

Australian Human Rights Commission

**Submission to the National Children's Commissioner on
Intentional Self-Harm and Suicidal Behaviour in Children**

Dr Elizabeth Green

MBBS (Hons) FRACP

Consultant Paediatrician

Suite 69, St John of God Medical Clinic
100 Murdoch Drive
Murdoch WA 6150

INTRODUCTION

FOCUS OF THIS SUBMISSION

CONCERNS

RECOMMENDATIONS

CONCLUSION

INTRODUCTION

A paediatric clinical perspective is both vital and relevant to supplement the disturbing factual information about the increasing levels of self-harm and suicidal behaviour in children and young adolescents.

As a private paediatrician based in Perth, Western Australia I am in the privileged position of giving my clinical opinion as to what has gone so wrong for our kids. I hope to provide some clinical relevance and understanding of why our kids are at risk of self-harm and suicide. This risk can't be separated from the role of electronic media in shaping the emotional and social development of children, teenagers and young adults.

My credibility is my clinical experience. I have worked in full-time paediatric practice in the area of developmental and behavioural paediatrics for 16 years. During that time I have clinically managed over 25,000 children, many with complex presentations.

I have worked and liaised with their families, other paediatricians and specialist neurologists, endocrinologists, gastroenterologists and geneticists. I have worked closely with child, adolescent and adult psychiatrists, clinical psychologists, child health nurses and allied health therapists including speech pathologists, occupational therapists, physiotherapists and audiologists. School communication has involved school psychologists and educators. Tertiary referral has incorporated our major teaching hospital, Princess Margaret Hospital and its Child Protection Unit, Eating Disorders Program and Family Pathways intervention service and the Child and Adolescent Mental Health Service. Additional resources have included the Department of Child Protection, the Disability Services Commission, the Child Development Service and the Complex Attention and Hyperactivity Disorder Service.

Increasingly in the last five years I have been referred children and adolescents who are sad, mad, bad and angry. They are sad and self-harming or withdrawing from school, family, peers and life. They are mad at life because they feel they have lost control, that no-one listens to them and that parents and teachers don't connect with them. They are called bad because they are physically hitting out at peers and teachers and they are using their IT skills to retaliate by online or cyber-bullying. They are angry at themselves and angry with adults for being either over-protective or failing to provide them with sufficient structure, rules and safety nets. Social media provides them with social connectivity which can be a positive. But when social media is mischievous, defamatory, purgatorial or abusive it can be destructive and even fatal for a vulnerable child or teenager.

This clinical scenario has resulted in what I term 'social shift'. It is driven by a decade of electronic media use and abuse. Social shift has had a detrimental effect upon the emotional resilience of childhood and the ability of parents to be empowered. It has contributed to the high levels of childhood anxiety that we are now seeing and has made our adolescents and emerging young adults vulnerable to develop generalized anxiety disorders and depression which can lead to self-harm, eating disorders and suicide.

That is why I am making this clinically based submission as an independent private paediatrician.

FOCUS OF THIS SUBMISSION

My paediatric focus is on the importance, relevance, and need to prioritize and support social and emotional development during early childhood. To protect childhood we have to acknowledge the potential of unsupervised electronic media exposure to displace parental authority. Excessive electronic media use can limit the opportunity for outdoor and imaginative play and adversely affect social communication, language, problem solving and emotional self-regulation in young children. Electronic media abuse and addiction is our next public health issue.

If we fail to be the boss of electronic media and electronic devices during early childhood we will lose the ability to parent effectively. If we fail as adults to be actively involved in the evolution of electronic exposure and use amongst our children we can't expect to see a significant improvement in the number of children who engage in self-harm and at worst, suicide.

Mental health problems presenting in adolescence can occur when the needs of early childhood specific to a family are not adequately addressed. This can lead to young people failing to cope, especially if they don't receive or have access to adequate mental health care during later difficult adjustment periods or when subjected to adverse external events. We have a duty of care as a civilised society to protect the sanctity of childhood and to grow strong, emotionally resilient children. This will be the best determinant of how our young people cope with adulthood.

Children who have autism find it particularly difficult to transition from childhood to early adolescence and many fail to cope with the social and academic pressures of high school. This group of children is increasing in numbers with some studies citing prevalence rates of 1:160 children between 6-12 years with autism (NSW Parliamentary Research Service, Autism Spectrum Disorders, Briefing Paper No 5/2013 by Lenny Roth).

Adjustment crises can occur for children with family and marital breakdown, particularly with the co-existence of protracted and divisive court proceedings and custodial issues. Crises may relate to significant sibling rivalry issues or when there is illness or death within the family.

