

Preventing self-harm and suicide in young people using interagency population data



Professor Melissa Green School of Clinical Medicine, Discipline of Psychiatry and Mental Health University of New South Wales

The NSW Child Development Study

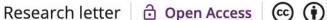
A longitudinal record linkage study of a NSW population cohort

Parental health, justice, and child protection records Child health, education, justice, and child protection records ADOLESCENCE EARLY CHILDHOOD MIDDLE CHILDHOOD RECORD LINKAGES Wave 2 Wave 1 Wave 3 2013 2014 2016 2006 2007 2011 2015 2009 2010 17-18 years 11-12 years 5-6 years Child's Birth CHILD ASSESSMENTS **Australian Early Development** Middle Childhood Survey Census, N=87,026 N=27,792 Teacher-rated Early Childhood Self-report questionnaire Developmental Risk Indicators Mental Health and Wellbeing 91,635 children



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Self-harm and suicidal ideation in children and adolescents in contact with child protection services

Kirstie O'Hare, Oliver Watkeys, Felicity Harris, Kimberlie Dean, Vaughan J Carr, Melissa J Green X

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Research



Self-harm and suicidal ideation among young people is more often recorded by child protection than health services in an Australian population cohort

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Kirstie O'Hare¹, Oliver Watkeys¹, Kimberlie Dean^{1,2}, Stacy Tzoumakis^{1,3}, Tyson Whitten^{1,4}, Felicity Harris¹, Kristin R Laurens^{1,5}, Vaughan J Carr^{1,6,7} and Melissa J Green^{1,6}

Self-harm and suicidal ideation in children and adolescents in contact with child protection services

Kirstie O'Hare¹, Oliver Watkeys¹, Felicity Harris¹, Kimberlie Dean^{1,2}, Vaughan J Carr^{1,3,4}, Melissa J Green^{1,3}

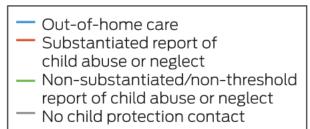
- By age 17 years, incidents of self-harm or suicidal ideation were recorded in health records for 2233 young people (2.4%).
- These incidents were more frequently recorded for girls (3.4%) than boys (1.5%).
- More than 74% (1671 young people) of all children with at least one incident of selfharm were known to child protection services in NSW

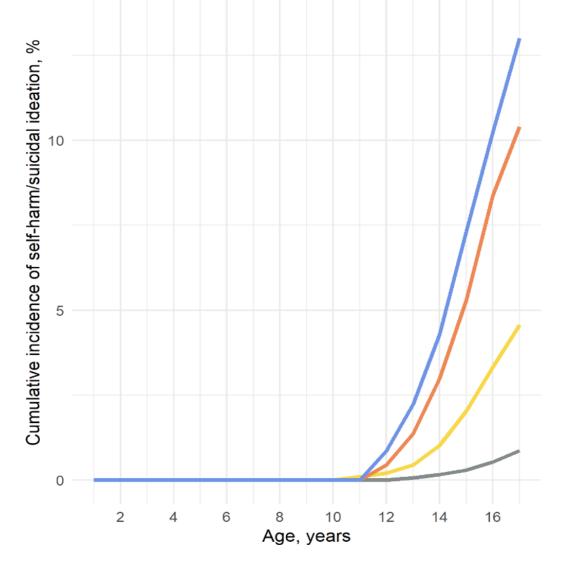
1 Characteristics of the New South Wales Child Development Study (wave 3) participants

Characteristic	Value
Number of people aged 0–17 years	91597
Gender (boys)	47 381 (51.7%)
Aboriginal or Torres Strait Islander	7970 (8.7%)
Child protection contact (highest level)	
None	64 851 (70.8%)
Non-substantiated/non-threshold report of abuse/neglect	20 083 (21.9%)
Substantiated report of abuse/neglect	4325 (4.7%)
Out-of-home care	2338 (2.6%)
Recorded incidents of self-harm or suicidal ideation (by 17 years of age)	2233 (2.4%)
Any self-harm	866 (0.9%)
Any suicidal ideation*	1367 (1.5%)

