



30 April 2018

Committee Secretary
Senate Community Affairs References Committee
Department of the Senate
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

Dear Committee Secretary

Submission to the Senate Community Affairs References Committee's inquiry into the accessibility and quality of mental health services in rural and remote Australia

The Australian Human Rights Commission welcomes the opportunity to make a submission to the Senate Community Affairs References Committee's inquiry into the accessibility and quality of mental health services in rural and remote Australia.

Intentional self-harm and suicide by children and young people, and access to mental health services for children and young people in rural and remote Australia, are key areas of work for the National Children's Commissioner.

In 2012, the UN Committee on the Rights of the Child, in its concluding observations on Australia, expressed concern about 'health disparities of children living in rural and remote areas'.¹ The Committee recommended that Australia 'undertake all necessary measures to ensure that all children enjoy the same access to and quality of health services', with special attention to children living in remote areas.²

In 2013, the National Children's Commissioner conducted a national listening tour, known as the 'Big Banter', involving over 2,300 children and young people and their advocates in cities, regional and remote areas across Australia. The consultations revealed that access to adequate healthcare and service delivery varied significantly between cities, regional and remote areas, and that children and young people in regional and remote areas do not enjoy the same opportunity to thrive as other children and young people in Australia.³

In 2014, information provided to the National Children's Commissioner's examination of intentional self-harm (with or without suicidal intent) showed that children and young people who live in remote areas are significantly more likely to die due to

intentional self-harm than by other external causes, compared to children and young people who live in metropolitan areas.⁴ Ratios for death due to intentional self-harm among young men are particularly high, with some estimates finding that it occurs at almost twice the rate in rural and remote areas than in metropolitan areas.⁵ Data from the Australian Institute of Health and Welfare indicated that there were 18,277 hospitalisations for intentional self-harm in children aged 3–17 years between 2007–2008 and 2012–2013, with regional and remote areas accounting for 38% of these hospitalisations.⁶ Indigenous children are especially vulnerable, representing 28.1% of all recorded deaths in children under the age of 18 years due to intentional self-harm.⁷

According to Kids Helpline,⁸ during 2012 to 2013 there was a significant increase in the proportion of contacts from children and young people in rural centres and areas who directly stated that self-injury and self-harm was their main concern, from 27.12% in 2012 to 32.72% in 2013.⁹ Although the number of contacts was small, there was also a significant increase in the proportion of contacts from remote centres and areas, from 0.28% in 2012 to 1.07% in 2013.¹⁰

The Kids Helpline stated that during 2012 to 2013, 27.25% of contacts from children and young people who directly stated that suicide was their main concern were from rural centres and areas, and a further 1.26% from remote centres and areas.¹¹ Although the number of contacts was small, a significant increase was seen in the proportion of contacts originating in remote centres and areas, from 0.58% in 2012 to 1.92% in 2013.¹²

Children and young people in rural and remote areas of Australia experience unique challenges. According to Suicide Prevention Australia, underemployment, lack of infrastructure, lack of health and education services, restricted social and career opportunities, drought and cultural stoicism may contribute to the distress of young people in rural Australia.¹³

Submissions to the National Children's Commissioner's examination highlighted the lack of access to information and available support services in rural and remote communities. The Menzies School of Health Research highlighted, in particular, the lack of social and emotional wellbeing services available to children and young people in remote Northern Territory communities, with few or no follow-up services available to them.¹⁴ Submissions also suggested that the services that do exist do not necessarily reflect the needs or wants of rural and remote communities.¹⁵ Jesuit Social Services noted in its submission:

In communities where we work, people have said that they want targeted, culturally safe, suicide prevention activities and that a one-size fits all model will not work for remote communities ... Community based wellbeing programs that have been shown to work are those that focus on the social, emotional, cultural and spiritual underpinnings of community wellbeing.¹⁶

The Northern Territory Council of Social Service reinforced the need for services to be built with the community in mind. It argued that:

while this may take more time than top down implementation, without this approach it is likely that services will be ineffective and waste further valuable resources and time.¹⁷

A paucity of research projects that specifically target youth mental health, self-harm and suicide in rural and remote areas has resulted in research undertaken in metropolitan areas being used to inform responses in rural and remote settings.¹⁸ As Dr Sarah Lutkin noted, '[f]unding, policy and programs are often based on data from more populated areas, while models of service are applied to smaller communities with limited flexibility'.¹⁹

