. My understanding is that NSW Health has been training people as Triple-P presenters.

Mr STEVE CANSDELL: You have talked about a report on bullying and its connection with suicide and threats of suicide. Recently a son of one of my constituents has been bullied

consistently. Do school principles have a role to play in lessening the impact of bullying, and possibly in mediating with young people?

Ms CALVERT: My understanding from the literature is that the most effective anti-bullying programs involve the whole school—the principle, the teachers, the students and the parents in the school community. The first step is to understand it, to commit to remedying the bullying problem. I would be happy to provide the Committee with further information on the research into effective response to bullying.

Mr STEVE CANSDELL: I would appreciate that, thank you.

The Hon. MELINDA PAVEY: Are the questions on notice not yet asked to be answered?

CHAIR: I will ask Gillian to table any further information she has, including any prepared answers.

The Hon. MELINDA PAVEY: Question three asked about the CDRT study, whether its findings were adequately recognised the New South Wales Suicide Prevention Strategy. There were issues about findings and whether they had been undertaken.

CHAIR: The answers may be tabled. The Committee would appreciate you tabling any answers you have in relation to the questions on notice for both suicide and fatal assaults, not necessarily today. The Committee thanks you for your attendance for the past two hours.

(The witness withdrew)

(The Committee adjourned at 4.09 p.m.)