Emotional, physical and sexual abuse are the insidious evils that suck the life and soul from a child and can take an eternity to heal. Financial and workplace pressures can also be causative factors as can the family disruption incurred by the cult-like intrusion of elite sporting and academic commitments taken on by some families.

If we are to uphold the rights of our children to live we have to ensure that life is seen by the child as a viable and worthwhile option. As adults we need to diminish our own anxieties and negativities, resolve personal, social and cultural issues and demonstrate by leadership the qualities and values of life that allow us to practice freedom of speech and freedom of lifestyle. We can't pass on these gifts to our children if they are bound by the scars of self-harm or their hope and purpose is paralysed by anxiety or depression.

CONCERNS

Although there are many wonderful and innovative public health and community programmes to support families we are failing to adequately nurture children and allow them to be socially confident and emotionally resilient. We over-protect our children and so feed their anxiety. By not allowing our children to learn through the steps of failure they are stumbling and falling. We are promoting a cohort of anxious, fearful, phobic children who are emotionally insecure and unsure of their own identity.

Around one in five children are presenting with childhood anxiety disorders. This makes them vulnerable to develop adolescent and adult anxiety, depression, eating disorders and mood disorders. It primes children to self-harm and at worst suicide. In childhood and adolescence their sense of self is challenged by social media opinion and stored digitally to haunt them forever.

Childhood resilience is best established in the first five years of childhood. This will help a child to develop coping mechanisms to deal with emotional adversity. Any genetic or external factors which prevent the process of infant and maternal bonding, the formation of secure bonds with parents, siblings, extended family, carers and role models are risking the future mental health of a child.

There are inadequate community safety nets in place for young families. In Western Australia we need more trained and competent child health nurses, school nurses, speech pathologists, occupational therapists, developmental paediatricians, child psychiatrists, general practitioners and private and school based social workers and clinical psychologists. We need to aspire to a level of excellence in childhood development and psychosocial training for early childhood educators, general practitioners and paediatricians.

Parents need sustainable financial assistance to access medical and mental health services. This is vital in the postnatal period when postnatal depression can occur and impact on the child and family as well as the mother.

Funding initiatives through Medicare have greatly helped families to afford to see clinical psychologists under specific mental health care and better access to mental health care plans. Dedicated Medicare developmental items such as Item 132, 133 and 135 have assisted private paediatricians to provide more comprehensive assessments in children with complex and multiple problems. However, there aren't enough trained paediatricians and child psychiatrists to provide early childhood assessments.

It is important that the shortage of paediatricians does not result in a mass screening programme by nursing and allied health therapists when there is no practical process of medical referral available to them due to the current long waiting times to see a paediatrician. This would create medico-legal risk. A medical diagnosis is still important to ensure that a child receives appropriate intervention. A child with speech delay for example may have a hearing deficit due to congenital, genetic or acquired causes including undiagnosed middle ear problems or cleft palate deformity. A child could have developmental delay or intellectual disability, complex speech disorder, autism, severe social

anxiety or selective mutism. There may be significant social and emotional deprivation within the child's home requiring protective services intervention.

In Western Australia current waiting times for children to access medical and mental health care services are unacceptable. A child of 2 years with language delay may wait for up to 22 months before a paediatric assessment within the public sector is available. Within the private sector due to the shortage of developmental paediatricians, waiting times may be up to 6-12 months. Some paediatricians are retiring or have closed their books and this will create even longer waiting times. There also exist long waiting times for allied health services, including speech pathologists. Waiting times vary but often exceed 6-12 months. In 2009 the waiting time for a child to see a speech pathologist in the public sector was around 18 months.

In Western Australia it is currently almost impossible to get an urgent child or adolescent psychiatry referral, particularly for a young adolescent of 12-17 years. Many private psychiatrists are fully booked or by the defined framework and expertise of their practice are unable to see children within a particular age group or those with complex medical comorbidity or children involved in the Family Court process. The tertiary psychiatry service at PMH and Family Pathways does not accept referrals from private paediatricians. Children in crisis have to present to emergency departments. PMH has an age cut off of 16 years. There are limited private and public beds for adolescents of 16 and 17 years of age in Perth.

If we are unable to offer adequate, timely and ongoing early intervention services to young children and their families, early problems can become insurmountable problems and contribute to our rising figures of self-harm and suicide.

We need to look at what is protective for families but does not require waiting times for "professional" intervention. Parents need education and access to resources. This will help empower them and ensure children enter the school system with a secure emotional base, good language, social and communication skills and strong social values. Educators can't fix all the problems of unstable childhood foundations.