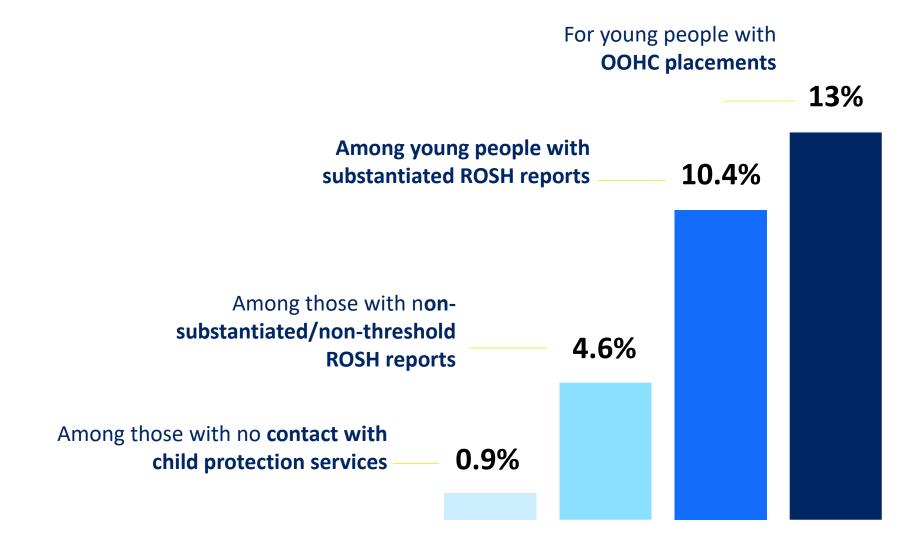
Cumulative relative incidence of first self-harm and/or suicidal ideation recorded in NSW/ACT health records according to child protection service level for 91,597 young

people





Proportion of young people in each category of child protection service level who had self-harm or suicidal ideation recorded in emergency, hospital, and mental health records by age 17 years





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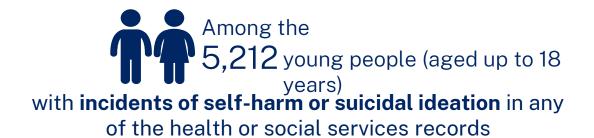
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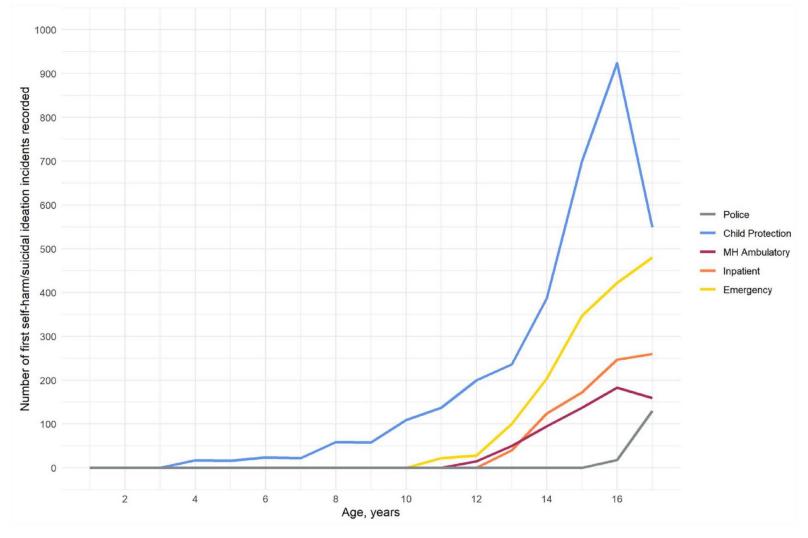
had **records of self-harm or suicidal ideation** in child protection services

(91%) of these young people with self-harm/suicidal ideation recorded in child protection data this was the first record of such incidents by any agency

Also interesting to note that:

- The majority (73.8%) of youth with reported self-harm or suicidal ideation in child protection records did not have any contact with health services for these conditions;
- Girls were more likely than boys to access health services (but not social services) for self-harm or suicidal ideation

Age at first service contact for self-harm or suicidal ideation



The age of first contact for self-harm or suicidal ideation was the **youngest for child protection** services (M=13.8 yrs), and **oldest for police contacts** (M=16.7 yrs). The three health services each had a similar average age at first contact, around 14.5 yrs.

Policy and Practice Implications



- Suicide prevention is not solely the responsibility of health services but requires a whole-of-government, community approach to prevention.
- Child protection services are at the frontline of any suicide prevention effort. Case workers and the police need to be adequately resourced to respond to self-harm and suicidal ideation in children and adolescents to prevent suicide
- Need to explore opportunities for early intervention beyond health services – e.g., real-time data sharing among all government agencies; sharing government data with NGOs; cross-agency emergency responses

Acknowledgements





























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Information and views reported do not necessarily reflect the views held by the data custodians.