

Submission
No 39

INQUIRY INTO BULLYING OF CHILDREN AND YOUNG PEOPLE

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National Office

Inquiry into the Bullying of
Children and Young People -
headspace Submission

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Introduction: who we are

headspace, the National Youth Mental Health Foundation, is an exciting initiative that was launched in July 2006 to reduce the burden of disease amongst young people aged 12-25 caused by mental health and related substance use problems. **headspace's** mission is to deliver improvements in the mental health, social wellbeing and economic participation of young Australian's aged 12-25.

headspace key priorities include:

- promoting early help seeking
- providing early intervention services;
- simplifying access to services for young people and their families through co-location and other strategies;
- providing flexible, integrated and well coordinated clinical services;
- gathering and disseminating the evidence on what works best;
- local workforce development; and
- structural reform in mental health service provision.

headspace currently funds 30 **headspace** sites across Australia offering services in each State and Territory. These sites bring together local youth mental health, drug and alcohol, primary care and education, training and support agencies and is improving access for young people to appropriate services and ensuring better links and coordination between services in their local areas.

The **headspace** model consists of a youth friendly hub or one stop shop where the array of services is broadly focused and multidisciplinary and therefore can see young people for a wide range of concerns. Put simply a **headspace** service is:

- a place where young people can receive help for a range of issues; health, education, work, mental health and drug and alcohol use;
- a confidential low cost or free service dependent on situation;
- a locally run initiative established by organisations that understand their local community; and
- a place where young people and families are encouraged to become involved.

The **headspace** sites are supported by **headspace** National Office and the Collaborative Learning Network. The other three major components of **headspace** are:

- a Centre of Excellence that promotes evidence-based practice in youth mental health services;
- a Community Awareness strategy that fosters community awareness of youth mental health issues to encourage young people to seek assistance early; and
- a Service Provider and Education Team that increases the knowledge, understanding and skills of GPs and other service providers working with young people with mental health issues through the development and dissemination of evidence based education, training and resources.

headspace welcomes the opportunity to make a submission to the NSW Legislative Council's General Purpose Standing Committee's inquiry into the bullying of children and young people.

Bullying – what do we know?

Definition and types of bullying

The most commonly used definition of bullying is from the work of Olweus (1991)

*"a person is being bullied when he or she is exposed, repeatedly and over time, to negative actions on the part of one or more other persons. It is a negative action when someone intentionally inflicts, or attempts to inflict, injury or discomfort upon another ..."*¹

Three critical elements are included in the definition of bullying – repetition, intentionality and power imbalance.^{2 3} Within this definition a one off incidence is not considered bullying neither is an incident between two people of the same strength or social standing.

It is interesting to note that children and young people's definitions of bullying differ from academics and experts in the field. Studies that explore young people's definition found that the three critical elements are rarely mentioned and that the majority of young people identify bullying with direct physical aggression.⁴ For example one study reported that the typical response to the question "what do you think bullying is?" was "you get hurt, they kick you and call you names".⁵ Younger students definition of bullying tend to focus on physically aggressive acts whereas older students have a broader definition and include more subtle forms of bullying such as peer exclusion and verbal aggression.

There are different types of bullying reported in the literature- direct physical bullying, direct verbal bullying and indirect bullying. Physical bullying includes hitting, pushing, tripping etc. verbal bullying includes name calling, insults, homophobic or racist remarks and indirect bullying is designed to harm someone's social reputation and/or cause humiliation and includes lying and spreading rumours and cyber-bullying.

Prevalence

Bullying is a common experience in schools across the world and some commentators have suggested, accepted as part of school life for many decades.^{6 7 8} Prevalence rates of bullying worldwide range from 11% to 50%.^{9 10 11A} A study of a school in New South Wales found that in one school term more than three out of five students experienced or participated in bullying¹² and Mission Australia's (2008) National Survey of Young Australians

found that bullying and emotional abuse was an issue for over one in five young people (22.6%) and for one in four Indigenous young people (26.3%)¹³. It is important to remember that schools are not the only place that young people experience bullying it is also prevalent in the workplace.

Workplace bullying is defined by WorkSafe Victoria as "repeated, unreasonable behaviour directed towards an employee, or group of employees, that creates a risk to health and safety." Examples include verbal abuse, excluding or isolating employees, psychological harassment, intimidation, assigning meaningless tasks unrelated to the job, giving employees impossible assignments etc. Young workers are the most vulnerable group for exposure to bullying and violence in the workplace.¹⁴ A study of young workers in Victoria found that 35% experienced bullying or violence in their workplace¹⁵ and a study in SA found that 25% of the young workers had been bullied, while 21% had been sexually harassed at work.¹⁶ Data from JobWatch telephone information service shows that over the last six years workplace violence is consistently among the top 5 enquiries for young people aged under 25.

There are gender differences in bullying with boys reporting more incidents of bullying than girls and also reporting more physical bullying than girls. There are also age differences with experiences of bullying for example physical bullying seems to reduce as students get older and incidents of verbal and indirect bullying increase.¹⁷

With the growth of ownership of mobile phones and access to the internet, cyber bullying has particularly seen an increase in prevalence in the last five years.¹⁸ One study in Queensland reported that 93.6% of teenagers had experienced mobile phone bullying in some form.¹⁹

Causal factors

Studies that have explored causal factors indicate that bullies are more likely to have parents with a low level of education, be male, have an aggressive temperament, be social isolated, are overweight, have an athletic identity, and have a history of being teased by family about appearance²⁰. A study of bullying in NSW found that students who were both bullies and were bullied tended to be unhappy at school and feel alone and that bullied students had fewer friends, were more introverted than others and were lacking in social skills²¹.

