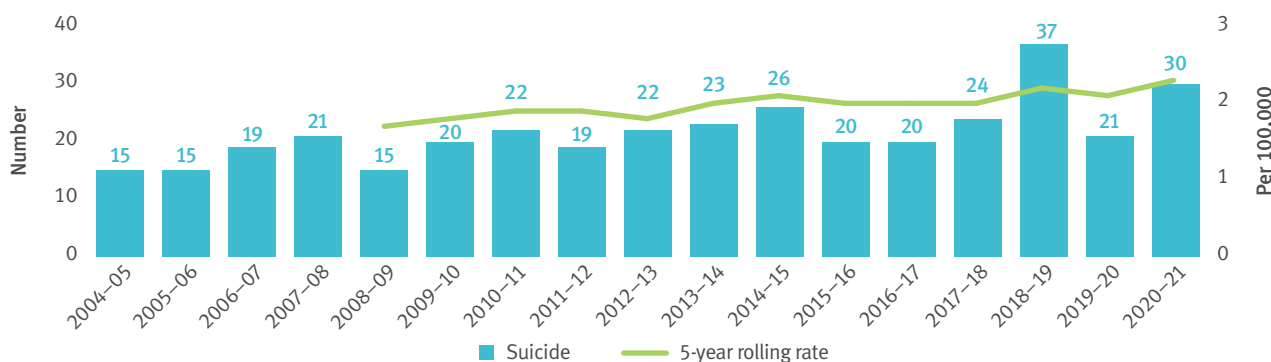


6 Suicide

Overview

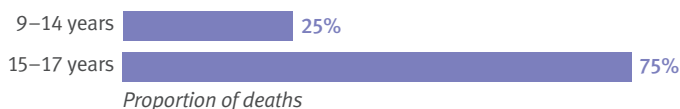
- 30 children and young people died by suicide in 2020–21.
- A slow increasing trend in youth suicide rates is evident over time.
- Risk increases with increasing age, 3 in 4 young people who suicided were aged 15–17 years.

Suicide deaths in Queensland

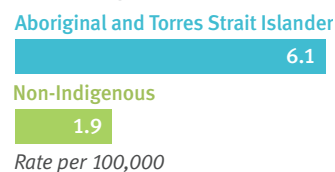


Five-year summary (2016–21)

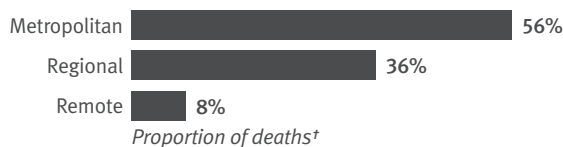
Age



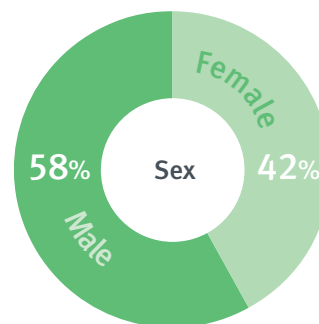
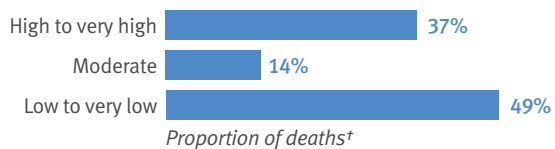
Indigenous status



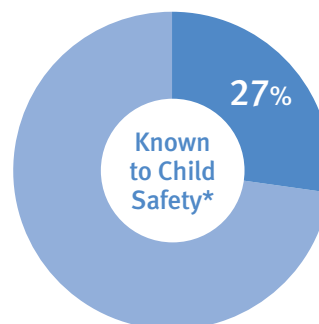
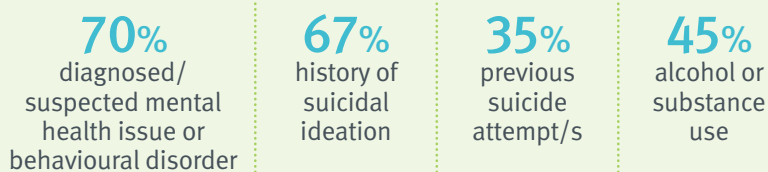
Remoteness



Socio-economic status



Risk factors



Notes: Counting is by date of death registration. Percentages may not add to 100 due to rounding.