Good parental mental health facilitates good child mental health. Some adults due to genetic predisposition and their own childhood upbringing don't always have the coping skills to manage genetically or environmentally difficult children. This can add to the burden of parenting. It remains a priority that households, whatever their complexity try and be consistent with their parenting and create an emotionally calm and stable environment for their child. Where this is not possible there may be a role for the stability of day-care or other carers to provide calm, structure and rules for a child. Children crave boundaries and structure as long as this is not delivered with excessive control or rigidity. This can help prevent early childhood anxiety.

Parents need to trust their intuition and not be afraid to parent or to make some mistakes along the way. Parenting is never perfect. In the past families did not move around as much, mothers were younger and extended family closer. Now we have FIFO workers, increasing workplace pressure and talk of economic downturn. Both parents frequently work to pay household bills and school fees. Extended family is often distant. The support struts

provided by simpler lifestyles have not been replaced and many families are now struggling to raise children alone.

Electronic media has provided a temporary diversion and assumed disproportionate prominence in child rearing. Busy mums and dads increasingly resort to electronic child minding. Children as young as 18 months are entertained with Smart Phones. This is dangerous because it promotes excessive dependency on electronic media with little hope of parental control of electronic use in young teens.

The American Academy of Paediatrics advises no relaxation electronic media exposure for children under the age of 2 and above that age, a maximum of 2 hours daily. These guidelines are generally ignored by parents in Australia and overseas.

In the book “Growing Up Fast and Furious”, Dr Wayne Warburton, a lecturer in developmental psychology at Macquarie University in Sydney presents figures from US studies from Rideout and colleagues from 2010. These indicate that children aged 8-18 years are spending an average of 7 hours and 38 minutes on daily media exposure and a total of 10.75 hours due to the overlapping of activities such as listening to music whilst being online. This would be consistent with my clinical experience. However, of concern is the unsupervised nature which allows young children to access inappropriate online sites and engage in violent and sexually explicit electronic games and movies without parental guidance.

Elizabeth Handsley, a Professor of law at Flinders University in Adelaide, in that same book outlines her concerns about the sexualisation of children and their exposure to violence in the media. Clinically it is my experience that many parents think it is alright for their young child to watch a violent movie with an “M” rating. One parent I saw was happy for their unsupervised 3 year old to watch a Spiderman Movie.

Teenagers are spending significant periods of their downtime communicating via social media, often into the early hours of the morning. Whilst this can provide positive social connectivity, particularly in socially inept or immature adolescents, it can lead to cyber-bullying, social exclusion, social withdrawal and depression. There have been cases of inciting self-harm, encouraging eating disorders and even suicide from unhealthy engagement with social media.

Susan McLean, a world expert in cyber safety has just had a book published on “Sexts, Texts and Selfies”. This will enlighten parents about cyber-risks and the consequences of electronic media abuse. She warns about the potential danger of sex predators and advocacy for self-harm and eating disorders on accepted social media sites such as Tumblr, Snapchat, Popcorn Chat, Omegle, KiK and Twitter.

Electronic disruption to family structure is potentially a public health issue as it can have a detrimental effect on adolescent mental health. Potentially electronic media abuse will have as much or a greater influence on the mental, physical and financial health of our adult society as tobacco and alcohol.

Disruption to family stability can result in mental health problems for a child and siblings. Elite activities such as swimming, gymnastics, athletics, ballet, music or drama can have a significant impact on some vulnerable families. In some cases the pressure of external coaches and sporting bodies could even be considered a form of child abuse if parental authority and family integrity is significantly compromised.

Some 14 and 15 year old children are participating in extra-curricular programmes for up to 20 hours a week. This changes family dynamics, even in the most stable homes and child rearing is compromised. Where this impacts on the development of social, emotional and academic development there is potential for a child to suffer from anxiety, depression and social isolation when they are seen to fail in their pursuit of perfection. This can also occur in intellectually gifted children who are pushed to perform but opt out when the pressure of performance overwhelms them.

Clinical anecdotes to support the proposal that elite sport comes at an emotional cost is provided by Ian Thorpe's admission of depression, Grant Hackett's dependency on Stilnox and Geoff Huegill being charged with possession of cocaine.

There is a need for every child to have a voice within their family unit. Some of the most caring families fail to hear the voice of the quiet child until it is too late. This may be because another child in the family takes priority in parental time allocation. This can occur where one child is involved in elite activities or where a child has a chronic illness or disability such as severe autism. The needs of the "normal" sibling may not be met and this can lead to problems for that child in their later adolescence. It can also result in marital tension and conflict.