When investing in services, it is necessary to be mindful of the limited infrastructure available in some very remote locations. This, as Menzies School of Health Research acknowledged, may require investment in 'community resources and programs linked to health and education with an effort to optimise the effectiveness of visiting, mobile services'.²⁰

Other submissions made to the National Children's Commissioner cited online services as being integral to the health and wellbeing of children and young people in regional and remote communities. Online services can connect young people with professional help or provide them with information, skills, support, intervention or referrals that can assist them to access help offline.²¹ The service, headspace,²² for instance, stated that its eheadspace program extends the reach of services to those young people who are unable or unwilling to access office-based services, including particularly vulnerable groups such as those in regional and remote communities.²³

The Young and Well Cooperative Research Centre, in its submission, referred to its development of the Online Wellbeing Centre, which has created a virtual space for young people to access a personalised, ongoing recommendation service for tech-based tools and apps. This project aims to explore the barriers to treatment being experienced by young people living outside of major cities in Australia, and presents a method of engagement that builds local community capacity by exploring how technologies can be used to enhance the service offering.²⁴

A copy of the 2014 Children's Rights Report can be located at <https://www.humanrights.gov.au/our-work/childrens-rights/publications/childrens-rights-report-2014>. Chapter 3 focuses on intentional self-harm, with or without suicidal intent, in children and young people under 18 years of age. It makes four recommendations relevant to your inquiry. The National Children's Commissioner intends to update the suicide and self-harm data later this year.

Yours sincerely

**Emeritus Professor Rosalind Croucher AM
President**

**Megan Mitchell
National Children's Commissioner**

¹ Committee on the Rights of the Child, *Concluding Observations of the Committee on the Rights of the Child: Australia*, 60th sess, UN Doc CRC/C/AUS/CO/4 (28 August 2012) [59].

² Committee on the Rights of the Child, *Concluding Observations of the Committee on the Rights of the Child: Australia*, 60th sess, UN Doc CRC/C/AUS/CO/4 (28 August 2012) [60].

³ Australian Human Rights Commission, *Children's Rights Report* (2013), 94. At <https://www.humanrights.gov.au/our-work/childrens-rights/publications/childrens-rights-report-2013> (viewed 9 March 2018).

⁴ Australian Human Rights Commission, *Children's Rights Report* (2014), 108. At <https://www.humanrights.gov.au/our-work/childrens-rights/publications/childrens-rights-report-2014> (viewed 9 March 2018).

⁵ National Rural Health Alliance Inc, *Suicide in Rural Australia*, Fact Sheet 14 (2009). At http://ruralhealth.org.au/sites/default/files/fact-sheets/fact-sheet-14-suicide%20in%20rural%20australia_0.pdf (viewed 13 April 2018); Australian Institute of Health and Welfare, *A Snapshot of Men's Health in Regional and Remote Australia*, Rural Health Series No 11 (2010). At <http://www.aihw.gov.au/publication-detail/?id=6442468343> (viewed 13 April 2018).

⁶ Australian Human Rights Commission, *Children's Rights Report* (2014), 133. At <https://www.humanrights.gov.au/our-work/childrens-rights/publications/childrens-rights-report-2014> (viewed 9 March 2018).

⁷ Australian Human Rights Commission, *Children's Rights Report* (2014), 151. At <https://www.humanrights.gov.au/our-work/childrens-rights/publications/childrens-rights-report-2014> (viewed 14 March 2018).

⁸ Kids Helpline offers counselling support for children and young people aged 5 to 25 years who contact the service via telephone, email and a real-time web platform. Kids Helpline gathers information on a range of issues directly stated by children and young people who contact the service, including on self-injury, self-harm and suicide: BoysTown (Kids Helpline), Submission No 116 to the National Children's Commissioner, *Inquiry into Intentional Self-harm and Suicidal Behaviour in Children*, 2 June 2014, 3. At <http://www.humanrights.gov.au/submissions-intentional-self-harm-and-suicidal-behaviour-children> (viewed 14 March 2018).

