



# NSW CHILD DEVELOPMENT STUDY

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



**UNSW**  
SYDNEY

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# 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

RECORD LINKAGES

EARLY CHILDHOOD

MIDDLE CHILDHOOD

ADOLESCENCE

Wave 1

Wave 2

Wave 3

1971

2003

2004

2005

2006

2007

2008

2009

2010

2011

2012

2013

2014

2015

2016

2017

2018

2019

2020

2021

Child's Birth

5-6 years

11-12 years

17-18 years

CHILD ASSESSMENTS

**Australian Early Development  
Census, N=87,026**  
*Teacher-rated Early Childhood  
Developmental Risk Indicators*

**Middle Childhood Survey  
N=27,792**  
*Self-report questionnaire  
Mental Health and  
Wellbeing*

**91,635 children**



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Research letter |  Open Access |  

# 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 First published: 27 March 2023 | <https://doi.org/10.5694/mja2.51898>

Research

ANZJP

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

Kirstie O'Hare<sup>1</sup>, Oliver Watkeys<sup>1</sup>, Kimberlie Dean<sup>1,2</sup> ,  
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# Self-harm and suicidal ideation in children and adolescents in contact with child protection services

Kirstie O'Hare<sup>1</sup>, Oliver Watkeys<sup>1</sup>, Felicity Harris<sup>1</sup>, Kimberlie Dean<sup>1,2</sup>, Vaughan J Carr<sup>1,3,4</sup>, Melissa J Green<sup>1,3</sup>

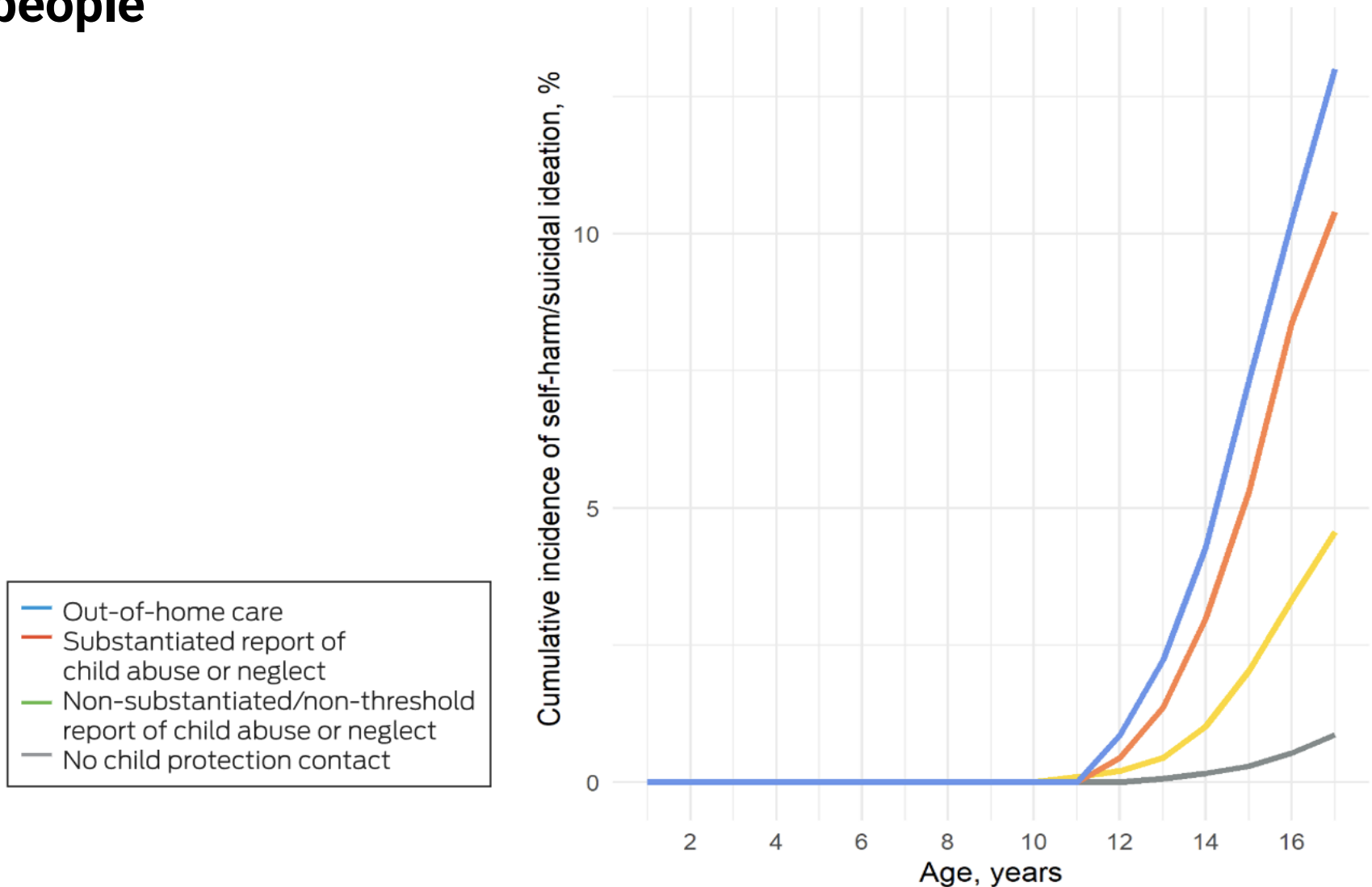
- **By age 17 years, incidents of self-harm or suicidal ideation were recorded in health records for 2233 young people (2.4%).**
- **These incidents were more frequently recorded for girls (3.4%) than boys (1.5%).**
- **More than 74% (1671 young people) of all children with at least one incident of self-harm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