Childhood anxiety is an increasing burden on family, school and community. This remains an area of priority for families and schools to address. If parents feed a child's anxiety and don't teach their child to deal with failure, that child can't develop the strategies and emotional strength to cope competently with life's future challenges. This is particularly true of very bright, emotionally intense and intuitive children. It also occurs in children with high functioning autism who may struggle to transition to high school where peer pressure increases.

Catherine Scott, Senior Lecturer at the Melbourne Graduate School of Education at the University of Melbourne talks about the perils of obsessing and focussing on the natural talent or giftedness of students. She even suggests that this may be harmful for students. There is certainly recognition that for a number of complex reasons bright students can under-achieve and this can lead to depression.

There needs to be cautionary provision of gifted education for talented students as without nurturing the emotional needs of those students the academic results won't flow. There is increasing recognition that students should be encouraged to have a go and to reward their efforts and strategies in tackling a problem rather than over-reward results. Recently Dr Helen Street, social psychologist and stress expert has spoken publicly about the hazard of school merit certificates and stickers which may impede a student's thirst for knowledge. Her approach, together with a number of innovative educators is starting to turn the social

compass towards a course of aiming for greater emotional resilience in children within our school communities. I would support this social shift as being a protective measure for children during early childhood and beyond.

We need to recognize that electronic media has changed the way we communicate, the way we are educated and our workplace environment. It is time that we consider the best way for families and community to incorporate this change. Should all mothers for example have better access to funding in the first 3 year of childhood to allow them to spend more time with their children?

Richard Court is a past premier of WA. His wife, Jo once said something to the effect of needing quantity of time to ensure quality time with your children. I have always considered this insightful. Should mothers be encouraged to stay home longer with their very young child before recommencing work? Is this financially viable and if not how can we make this happen? It may be helpful to reflect upon the opinions voiced by Anne-Marie Slaughter in the article "Why Women Still Can't Have It All". She faced the dilemmas of balancing a high powered workforce in the US State Department and the greater challenge of a 14 year old son.

Our workplaces are not always child and family friendly. There is recognition for disability and there should also be acknowledgement of the complex needs of families. Nursing is a profession which requires early starts of around 7am. I have always considered this untenable with raising young children. We need to create more flexibility within workplaces with more flexible hours to better accommodate the needs of young families. This should also apply to school hours, especially for high school students who would function better with a 9 or 10 am start. I have concerns about the rigidity of society's structure given the great flexibility afforded by online educational and work opportunities.

RECOMMENDATIONS

To facilitate interventions that will lead to greater emotional resilience in children and be protective against childhood and adolescent self-harm and suicide there needs to be better liaison between professional bodies. At present educators and paediatricians and child psychiatrists have little overlap in their work. Yet we all recognize the need for greater support for children and their families during the early childhood years. We are currently struggling to manage the failure of intervening early enough as evident by rising figures for self-harm and suicide in children and young adults. Parents also need to be empowered to participate more in the management of childhood resilience and the safe and responsible incorporation of electronic media into our social structure.

I have a number of clinical recommendations to address emotional and social needs.

1. Home based
2. School based
3. Media based
4. Community based
5. Health based
6. Police based
7. Government based

Home Based

Education and counselling services for parents should be available and accessible before they start a family. Ongoing parenting sessions during a pregnancy, the postnatal period and upon a child entering the school system should be encouraged. This needs to apply across social boundaries which are not always protective in terms of better parenting outcomes.

Parents need to be aware of their responsibilities of parenting and have support to empower them to parent effectively. Where this is not possible because of adverse social and emotional constraints there needs to be access for a child to be secure in a safe environment whilst their family mends.

Parents need to provide social scaffolding for their child and consistent rules without rigidity. They need to encourage a child to play, to explore their external environment utilizing and developing all of their senses. Children need physical activities such as running, jumping, skipping and bike riding. They need to have a go at the challenges of playground equipment such as monkey bars to overcome their fears of height, of playing with other children and developing their upper limb body strength.

They need tactile exploration like running their fingers through mud and sand, scrunching leaves and stomping on snails. They need to explore textures and tastes. Children need to look and learn. They can't do this by spending hours focussing at close range at a computer screen or Smart phone. This could affect their distant vision and ability to develop depth

perception and awareness of their environment. They need to learn how to be still and quiet, how to listen to the silence and draw on their unique childhood imagination for play. Too much structured and directed play suffocates a child's imagination.

