



Championing Children and Young People in England

**Office of the Children's Commissioner's  
response to:**

**The Department of Health:  
Consultation on preventing suicide in  
England: A cross-government outcomes  
strategy to save lives**

**October 2011**

## **Office of the Children's Commissioner**

The Office of the Children's Commissioner is a national organisation led by the Children's Commissioner for England, Dr Maggie Atkinson. The post of Children's Commissioner for England was established by the Children Act 2004. The United Nations Convention on the Rights of the Child (UNCRC) underpins and frames all of our work.

The Children's Commissioner has a duty to promote the views and interests of all children in England, in particular those whose voices are least likely to be heard, to the people who make decisions about their lives. She also has a duty to speak on behalf of all children in the UK on non-devolved issues which include immigration, for the whole of the UK, and youth justice, for England and Wales. One of the Children's Commissioner's key functions is encouraging organisations that provide services for children always to operate from the child's perspective.

Under the Children Act 2004 the Children's Commissioner is required both to publish what she finds from talking and listening to children and young people, and to draw national policymakers' and agencies' attention to the particular circumstances of a child or small group of children which should inform both policy and practice.

The Office of the Children's Commissioner has a statutory duty to highlight where we believe vulnerable children are not being treated appropriately in accordance with duties established under international and domestic legislation.

## **The United Nations Convention on the Rights of the Child**

The UK Government ratified the United Nations Convention on the Rights of the Child (UNCRC) in 1991.<sup>1</sup> This is the most widely ratified international human rights treaty, setting out what all children and young people need to be happy and healthy. While the Convention is not incorporated into national law, ratification of the UNCRC makes it bound by the Vienna Rules, and therefore legally binding in its totality. By agreeing to the UNCRC the Government has committed itself to promoting and protecting children's rights by all means available to it.

The legislation governing the operation of the Office of the Children's Commissioner requires us to have regard to the Convention in all our activities. Following an independent review of our office in 2010 we are working to promote and protect children's rights in the spirit of the recommendations made in the Dunford report and accepted by the Secretary of State.

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<sup>1</sup> You can view the full text of the United Nations Convention on the Rights of the Child on the Office of the United Nations High Commissioner for Human Rights website at: <http://www2.ohchr.org/english/law/crc.htm>. A summary version, produced by UNICEF, is available at: [http://www.unicef.org/crc/files/Rights\\_overview.pdf](http://www.unicef.org/crc/files/Rights_overview.pdf)

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The Office of the Children's Commissioner has regard to the UN Convention on the Rights of the Child (UNCRC). We use the framework of the CRC to inform our submission and ensure that the strategy best promotes and protects children's rights. With this in mind we want to ensure that strategy promotes the rights outlined in the UNCRC and specifically the following articles:

- Article 2:** The right to enjoy all human rights, without discrimination
- Article 3:** That the best interests of the child must be a primary consideration
- Article 6:** The right to life and to develop "to the maximum extent possible"
- Article 12:** The right for children to participate and express their views
- Article 19:** The right to protection from child maltreatment
- Article 23:** The right for disabled children to enjoy a 'full and decent life' and their right to 'special care', including health care
- Article 24:** The right to enjoy 'the highest attainable standard of health' and to be able to access suitable health facilities
- Article 33:** The Government must protect children from the use of illegal drugs
- Article 34:** Governments must protect children from sexual abuse and exploitation
- Article 39:** Children neglected, abused or exploited must receive special help to help them recover their health dignity and self-respect.

We therefore think it is critical for the strategy to take a 'rights based approach' to preventing suicide and identify the key opportunities this presents to better promote and to protect children's rights especially the right to life and to develop "to the maximum extent possible."

The response below has therefore been drafted with these Articles in mind. We do not propose to respond separately to every consultation question. Rather, we will respond where we feel the UNCRC gives us a locus to do so, and where our existing evidence base gives us a perspective. Throughout, we use the same section headings as in the consultation document.

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## **Consultation on Prevention of Suicide in England – a cross government strategy to save lives**

The Office of the Children's Commissioner welcomes the all-age consultation on suicide prevention in England. We offer the following comments on specific sections within the draft strategy.

### **Area for action 1 and 2: Reduce the risk of suicide in key high-risk groups and Tailor approaches to improve mental health in specific groups**

ChildLine data<sup>2</sup> reports that every day, on average eight children and young people talk to ChildLine specifically about suicide. The latest available data shows in 2007/08, ChildLine counselled 2,925 children and young people about suicide. This represents two per cent of all children who rang and were counselled by ChildLine (176,185 in total) during that time. The number of children telling ChildLine that feeling suicidal is their main reason for calling has tripled in the last five years from 909 in 2003/04 to 2,925 in 2007/08.

