

**Submission to the Senate Joint Select Committee Inquiry into Cyber-Safety**

February 2011

**working  
with the  
community**

## Introduction

***This submission has been prepared on behalf of the Faculty of Child and Adolescent Psychiatry, Royal Australian and New Zealand College of Psychiatrists (RANZCP), by Dr. Philip GE Tam, Child/Adolescent Psychiatrist.***

The Faculty of Child and Adolescent Psychiatry, RANZCP, welcomes the opportunity to prepare a Submission for the Joint Select Committee on Cyber-safety. The Submission will focus on internet overuse among adolescents and young adults, as this falls within the purview and clinical scope of child/adolescent psychiatry. It is to be noted that the other domains within the Terms of Reference of the Select Committee are highly relevant and important, and can be associated with mental health concerns in themselves.

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## Summary of Recommendations

1. That a **nationwide, representative survey** be prepared and coordinated, with a particular emphasis on the mental health and wellbeing of Australian youth.
2. That a **collaborative and inclusive forum be constituted**, bringing together key Stakeholders, including, but not limited to, parents, educators, youth employers, mental health professionals, and young people themselves.
3. That Government, following expert appraisal of the above, prepare and outline a **national report** on the outcomes of the survey, including positive and negative aspects of ICT. In this regard, the establishment of an Online Ombudsman, who would be empowered to oversee and direct such a process, appears to hold much merit.
4. That Government, in close collaboration with key stakeholders, prepare a **national education, training and information** resource for the use of individuals, parents and families.
5. That future research in the broad area of internet and computer usage can be **disseminated, promoted, and supported easily and effectively**, possibly by a website-based group or collection of groups.
6. That the Australian Media and the internet and computing industry, which play a vital disseminative and informative role, be kept fully up to date with key developments, strategies and endeavours.
7. That a set of **key 'performance targets'** pertaining to the success of the above be prepared in an objective, transparent fashion, with a committee to be formed at an agreed time to investigate the success or otherwise of reaching these targets.
8. That the term '**internet addiction**' be replaced, wherever possible, in favour of the term '**problematic internet use**'. This is because the first term has negative and derogatory connotations, is scientifically incorrect, and could lead to a certain level of panic or undue worry about the condition.
9. That there is an explicit focus in all of the above, **in acknowledging the needs of remote, rural, indigenous or ethnic groups**, as these groups could easily be somewhat marginalized or left out at any stage of the endeavour.

## **1. About the RANZCP**

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is the principal organisation representing the medical specialty of psychiatry in Australia and New Zealand and has responsibility for the training, examining and awarding the qualification of Fellowship to medical practitioners.

Through its various structures, the RANZCP accredits training programs and administers the examination process for qualification as a consultant psychiatrist; supports continuing medical education activities at a regional level; holds an annual scientific congress and various sectional conferences throughout the year; publishes a range of journals, statements and other policy documents; and liaises with government, allied professionals and community groups in the interests of psychiatrists, patients and the general community.

This submission has been developed by the RANZCP Faculty of Child and Adolescent Psychiatry which, as part of its activities, undertakes an advocacy role on issues related to the mental health of children, adolescents and families.

## **2. Developing of concepts and international considerations**

Problematic internet use (PIU), or 'internet addiction' was first described in the late 1990's through case reports and scientific papers. There have been attempts to develop valid criteria for the condition, and various questionnaires and interview tools are available to assist diagnosis: no single tool is regarded as the definitive 'gold standard'. There is at present no official recognition of PIU by authorities and psychiatrists in the USA, Europe and Australia. There is active debate about whether it should indeed be formally recognized and classified, and particularly whether it merits being included in the forthcoming Diagnostic and Statistical Manual (DSM ) of psychiatric illnesses, whose fifth edition is due in 2012. China and other East Asian countries, who consider PIU to be a major public health concern, already recognize it and provide extensive government funds to its research and treatment.

There is variability between countries in the pattern and location of internet use. While in Australia the home is the preferred venue, much internet use in South Korea occurs in internet cafes. Extreme adverse events associated with internet use have been reported. For example, use in excess of 40 or 50 hours without stopping nor sleeping has resulted in the deaths of at least 6 young males, from exhaustion, dehydration or blood clotting. Also well-publicized was the jailing in mid-2010 of a young South Korean couple, who let their infant starve to death at home, while they tended to their 'virtual child' in a computerized social space at an internet café.

Such extreme and sensational cases aside, it is clear that there are significant impacts on some segments of the population, which will be discussed in the following sections.

## **3. Current research and investigation**

To support and disseminate this research, there are currently at least 3 quality international journals specifically aimed at this area of investigation. The largest and leading journal, *Cyberpsychology and Behaviour*, was renamed *Cyberpsychology, Behaviour and Social Networking* 4 years ago to reflect the massive rise in the latter phenomenon, as noted above, and consequently the resulting research interest in that area.

Regarding the prevalence and severity of PIU in the community, numerous surveys and studies have been performed internationally. They differ widely in their methodology – some use the internet itself to find respondents, some go to schools and others interview clinic attendees. They also differ in how they define PIU itself – there are many questionnaires and surveys available to researchers, which ask slightly varying things. Furthermore, there is no generally-accepted level or cut-off, at which one says ‘this person has got a disorder’; this is a common problem in a lot of mental health research. Nonetheless, it is notable that the majority of all international studies find a prevalence of between 5% and 10% of the disorder within the subjects the study interviewed – including that reported in a recent paper by Drs. Starcevic and Porter from Sydney (Australian and New Zealand Journal of Psychiatry, April 2010). Severity of the condition is also important – most studies acknowledge that the problem is very much a ‘spectrum’ disorder, ranging from mild to moderate to severe in nature, with most sufferers falling into the first 2 categories.