Families would benefit from having family traditions such as walks on the beach on Boxing Day or making muffins on Fridays. These simple pleasures by linking happy memories to childhood can be hugely protective to children who suffer adverse events.

Parents must provide a rich pre-literacy environment for their child. To do this they need to have competent adult literacy skills which alarmingly may not be the case. Parents need to take the time to do alongside reading with their children, to sing nursery rhymes, to make up stories and to have fun.

Play reflects a child's internal language development. Without suitable symbolic and imaginative play language development is stifled. There is exponential growth of a child's vocabulary and language understanding from 2-3 years. If children are not exposed to a rich language environment prior to the age of 3 they may never catch up with their literacy rich peers.

Parents must monitor and control electronic media exposure from birth. It is in their interest and that of their child that they keep up to date with the wonders and perils of technology. They need to teach their children to be the boss of electronic media. This is the best way to maintain a healthy balance and strong emotional growth in a child.

It is particularly important for adolescents that there remains parental supervision of electronic devices and awareness about the potential risk of electronic abuse involving social media sites and violent or sexually explicit electronic games.

Parents have to be aware that a child's Smart Phone equates to online access 24/7.

Parents have to learn to listen to their child, especially as their child approaches adolescence. They need to maintain parental authority and stand firm, recognizing that they are the adult and not their child's friend. Parents have to be ready to listen and negotiate in some areas with their growing child but maintain a firm stance and rules in core areas.

Parents must not be too proud or too afraid to ask for and seek professional help when they are not coping with their parenting role. They need to act if their child becomes severely anxious or depressed. Parents therefore need to keep the lines of communication open with their child so that a child is able to ask for help.

Children like to have some control. It helps them avoid anxiety building up. If resources were utilized at home and school and through media advertising to encourage the child to be the boss of electronic devices we may see a positive shift in the use of electronic media in children. This would flow on to more respectful, responsible and measured electronic media use in adolescence.

School Based

Schools should focus on developing the social and emotional resilience skills of young children upon school entry. The early school years would be better to focus on play, imagination and fun than compulsory pre-primary testing or defining children by medical and psychiatric diagnoses.

Schools should have the power to request education assistant time within classes based on a needs basis rather than waiting for a medical directive from a paediatrician who has never seen the child function within the classroom.

There should be a mentor or education support assistant for every early childhood teacher and ideally for all teachers. This would be protective for the class teacher and prevent wrongful allegations made by either the teacher or student in terms of personal boundaries. To ensure no collusion occurred between staff members the mentor could rotate between classrooms.

There should be no homework in the first three years of schooling. Most children are deemed of average intelligence. If we have a National Curriculum and effective and consistent early childhood literacy and numeracy programmes children should learn as long as sufficient time is made within the classroom for learning.

Lazy learning due to the abuse of electronic devices needs to be avoided. For those children who are struggling, early literacy and numeracy support should be a priority and relieve the need to test for numeracy and literacy skills in Year 10 when it is too late.

During the first three years of school the Semester reports should only record social and emotional progress as this is the best determinant for subsequent academic competency. It is too late for a parent to wait until the end of the first Semester to be told that their 7 year old child is not reading. Teachers should have discussed and acted upon this concern independent of a school report. Academic progress could be documented by the teacher for school purposes so that the most appropriate education plan can be applied for a student at learning risk.

Schools are good at implementing rules and providing structure which is invaluable support for some children who lack such structure at home. Education needs to be adequately and exponentially resourced by government and supported by carefully considered government policy.

Schools are generally better at providing professional development than the medical system where there remains a strong focus on self-funding and self-motivation for continuing education. Schools are therefore in a strong position to implement effective anti-bullying and cyber-bullying programmes and protect their staff from abuse. There is also a legal obligation for teachers who are aware of a child being subject to online bullying to provide a duty of care, even when this occurs outside of school hours.

There are a number of anti-bullying strategies in place for schools to access already such as the school eSmart programme. There is also now a children's e-Safety commissioner who will be able to request that social media sites remove from their servers damaging digital information that specifically targets a child. This is not yet available for adults who are victims of online bullying.

Schools are well placed to provide information sessions for parents on teaching literacy, monitoring electronic media and on social rules. There is a need for ongoing collaboration with schools and parents about the accepted social media tools for students to use within their peer group and to have agreed upon rules with respect to the provision of alcohol at under-age parties including school balls.