It is also important to note that the environment has a role to play in the prevalence of bullying. Schools and workplaces where bullying is not addressed and is condoned will send the message that bullying behaviour is acceptable.

The impact of bullying

Bullying has been linked with poor physical and mental wellbeing. Victims of frequent bullying have been reported to have experienced anxiety and insecurity, suicidal ideation, low self-esteem and low self-worth, sleeping difficulties, bed wetting, loneliness, feelings of sadness, higher prevalence of smoking and alcohol use and frequent headaches and abdominal pain.^{22 23 24}

²⁵Bullying is also associated with lower grades, disliking school and absenteeism²⁶. There has also been a link between being bullied and violent behaviour in later life.²⁷

It is not only victims of bullying that suffer impacts from bullying, children who bully are more likely to engage in criminal behaviour, domestic violence and substance abuse as adults and experience mental health issues.²⁸

Bullying has strong links with poor mental health outcomes. As well as the mental health issues listed above, being a victim of bullying has also been linked with increased levels of depression as young adults and being a bully has been associated with a higher risk of the development of psychotic symptoms in adolescence²⁹ and an increase of other mental health disorders such as oppositional defiant disorder and conduct disorder.³⁰ In particular children who fit the definition of bully/victim are at particularly at higher risk of a psychotic experience (ibid). Bond et al (2001) also found that a history of victimisation predicts the onset of anxiety or depression, especially in adolescent girls³¹.

It is important to note that mental health is the number one health issue facing young Australians and contributes to nearly 50% to the burden of disease in this age group. 75% of mental health problems occur before the age of 25.³² The recent Mental Health and Wellbeing Survey found that young people have higher rates of mental health issues and are also less likely than other age groups to seek professional help.³³ In 2007 over one in four young people experienced a mental health disorders yet less than one in ten accessed a service.

Failure to present for treatment and prolonged treatment delays are associated with slower and less complete recovery, an increased risk of relapse and more enduring disability. Untreated mental illness in young people, a key developmental period, leads also to poor school performance, early school leaving, unemployment and premature death. Much of the disability associated with mental disorders develops in the early years following illness onset. This evidence builds a strong case for early, effective intervention if we wish to reduce the burden of disease created by these disorders.

Interventions

Although there is a wealth of information about the prevalence of bullying and impact and there has been very little research into effective interventions. Key papers and writers in this arena advocate for a whole school approach to tackling the issue of bullying arguing that just writing a policy does very little to combat the issue. A whole school approach involves the whole school community and includes looking at the safety of the school environment, how all people are treated at the school and the development of appropriate policies and procedures. It is also incorporated into the general curriculum.

Another popular intervention in schools is the practice of restorative justice. Restorative justice describes a response to wrongdoing which focuses on people and relationships rather than on punishment and retribution.³⁴ It involves gathering all parties involved (the perpetrator and the victim) and working towards an agreed solution. It has its origins in the criminal justice system but has been applied successfully in school (ibid). Studies have shown that using a restorative justice approach reduces the likelihood of the bullying behaviour reoccurring and has positive impacts for both the bully and the bullied.^{35 36} Other commentators advocate for the recognition and management of bullying to be an essential part of teacher training.

With regard to cyber-bullying successful individual strategies include: not responding to the bully, saving the evidence, blocking and deleting the bully from the service, and reporting the abuse to the administrator of the service¹.

¹ Advice given by Andrew Fuller as part of the headspace forum on bullying 21 August 2008.

In the case of bullying in the workplaces, again there has been little research into effective interventions. Union guidelines and booklets advocate for the development of policies, training for staff and in particular management and informing young people of their rights.

Summary of issues

- Bullying occurs in all schools
- Young workers are the most vulnerable group for exposure to bullying and violence in the workplace
- Bullying has an impact on the physical and mental wellbeing of young people
- Mental health is the number one issue facing young people
- Intervening early promotes better recovery
- Young people traditionally do not access services

Conclusion

Bullying is an issue facing many young Australians whether at school or at work and has a detrimental impact on the health and wellbeing of both victim and perpetrator. In particular it has an impact on mental health. Bullying has been raised as an issue of concern by many young people and a recent **headspace** 'ask an expert' session on the issue attracted over 200 young people as participants and has since had over 3,000 views. With the recent Mental Health and Wellbeing Survey reporting that young people have the highest rates of mental health issues we can no longer afford to ignore bullying in our schools and workplaces. As a community we have a responsibility to tackle this serious health and welfare issue.

Recommendations

To address the issue of bullying in children and young people efforts need to be focused on prevention (reducing the incidents of bullying) and early intervention (effectively tackling any incidents of bullying that occur in a manner that will reduce the physical and mental health impact eg restorative justice approaches and access to services).

headspace recommends:

- Taking a whole school approach to bullying. (This includes creating a safe and supportive environment,

valuing and respecting all students and teachers through providing opportunities for participation in all aspects of school, and improving communication and a sense of connection to school).

- Involving the whole school community in developing policies on bullying.
- Incorporating restorative justice approaches to address incidents of bullying in schools.
- Including the use of interactive technologies such as email and chatrooms in school policies in bullying and providing access to training for teachers in this area.
- Providing training on bullying in teacher training curriculum.
- Workplaces taking a more active role in addressing the issue of bullying including the development of bullying policies, staff training and access to services.
- Addressing incidents of bullying in the early stages including access to counselors/services for young people who have been bullied and/or for young people who instigated the bullying.
- Improving relationships between schools, workplaces, and mental health services (including headspace centres, local primary care centres and area mental health services) to allow timely and appropriate referrals of bullies and victims to address any potential emerging mental health issue.
- Promoting early intervention in schools and workplaces so that students have access to services before their mental health issue escalates thus allowing for more successful recovery.

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