More recent research is also focusing on the vulnerability factors that may lead young people to more easily slip into PIU, and is examining whether PIU sufferers have detectable and significant changes in their brain activity or brain structure, compared to non-sufferers. This continues well-established research comparing the brains of, for example, depressed subjects to those of non-depressed.

#### **4. Treatment and therapy options**

With the investigation of the disorder still in its relative infancy, there are no generally-accepted and fully tested ‘treatments’ for PIU. The forms of treatment currently being offered internationally vary thus vary widely, and of course depend on both the condition’s severity and on the facilities available. Looking internationally, treatments vary from various self-help manuals or books ( often available through therapists websites), to ‘face-to-face’ therapist counseling offering forms of Cognitive Behavioural Therapy (CBT) or similar, through, at the extreme, to ‘live-in’ rehabilitation style clinics run by private centres in the USA, London and Amsterdam, and South Korea. There are also the much-publicised ‘internet boot camps’ of China and South Korea, where schoolchildren, generally male teenagers, are sent by desperate parents to forcibly break their entrenched behaviours through a combination of intense physical activity, rigorous schooling, and counseling.

The Australian experience with treatment and therapy is discussed in the following section.

#### **5. Australian Perspectives**

There is currently no established, coordinated centre dedicated to the systematic investigation of internet-related problems and mental well-being in Australia, although many individual research groups within mental health, and other disciplines, have been undertaking investigation for some years. This situation will change with the establishment of the Inspire Foundation’s YAWNET group, which will bring together researchers, advocacy bodies and educational endeavours in a collaborative fashion from (it is planned) July 2011; it has acquired major Governmental funding to support this important initiative. One of their key goals will be to prepare and coordinate a representative, quality and population-based investigation into young Australian’s ICT usage and it’s relevance and association with mental health and well-being. This will usefully follow the only existing population-based Australian survey into young Australian’s ICT habits, conducted by the Australian Communications and Media Authority in 2008 (Click and Connect: Young Australians’ Use of Social Networking: ACMA, 2009).

At a clinical level, within the fields of psychiatry and clinical psychology, it appears that clients have been presenting for 'treatment' from approximately 2002 (mainly to private clinical psychologists), but no systematic research into absolute numbers, the severity of the condition, nor of outcomes of intervention, have been published. In recent years, there have been a number of individual private psychologists specifically offering therapies and counseling for ICT-associated problems, as well as training workshops and seminars aimed at psychologists interested in the area. There is no dedicated 'treatment centre' for PIU currently in Australia, though some centres in associated mental health fields, such as child/adolescent psychiatry and addictions/ substance misuse psychiatry, are beginning to take referrals to address the disorder, which will include addressing co-existing mental health conditions.

Another factor of key importance is that clinical experience and observation suggests that parents, as well as associated groups such as educators, often feel disempowered and frustrated with their inability to address what they see as worsening habits by many younger Australians. This can be due to their unfamiliarity with recent technology itself, or due to the great reach of ICT (e.g. by use of wireless devices), meaning effective parental supervision is compromised.

It is thus clear that Australia is not immune to many of the difficulties that are being observed, and systematically investigated in other countries. Current National Broadband Network debates aside, Australia remains a highly 'wired' country compared to many in the Western world, and is regarded as an 'early adopter' of new and innovative technologies and products. Furthermore, it is a highly urbanized society with many 'Internet cafés' and similar facilities, and has a very large ethnically Asian population who, historically, have been among the highest users of ICT. Australia also has an important rural, remote and Indigenous population, for whom the Internet has been a major benefit to.

## 6. Conclusions and Recommendations

Clearly, problematic internet use is a significant, and potentially increasing, issue for young people around the world. It cannot be fully appraised and understood from a single perspective or paradigm, such as that of mental health or psychology; other perspectives such as parenting, education, technological and consumer issues need to be taken into account when preparing a national strategy to investigate the whole area.

A sophisticated, collaborative, inclusive and responsive approach is required, one that is mindful that the technological and behavioural 'landscape' will continue to change, often in unpredictable ways.

Furthermore, two key considerations will need to be ever-present in preparing a strategy: to **include and involve the young people themselves** (e.g. via their active engagement and participation in the process) and not see them as passive objects of investigation and assistance – which could fatally impair the whole agenda – and to **use technologies as tools and assistants** in the endeavour, rather than letting them be viewed as a nuisance or hindrance to progress.

The Faculty can offer the following key recommendations to the Select Committee:

1. That a **nationwide, representative survey** be prepared and coordinated, with a particular emphasis on the mental health and wellbeing of Australian youth.

2. That a **collaborative and inclusive forum be constituted**, bringing together key Stakeholders, including, but not limited to, parents, educators, youth employers, mental health professionals, and young people themselves.
3. That Government, following expert appraisal of the above, prepare and outline a **national report** on the outcomes of the survey, including positive and negative aspects of ICT. In this regard, the establishment of an Online Ombudsman, who would be empowered to oversee and direct such a process, appears to hold much merit.
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