Schools have access to great support services. There has always been a culture of police involvement in schools. Cyber safety expert Susan McLean was involved in the evolution of cyber safety programmes and monitoring within schools and continues to share her expertise with schools, mental health care bodies, medical practitioners, elite sporting groups and businesses. She is a member of the National Centre Against Bullying (NCAB) together with a number of leading academics, teachers, psychologists and legal representatives such as the Honourable Alastair Nicholson AO RFD QC. The NCAB has been involved with the development of the innovative eSmart Schools programme to reduce cyber-risk exposure to students. Ongoing school and government financial and promotional support of this programme can only prove preventive to the badges of teenage distress, including self-harm and suicide.

The eSmart cyber safety programme now includes eSmart Library and eSmart Homes. Schools are well placed to inform parents of what resources are available to help them in raising resilient responsible children who will be less likely to engage in self-harming behaviours. Susan McLean attacks cyber-risk with her book, *Sexts, Texts & Selfies* and website, cybersafetysolutions.com.au. Public education by schools, sporting organizations and government and private funded advertising campaigns will further assist parents to keep electronically connected with their children in a responsible way.

Education is compulsory and Australia gives every child the right to pursue a wonderful education. It is disrespectful to abuse that right by prioritizing extra-curricular activities when those activities detrimentally impact on the academic and social progress of a child. It is my paediatric opinion that if this occurs adolescents and young adults can feel displaced and find it problematic to affirm their self-identity. They can be at greater risk of psychological problems including self-harming and dis-ordered eating behaviours, anxiety and depression.

It is important for schools to advocate for the child, even if this may cause conflict with parents. Schools should have the discussion about the place of elite sports within the school curriculum. They should consider collaboration with government to form an independent sporting surveillance body for schools which can objectively assess the sporting giftedness and potential of athletes who may be exercising up to 20 hours a week by Year 10. Such students, even the brightest and most motivated can't always compensate for this amount of energy expenditure. Schoolwork and the opportunity for healthy, formative peer relations have to suffer. Those students who are assessed as good athletes but not gifted

physiologically, emotionally and physically should be told so and encouraged to adopt a more sensible balance to their extra-curricular commitments.

There is a general trend for families, even from the early primary school years to treat extra-curricular options such as music, drama, sport and extra academic tuition as a competition and to push their children towards perfection. This is a dangerous pursuit and can lead to parents trying to live their children's lives. This can feed childhood anxiety and make children more vulnerable to later anxiety and depressive disorders. Schools and parents need to work together to recognize what is a healthy balance for the best emotional, social, academic and physical development of the young child.

There needs to be a common sense balance between school work, homework, extra-curricular commitment, electronic relaxation usage and play. In the early years the priority for children is play.

Education recognizes gifted and talented programmes. A school to support truly gifted and exceptional young athletes could be considered, even if initially resources and numbers dictate that one main centre of sporting excellence is set up, perhaps with the opportunity to integrate with other schools to provide a social balance.

In the establishment of gifted and talented programmes schools need to closely monitor their ability to provide strong support for the development of students' emotional resilience. As a paediatrician I have some concerns about the focus of labelling a student as gifted as this can set them up for failure if they see themselves as not performing at a high level, particularly if they are socially immature, anxious and perfectionist. These children are vulnerable to develop anxiety and depression and need to be supported within school and home early. Schools which implement gifted and talented programmes need to ensure that in the pursuit of academic excellence for example, that they don't overlook the need to respect the benefits of the arts and sport in supporting a bright student to achieve as a whole person. Without the development of strong emotional resilience, even the brightest student may fail.

Bright students with high levels of anxiety and perfectionism often find the constant pressure of testing at regular intervals overwhelming. There may be a case for those students to be allowed to learn and fail during the year without academic consequence, enjoying the social aspect of school and electing to sit an end of year exam as their sole form of assessment.

School hours should also be examined with options to provide later starting times of 9-10am for high school students to fit in better with their sleep patterns and allow their brain more wake-up time. Many high school students are spending night hours online and are exhausted in the morning. Schools and parents need to consider what is going to be the best fit of school hours for students in future electronic times.

As many tertiary institutions offer online courses, there may be a place to introduce greater online access for mainstream high school students to allow them to catch up on missed classes as long as this does not promote a culture of school avoidance. There would need to be medical documentation to support the reason for online courses during high school.

However, for students who were temporarily immobile or ill, greater online access such as the cyber classroom may be appropriate, distinct to current government schools which offer under exceptional circumstances distance and isolated education incorporating electronic classes.

The balance of online education and physical attendance at classes both at school and during the tertiary education years needs to be debated to ensure a healthy balance. I have some concerns about the impact of 100% online course work in terms of the opportunity to physical and socially interact with peers and also ensuring the integrity of course work completed.