We are concerned that young people in transition to adulthood are at greater risk of suicide. Professor Nicky Stanley's (University of Lancashire) research reinforces this.<sup>3</sup>

We want to draw attention to the issues relating to gender – including the manner of suicide or attempted suicide and differences in help seeking behaviour – with implications for prevention.<sup>4</sup>

The 2011 Office of the Children's Commissioner report *I think I must have been born bad*<sup>5</sup> raised concerns about the mental health of young people in prison and drew attention to the fact that boys in the community are 18 times more likely to commit suicide than boys in the community. The report made recommendations relating to the commissioning of mental health services for this population, the placements and practices in the secure estate, assessment and information sharing, staff skills, resettlement and inspection. Sara's story in the report demonstrates the importance of having highly skilled staff caring for young people who self-harm and attempt suicide in secure settings.

Stonewall's 2008 research on the healthcheck for lesbian and bisexual women found that one in five of women said they had an eating disorder compared to one in twenty in the

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<sup>2</sup> <http://www.childline.org.uk/Pages/SearchResults.aspx?k=suicide>

<sup>3</sup> Extract from *Students' Mental Health Needs: Problems and Responses*, edited by Nicky Stanley and Jill Manthorpe, 2002, published by Jessica Kingsley publishers.

<sup>4</sup> The Poverty Site, Suicides: <http://www.poverty.org.uk/37/index.shtml>

<sup>5</sup> Office of the Children's Commissioner, 2011, *I think I must have been born bad: Emotional wellbeing and mental health of children and young people in the youth justice system*:

[http://www.childrenscommissioner.gov.uk/content/publications/content\\_503](http://www.childrenscommissioner.gov.uk/content/publications/content_503)

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general population.<sup>6</sup> One in five lesbian and bisexual women have deliberately harmed themselves in the last year, compared to 0.4 per cent of the general population. Half of women under the age of 20 have self-harmed compared to one in fifteen of teenagers generally. Five per cent of lesbian and bisexual women have attempted to take their life in the last year and sixteen per cent of women under the age of 20 have attempted to take their life.

Although statistically children and young people are not at high risk of suicide, the figures for age range 10-19 in Table A.1 of the consultation indicate that females are disproportionately represented at nearly 50% of the total suicides compared with all other age ranges - where the proportion is roughly 33% female. We feel this should be noted and should inform specific actions relating to the recognition and response to young women with suicidal ideation or who are self-harming.

The Samaritans *Suicides Statistics Report 2011* highlights that the reliability of statistics is affected by the misclassification of deaths leading to inconsistency and under reporting.<sup>7</sup>

We wish to emphasise the importance of the incidence and prevalence of self-harm in the under 18 population, whether or not it leads to suicide or attempted suicide. Self-harm is an important marker of distress and we are pleased that Area for action 4 highlights the important role of schools in recognising self-harm and schools being a critical pathway to assessment and care.

Bullying at school - be it physical, emotional or cyber bullying – is a critical marker in the incidence of self-harm and attempted suicide. [www.bullyonline.org.uk](http://www.bullyonline.org.uk) indicates the number of suicides of children and young people associated with serious bullying in school. These figures do not appear to match the official statistics. The DfE report *Bullying Amongst the Worst Affected*<sup>8</sup> offered the following statistics:

Fifteen per cent of those children who were persistently bullied said they thought about killing themselves, 22% of children persistently bullied said bullying made them give up their interests compared to 7% who experienced isolated bullying, 25% of persistently bullied children said they changed their personality compared to just 17% who were bullied in isolation. Of those who are persistently bullied 15% said they self-harmed – a figure five times higher than that recorded for children bullied who stated they were bullied occasionally in the same research.

Our assessment of the evidence suggests that self-harm, attempted suicide and suicide in children and young people is likely to be hidden, disguised or misappropriated and that

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<sup>6</sup> Stonewall, 2008, Prescription for change: Lesbian and bisexual women's health check 2008: [http://www.stonewall.org.uk/documents/prescription\\_for\\_change.pdf](http://www.stonewall.org.uk/documents/prescription_for_change.pdf)

<sup>7</sup> <http://www.samaritans.org/PDF/Samaritans%20Suicide%20Statistics%20Report%202011.pdf>

<sup>8</sup> DfE, 2011, *Bullying Amongst the Worst Affected*

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therefore the proposed prevention strategy should strengthen its emphasis on prevention of suicide in the under 18 population.

Age, disability, race, sexual orientation, religion and belief are protected characteristics in the Equalities Act 2010. These characteristics have special significance to children and young people who are vulnerable. The precursors to suicide in adulthood are frequently evident in childhood experience; therefore a strong emphasis on strengthening the voice of children and young people and strengthening the local responses to their expressed needs is critical.