Defining and classifying suicide

In the Queensland Child Death Register, all suspected suicide cases are assessed and categorised using a suicide classification model based on an amended version of the Australian Institute of Suicide Research and Prevention's (AISRAP) suicide classification.³⁵ The QFCC considers a number of factors, such as whether intent was stated, mental health or suicide attempt history, significant precipitating factors or life stressors, and coronial findings on intent. Under the suicide classification model, described further in **Appendix F**, the QFCC will record suspected suicides as either 'possible', 'probable' or 'confirmed' suicide. Only probable and confirmed suicides are reported in this chapter.

Possible suicides may be recorded as 'pending a cause' until coronial findings are received. Cases where the fatal outcome was most likely not intended, such as a prank gone wrong, are recorded as Other non-intentional injury. In some cases deaths may be recorded as Unexplained causes if the coroner, on completing investigations, has not been able to determine whether death was intended or not.

Information used to classify suicide certainty is based on data available to the QFCC at the time of reporting.

Key findings

During 2020–21, 30 confirmed or probable suicide deaths of young people were recorded in Queensland, an increase from the 21 deaths in 2019–20.³⁶ Suicide was the leading external cause of death for 10–14 year olds and leading cause overall for 15–17 year olds over the 5-year period.

Fifteen deaths were classified as confirmed suicides in the 2020–21 period, and fifteen deaths were probable suicides. Two deaths in the period were classified as possible suicides.

A total of 132 young people have died from suicide over the last 5 years, with an average of 26 deaths per year, at a rate of 2.3 deaths per 100,000 children aged 0–17 years.³⁷

As indicated in **Chapter 1**, a slow increasing trend in youth suicide rates is evident over time.

Table A.8 in **Appendix A** provides summary data and key characteristics for suicide deaths in the last 5 years.

Coronial findings

At the time of reporting, coronial findings had been finalised for 10 of the 30 suicides from 2020–21. Coroners made clear statements that the cause of death was suicide in 9 of these deaths. In the 1 remaining death, hanging was confirmed as the method of death and there was no indication of an alternative cause of death.

Sex

Of the 30 young people who died from suicide in 2020–21, 18 were male and 12 were female.

Over the last 5 years, 58% of young people who suicided were male and 42% were female. The average suicide rate for males was 1.3 times the rate for females (5.8 deaths per 100,000 males aged 10–17 years, compared to 4.5 deaths per 100,000 females aged 10–17 years). Male and female suicide rates in adult populations have a much greater disparity compared to youth suicides, with an age-standardised suicide rate for males being 3 times that for females (23.8 deaths per 100,000 males, compared to 7.4 deaths per 100,000 females).³⁸

³⁵ See **Appendix F** for further details regarding the suicide classification model.

³⁶ 2019–20 number revised up one from previous report (one reclassified from possible to probable suicide based on updated information).

³⁷ Tables with data from 2004 are available online at <http://www.qfcc.qld.gov.au/kids/preventing-child-injury-death>

³⁸ ABS (2020) *Causes of Death, Queensland, 2019*, 'Table 4.1: Underlying cause of death, All causes, Queensland, 2019', ABS website, accessed 10 September 2021.