Media Based

Electronic communication is now the preferred language for communication and social connectivity. Parents need a greater awareness of the potential for cyber-risk and strategies to manage electronic use within their homes. However, parents can use electronic media to be pro-active and supportive in facilitating positive social communication, education and protecting vulnerable children from cyber-risk. Parents should insist that to access a Facebook account their child must have a trusted adult added as a friend. This provides a safety net in cyberspace for the child and an opportunity to rescue them if dark thoughts or actions are being posted.

Parents need to be cognisant of the potential cyber-risks from “acceptable” social media and other subject dedicated sites and blogs which are potentially influential and high risk for their child. These risks include sex predators, identity fraud, cyber-bullying and the promotion of self-harm and eating disorders. Parents already have electronic access to sites which update them on cyber-risk and the perils of established social media sites such as Tumblr, twitter, Snapchat, Omegle or KiK.

Games and software designed for young children should have parental controls which enable time limits to be set on continuous use to ensure there are breaks from screen time.

There already exist a number of electronic resources for parents. These include Susan McLean’s cybersafetysolutions.com.au site. The Australian Council on Children and the Media (ACCM) provides parents with an informative E-Bulletin about recommendations for movies in children and current information about electronic surveillance, such as the establishment of the Office of Children’s e-Safety Commissioner.

Parents need to keep current with electronic trends and evolving social media sites. They need to ensure that they actively supervise access and use of electronic media within their homes and while their children remain under their care.

The legal implications of electronic stalking and online bullying need to be promoted by media. A more stringent and enforced rating system for electronic games needs to be considered. Electronic games should first be trialled through school and parent bodies before a consensus of age rating is agreed upon. Instead of movie nights, schools and

community could consider an electronic games night so that parents are familiar with the content of games played by their children.

Advertising about responsible electronic use should be better promoted, age-appropriate and reaching the target audience via TV, DVD's, electronic games, social media and online sites such as YouTube.

It is especially important to work with the media to get the message of respectful and responsible electronic use across to young children so that they develop healthy electronic media use habits. Advertising aimed at young children also needs to focus on the rules and values of early childhood which are the importance of play, communicating, socializing, sharing, caring, taking turns and being kind to one another. The value of a healthy lifestyle such as healthy eating, sleeping and exercising is common sense but not happening enough. Childhood obesity, linked with excessive electronic media use and lack of physical exercise has an impact on self, body image and sense of wellbeing. These basic lifestyle issues should not be under-rated in their potential to contribute to later childhood anxiety and depression.

Community Based

Local communities need to look after the families and children that form them. Community through libraries, community and council centres, churches, sporting organizations, scouting, and drama and music groups can provide structure and purpose for children. Local parks and open space give children a sense of freedom and adventure and encourage the development of imagination and inventive thinking. Dog parks bring people together with a common bond as do children's playgrounds. This provides opportunities for neighbours to meet and become friends, mentors and carers.

We need to re-establish trust in strangers as being potential future friends and remove the fear of talking and communicating within community. There could be some registered verges to use as community vegetable plots to encourage children to connect with nature. Schools could similarly develop vegetable plots, ant farms, or similar projects which could provide a sensory refuge for children with social anxiety who feel isolated at play time.

The planning and provision of uncluttered open spaces in new suburbs is paramount in the provision of helping grow emotionally strong and resilient children.

Communities need to be innovative and make opportunities to create treasured childhood memories such as local picnic days, local festivals and perhaps a community party at the local park. This could be organized through council liaison with homes and schools at the commencement of each season. Children could dress up as winter, spring, autumn or summer.

Council could organize a community think day so that families could provide their suggestions for what they want in their local area. Children could draw a picture of what they would like or their ideas about how to be the boss of the internet, perhaps liaised at

school. These pictures could be displayed at an annual fair or festival or in the council office foyer or local library.

Health Based

Good parental mental and physical health is a priority to ensure strong emotional resilience in children. Emotionally and socially strong children will cope better academically and socially as adolescents and young adults. Parents need access to affordable and competent health care. This is a medical, nursing and government responsibility.

Mother's need medical support especially during the child bearing years, especially if they don't have extended family support. Postnatal depression places mothers, families and children at risk of attachment disorders, anxiety and depression. GP's, child health nurses, paediatricians, psychiatrists, psychologists and social workers need to liaise in this area. Adequately funded early intervention services for postnatal depression are important.

Training places for the professionals who will work in this area needs to be sustainable. The training also needs to be of high standard. There is a risk of this not occurring due to a shortage in mentors and teachers within this area. It is not enough to offer training positions for doctors for example if there is sub-optimal training and a lack of expert instruction available.