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

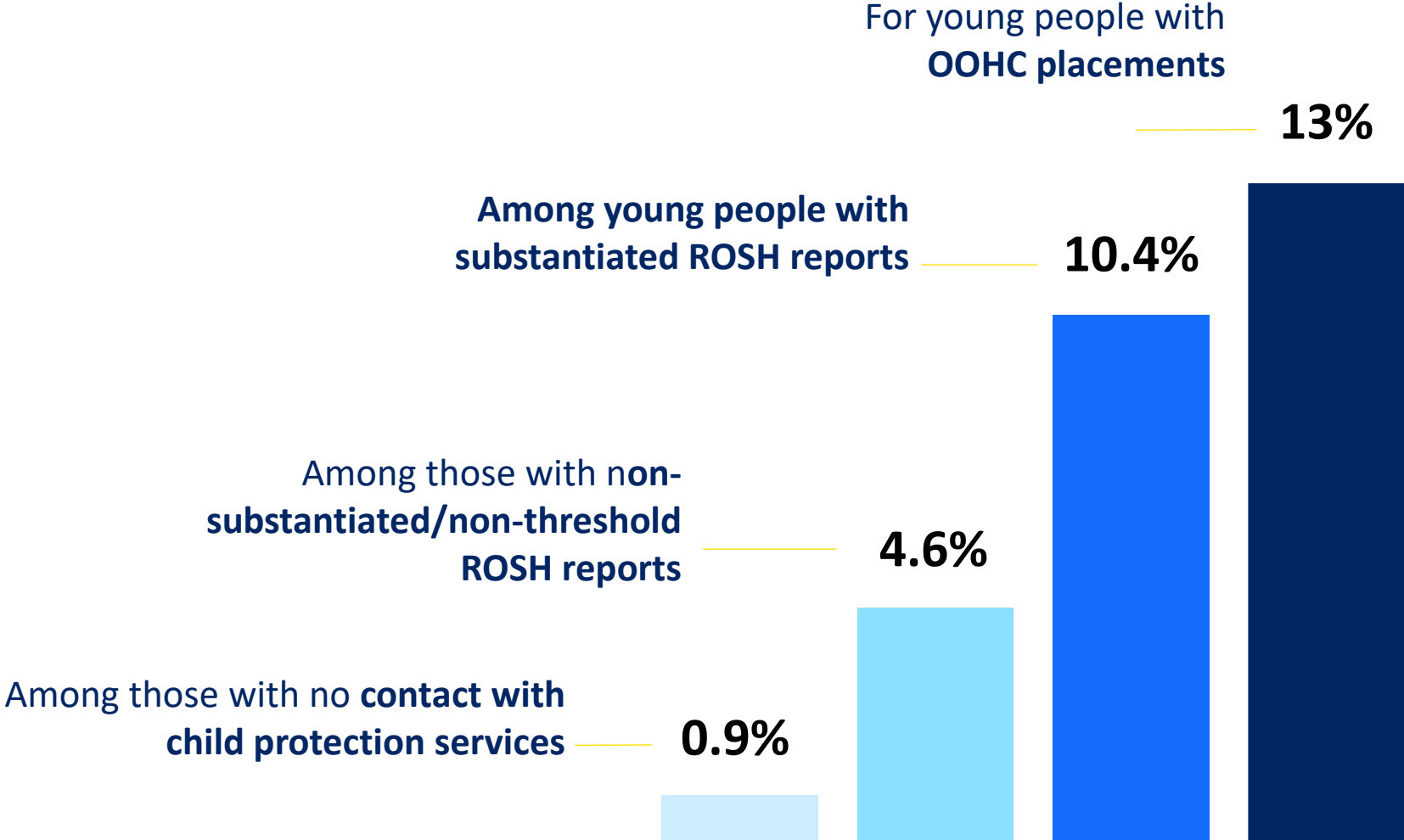
Characteristic	Value
Number of people aged 0–17 years	91 597
Gender (boys)	47 381 (51.7%)
Aboriginal or Torres Strait Islander	7970 (8.7%)
Child protection contact (highest level)	
None	64 851 (70.8%)
Non-substantiated/non-threshold report of abuse/neglect	20 083 (21.9%)
Substantiated report of abuse/neglect	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%)