⁹ Australian Human Rights Commission, *Children's Rights Report* (2014), 147. At <https://www.humanrights.gov.au/our-work/childrens-rights/publications/childrens-rights-report-2014> (viewed 14 March 2018); BoysTown (Kids Helpline), Submission No 116 to the National Children's Commissioner, *Inquiry into Intentional Self-harm and Suicidal Behaviour in Children*, 2 June 2014, 14. At <http://www.humanrights.gov.au/submissions-intentional-self-harm-and-suicidal-behaviour-children> (viewed 14 March 2018).

¹⁰ Australian Human Rights Commission, *Children's Rights Report* (2014), 147. At <https://www.humanrights.gov.au/our-work/childrens-rights/publications/childrens-rights-report-2014> (viewed 14 March 2018); BoysTown (Kids Helpline), Submission No 116 to the National Children's Commissioner, *Inquiry into Intentional Self-harm and Suicidal Behaviour in Children*, 2 June 2014, 14. At <http://www.humanrights.gov.au/submissions-intentional-self-harm-and-suicidal-behaviour-children> (viewed 14 March 2018).

¹¹ Australian Human Rights Commission, *Children's Rights Report* (2014), 141. At <https://www.humanrights.gov.au/our-work/childrens-rights/publications/childrens-rights-report-2014> (viewed 14 March 2018); BoysTown (Kids Helpline), Submission No 116 to the National Children's Commissioner, *Inquiry into Intentional Self-harm and Suicidal Behaviour in Children*, 2 June 2014, 12. At <http://www.humanrights.gov.au/submissions-intentional-self-harm-and-suicidal-behaviour-children> (viewed 14 March 2018).

¹² Australian Human Rights Commission, *Children's Rights Report* (2014), 141. At <https://www.humanrights.gov.au/our-work/childrens-rights/publications/childrens-rights-report-2014> (viewed 14 March 2018); BoysTown (Kids Helpline), Submission No 116 to the National Children's Commissioner, *Inquiry into Intentional Self-harm and Suicidal Behaviour in Children*, 2 June 2014, 12. At <http://www.humanrights.gov.au/submissions-intentional-self-harm-and-suicidal-behaviour-children> (viewed 14 March 2018).

¹³ Suicide Prevention Australia, *Position statement: Youth suicide prevention* (2010). At <https://www.suicidepreventionaustralia.org/sites/default/files/resources/2016/SPA-Youth-Suicide-Prevention-Position-Statement%5B1%5D.pdf> (viewed 9 March 2018).

¹⁴ Menzies School of Health Research, Submission 102, p 4. At www.humanrights.gov.au/publications/childrens-rights-report-2014.

¹⁵ Australian Human Rights Commission, *Children's Rights Report* (2014), 108-109. At <https://www.humanrights.gov.au/our-work/childrens-rights/publications/childrens-rights-report-2014> (viewed 9 March 2018).

¹⁶ Jesuit Social Services, Submission 83, p 14. At www.humanrights.gov.au/publications/childrens-rights-report-2014.

¹⁷ Northern Territory Council of Social Service, Submission 77, p 14. At www.humanrights.gov.au/publications/childrens-rights-report-2014.

¹⁸ Dr Sarah Lutkin, Submission 113, p 3. At www.humanrights.gov.au/publications/childrens-rights-report-2014.

¹⁹ Dr Sarah Lutkin, Submission 113, p 3. At www.humanrights.gov.au/publications/childrens-rights-report-2014.

²⁰ Menzies School of Health Research, Submission 102, p 32. At www.humanrights.gov.au/publications/childrens-rights-report-2014.

²¹ Dr Mareka Frost, Submission 72, p 5. At <https://www.humanrights.gov.au/our-work/childrens-rights/publications/childrens-rights-report-2014> (viewed 9 March 2018).

²² headspace is a national youth mental health foundation providing early intervention mental health services to persons aged 12 to 25 years, along with assistance in promoting young people's wellbeing. For more information, see: <https://headspace.org.au/>.

²³ headspace, Submission 89, p 14-15. At <https://www.humanrights.gov.au/our-work/childrens-rights/publications/childrens-rights-report-2014> (viewed 9 March 2018).

²⁴ Young and Well Cooperative Research Centre, Submission 121, p 7. At www.humanrights.gov.au/publications/childrens-rights-report-2014.