In Western Australia there is a crisis in the number of paediatricians and child psychiatrists working in the area of developmental and behavioural paediatrics. As the minimum training time to qualify as a paediatrician is 13 years, of which there is a compulsory period of 6 months of developmental and psychosocial training, there will remain an acute shortfall of doctors with clinical experience in this complex area of medicine. More paediatricians with developmental expertise are needed. Independent to any recommendations made by my college, The Royal Australian College of Physicians, I propose my clinically based suggestions.

- (i) That the College make available more training positions in the area of general paediatrics, child psychiatry, and rehabilitation medicine and community child health.
- (ii) That tertiary teaching hospitals place a greater emphasis and support on developmental clinics to accommodate extra trainees in this area.
- (iii) External child development clinics retain adequate funding, support and recognition of their teaching role to further support trainees in the area of developmental and psychosocial medicine.
- (iv) Medicare item numbers expand upon the current developmental item numbers, 132, 133 and 135 to recognize the increasing complexity of developmental paediatrics.
- (v) Medicare rebates for developmental item numbers to increase to help support the running of private developmental practices which are often not financially viable unless their income is supplemented by external income.
- (vi) That tertiary teaching hospitals offer for a subsidised rate rooms and secretarial and storage services to private paediatricians, particularly those who work part-

time and are unable to afford the running costs of a private practice. In return the paediatrician could do some public outpatient sessions, participate in on call rosters and provide paediatric support to schools with students at risk due to learning, emotional, social or physical problems.

- (vii) That Government waive a portion of hecs debt liability for doctors committing to a minimum period of 3 years in the area of developmental and psychosocial medicine and/or rural paediatric practice.

Paediatricians and psychiatrists working with emotionally compromised children and adolescents need to liaise more with educators, psychologists, mental health nurses, police and the law. Shared communication could be in the format of a biennial multi-disciplinary conference.

This would be helpful for example when considering policy around self-harming behaviour. Recently I was made aware of at least 15 students self-harming within their peer group. This was hidden at school and required communication to be shared between myself and the school. Schools need to be empowered to clamp down on socially unacceptable and dangerous behaviour such as exposing the cuts of self-harm as a badge of honour within the school community. At the same time they have to be able to facilitate appropriate intervention which may involve tertiary referral and urgent clinical psychology counselling for the child and their family and within the child's peer group.

Police Based

Children crave authority. It gives them a sense of security as long as it is not too rigid. Police wear uniforms and provide a needed sense of authority. They are good at working within rules and guidelines and following procedure. A positive and early police presence within schools is an invaluable resource that should be even better supported and promoted.

Police directives to children about the importance of attending school, the legal implications of bullying other students or teachers and the consequences of sexting, inappropriate texts and cyber-bullying can have long-term positive outcome for young children.

Community policing remains a very important part of the attack on self-harm and suicide. There must be financial support for policing programmes within schools from primary school entry level. Parents should also attend a police run information session in regards to the dangers for themselves as parents and potential civil actions should their children be involved with cyber-attacks that cause another child or teacher emotional or physical harm.

Government Based

Government needs to be actively involved with policy making and funding to ensure that education and health receive adequate support to implement sustainable and life-changing programmes for children and families.

Government needs to avoid being overly dictatorial to allow innovation that is home, school and community based.

Government has an important role in law making policy to address the potential of electronic abuse and monitor the direction of electronic media.

Government needs to set boundaries for electronic media without compromising freedom of speech but upholding the right of the individual to live a free life without the compromise of electronic persecution.

CONCLUSION

There needs to be greater liaison between all the key bodies involved in raising children.

The “village” members are educators, paediatricians, child and adolescent psychiatrists, government, policy makers, psychologists, social workers, mental health care nurses, child health and school nurses, nurses and nurse practitioners, police, lawyers and the children and their families.

Growing strong and emotionally resilient children is the best way to reduce the incidence of self-harm and suicide.

We have seen significant social shift instigated by a deluge of electronic media use and potential abuse. We need to teach children how to be the boss of electronic media.

Adults need to be in charge of electronic communication and conversant with it to facilitate good communication with our children. We need to actively monitor and supervise electronic media use in those in our care so that they are not emotionally compromised by the disinhibited intrusion of negative electronic media exposure.

Children and adolescents need to have a trusted adult or mentor within or external to the home to listen and hear a child's voice and act responsibly when that voice is calling out for help. It is not appropriate to delegate this task to a child's peer.

Ultimately it will be our children who change the world. As adults it is our duty of care to give them the right tools to do this.

Dr Elizabeth Green
1 June 2014