\* Excludes people with recorded incidents of self-harm. ◆

# 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



# 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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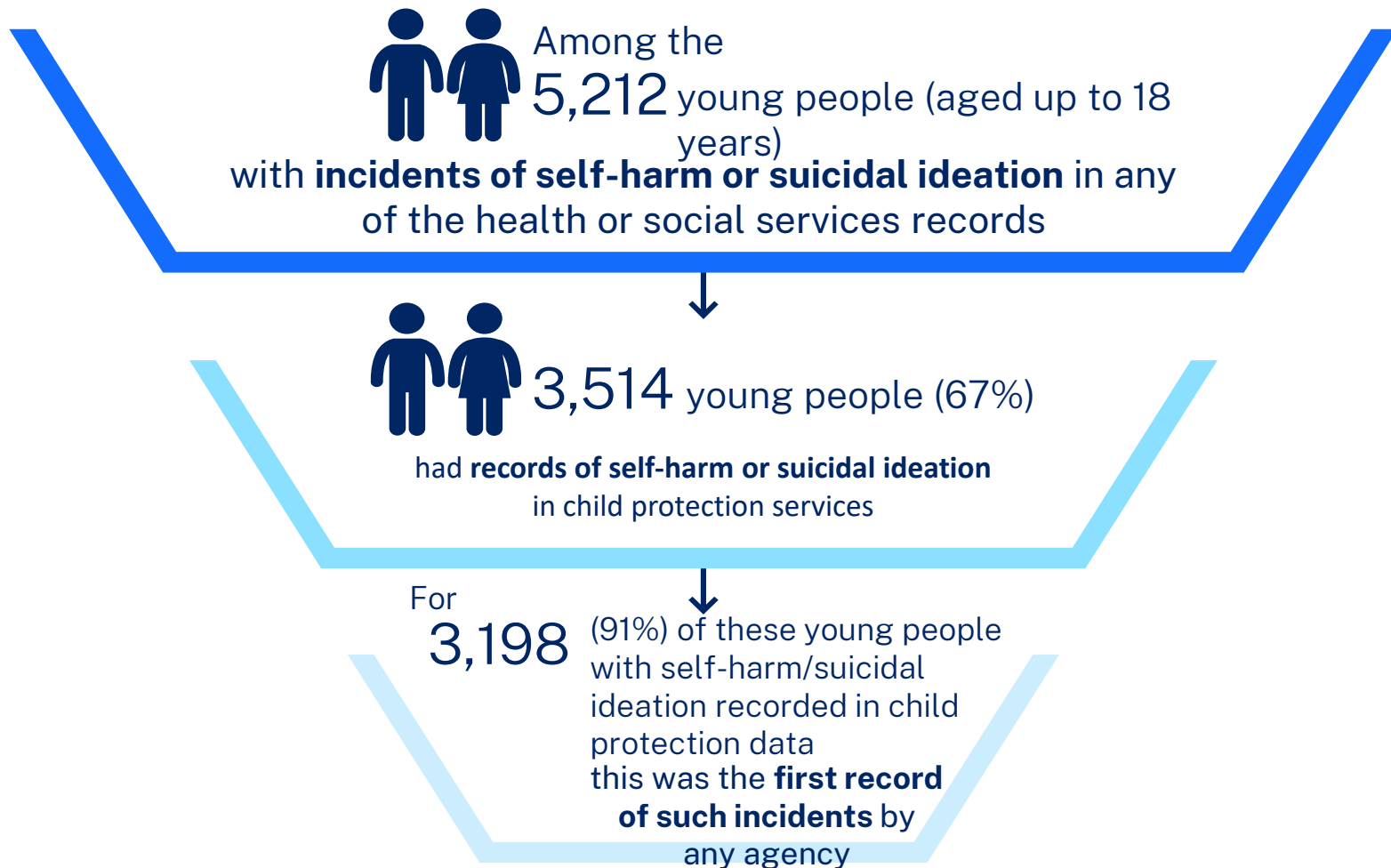
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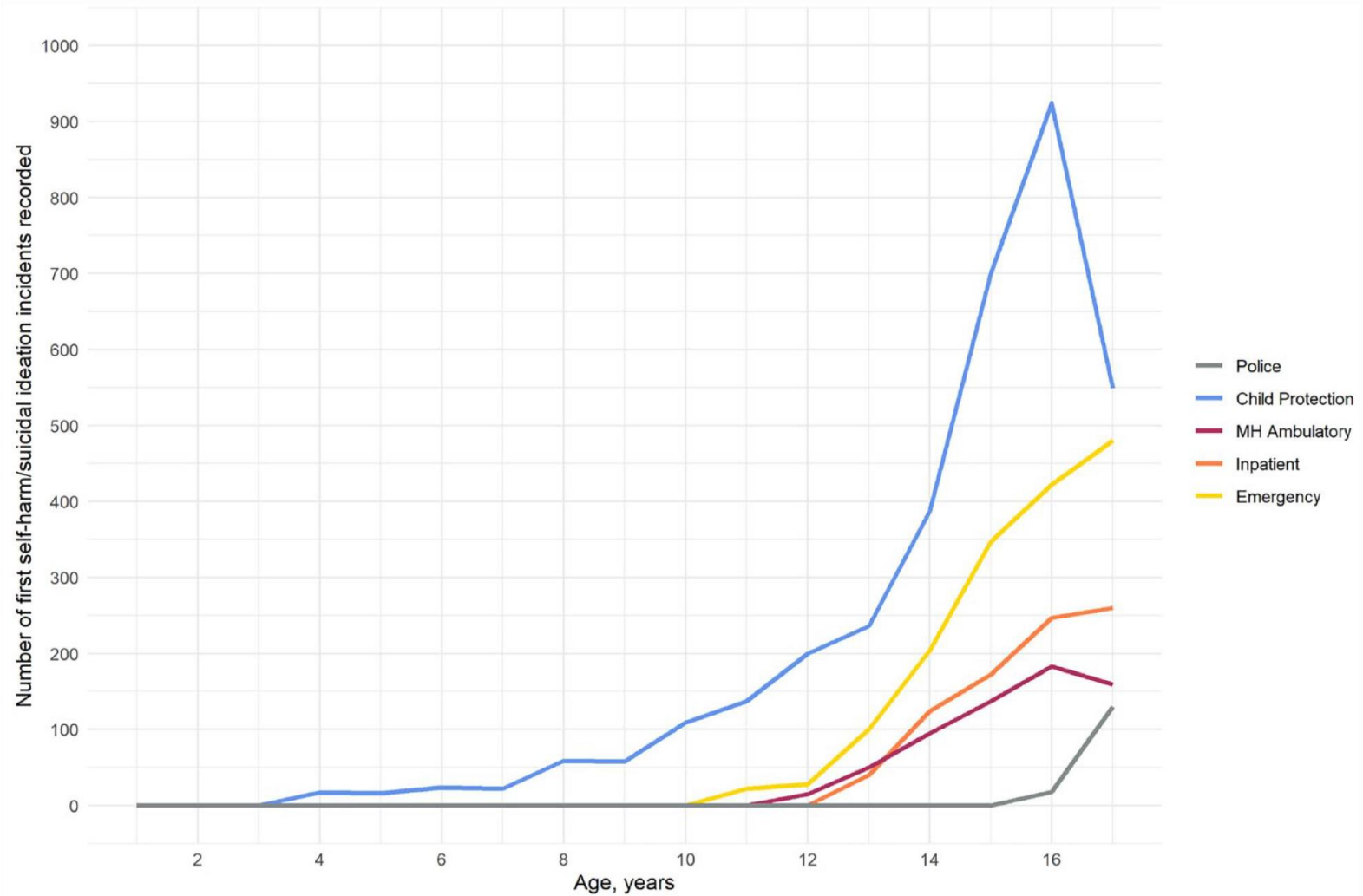


Also interesting to note that:

- 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



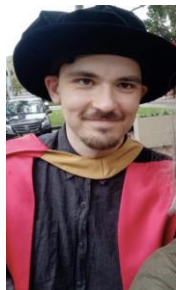
The age of first contact for self-harm or suicidal ideation was the **youngest for child protection** services (M=13.8 yrs), and **oldest for police contacts** (M=16.7 yrs). The three health services each had a similar average age at first contact, around 14.5 yrs.

# 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

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