We remain concerned about the plight of young unaccompanied asylum seekers. Hodes<sup>9</sup> study whilst at the Academic Unit of Child and Adolescent Psychiatry at Imperial College, London found that medical evidence shows that the detention of children and adolescents: *“suggests this practice is associated with high levels of psychological distress, anxiety, affective and posttraumatic stress disorder, and deliberate self-harm.”*

The Byron Reviews (2008 and 2010)<sup>10</sup> highlighted the importance of understanding the impact of the internet and the potential and reality of cyber-bullying. The UKCCIS (UK Commission on Child Internet Safety) is well positioned to develop awareness of cyber bullying and to influence local services, as well as providing information to parents and carers on making the internet safer for their children. We believe that greater attention should be given to the impact of the digital age on the habits and vulnerabilities of children and young people and that this consultation should give greater consideration to the risks to children and young people through cyber bullying, which, anecdotally, is common.

#### **Area for action 4: Provide better information and support to those bereaved or affected by a suicide**

Children and young people are often aware of distress in their peer group before adults become aware. Equally some children and young people can be adept in hiding their distress, or alternatively their anxieties can be exhibited in challenging ways which people interpret as ‘being difficult’ or ‘troublesome’ and entirely miss the indicators of distress.

We emphasise the importance of local services having sufficient data to inform commissioning priorities, making available a range of age appropriate resources for children, young people and their families who might be concerned about the welfare of a child or young person.

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<sup>9</sup> Matthew Hodes, 2010, The mental health of detained asylum seeking children, *European Child Adolescent Psychiatry*, 19 (7), pp621-623, Springer

<sup>10</sup> Dr Tanya Byron, 2008, *Safer Children in a Digital World*, DCSF and 2010, *Do we have safer children in a digital world?*, DCSF: <http://www.education.gov.uk/ukccis/about/a0076277/the-byron-reviews>

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In addition we would like school nurses' and school counsellors' skills strengthened regarding recognition and initial assessment of risk of self-harm and attempted suicide. There should also be a strengthened liaison and consultation roles between specialist Child and Adolescent Mental Health Services (CAMHS) teams and school nurses. We recommend GPs have access to training and information relating to emotional distress in children and young people. They can use this to effectively signpost a young person to age appropriate and accessible services in the public and voluntary sector.

We recognise that the friends of children and young people who have attempted or have committed suicide, need specific and specialist help to understand how to deal with their feelings. The professional responses to schools, for example, when a pupil commits suicide are often immediate. It should be noted that young people, teachers and school staff, will often need help in processing and dealing with their feelings many months after the incident and that follow through sessions will be necessary.

We recognise the important role which has traditionally been played by the Youth Service, Youth Offending Teams (YOTs) and Connexions in recognising children and young people at risk of self-harm and suicide. We are concerned at the reduction of youth services and Connexions and the absence of mental health nurses in some YOTs, in some areas, as we see these roles as critical in primary prevention and information sharing as well as in responding to incidents of self-harm and attempted suicide.

We suggest that GPs may benefit from guidance in considering and consulting around confidentiality issues and consent.

#### **Area for action 6: Support research, data collection and monitoring**

We remain concerned that although the suicide numbers relating to children and young people are low, anecdotally we are aware of the number of incidences of self-harm and attempted suicide in groups of vulnerable children and young people. We are particularly concerned with children and young people in vulnerable groups who are at risk of remaining 'invisible' in our public systems. We use as examples here those children with disabilities, with speech and language problems, with neuro-disabilities such as attention deficit hyperactivity disorder (ADHD), the under 18 lesbian, gay, bisexual and transgender (LGBT) population, vulnerable young people involved in or affected by gang cultures, and individuals and groups of young people from minority ethnic backgrounds.

We would recommend that data is collected as a matter of course on vulnerable children in local communities in order to adequately consider their needs, listen to their views, and inform commissioning processes and health and wellbeing boards.

We welcome the profile given to Directors of Public Health in this consultation document and believe that they are well placed to inform preventive strategies and advise on local data collection.

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In order to promote the views of children and young people they must be consulted in line with the aspiration of *No Decision about Me without Me*.<sup>11</sup> We are aware from recent research little is known of their experiences despite the fact that children and young people under 24 account for 36.8% of emergency department attendances, 19.3% of inpatient care, 17.8% of outpatient appointments and up to 40% of primary care consultations in England.<sup>12</sup> Only one NHS survey out of 38 included the views of children and young people.<sup>13</sup> Methods promoted in wider public services such as You're Welcome Standards have encouraged the active participation of young people in service development but these standards are not universally applied.

We strongly support the role of Clinical Commissioning Groups and the potential governance provided through Health and Wellbeing Boards in the imperative to seek listen and act on the views of children and young people. If this does not happen then what is currently hidden data relating to self-harm and attempted suicide may be lost. Lost or uncollected data may result in a missed opportunity to accurately inform the Mental Health Strategy Outcomes Framework.

**For further information, contact:**

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<sup>11</sup> DoH, 2010, 'No Decision about Me without Me' principle stated in the White Paper 2010, Equity and excellence: Liberating the NHS, DoH

<sup>12</sup> DoH, 2011, Children and young people's experience of the NHS in England: a review of national surveys 2001-11, Archive of Diseases of Childhood, DoH

<sup>13</sup> DoH, 2010, Equity and Excellence: Liberating the NHS, DoH

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