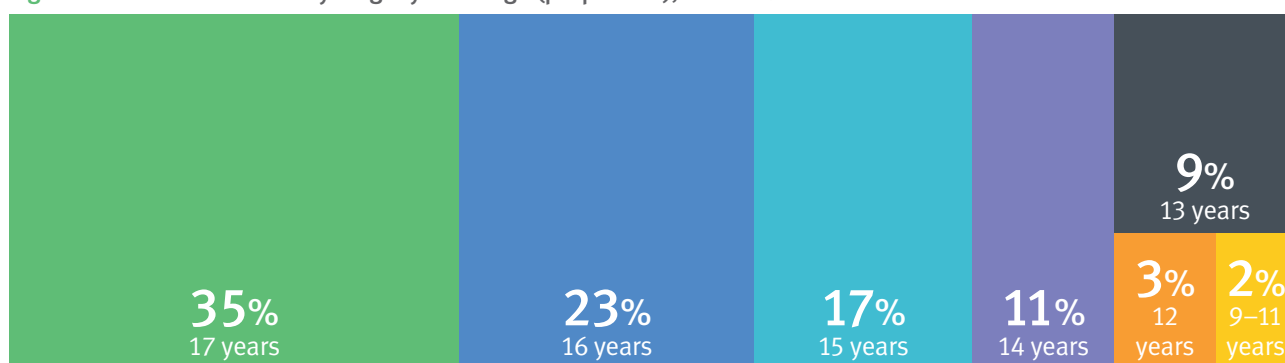
Age

Of the 30 suicide deaths during 2020–21, 24 (80%) were of young people aged 15–17 years and 6 (20%) were of young people aged 10–14 years. Suicide was the leading external cause of death for young people from both age categories in Queensland during 2020–21.

Over the last 5 years, the suicide rate for young people aged 15–17 years was 5 times the rate for young people aged 10–14 years (10.6 deaths per 100,000 aged 15–17 years, compared to 2.0 deaths per 100,000 children aged 10–14 years).

As illustrated in Figure 6.1, youth suicide deaths increase with each year of age, with 9–11 year-olds making up 2% of suicides and the proportions increasing with age up to 35% being aged 17 years.

Figure 6.1: Suicide deaths by single year of age (proportion), 2016–17 to 2020–21



Notes: Percentages may not add to 100 due to rounding.

Situational circumstances and risk factors

The literature on suicide provides a relatively consistent account of the factors and life circumstances that are associated with youth suicide.³⁹

- Research into youth suicide shows that a history of self-harming behaviour, suicidal ideation and previous suicide attempts are associated with future suicidality.
- A high proportion of mental illness has been found among young people who die by suicide.
- Childhood abuse and exposure to domestic and family violence have been found to be potential risk factors for future youth suicides. *The Adverse Childhood Experiences Study* has led research showing strong relationships between adverse experiences in childhood and health and social problems across the lifespan, with the link to depressive disorders.⁴⁰

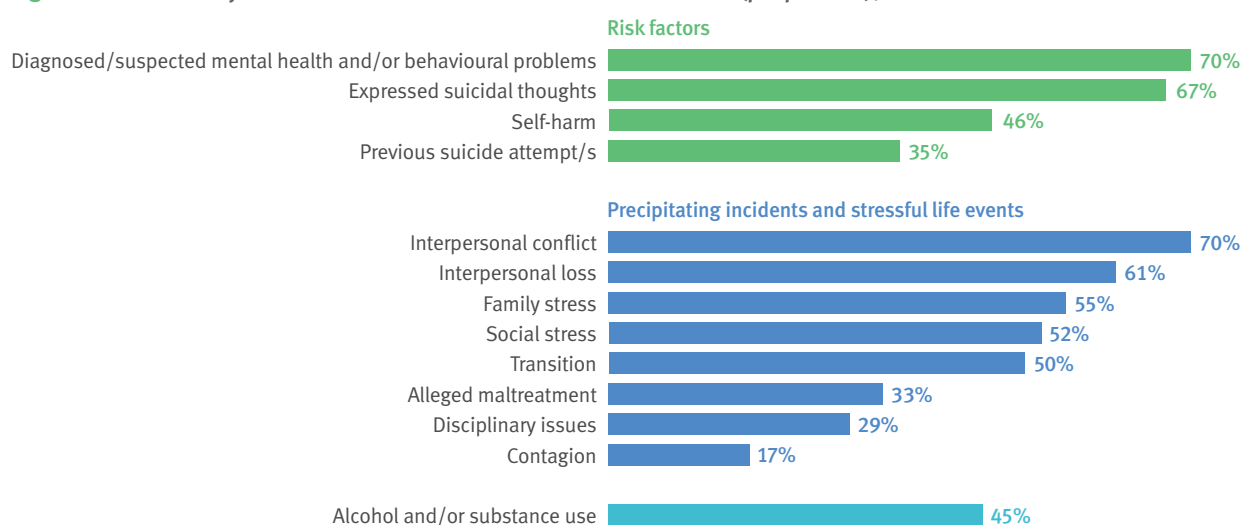
Suicidal behaviours in young people are often not the result of a single cause, and multiple stressors and adverse life experiences may be present. Most suicides; however, cannot be predicted.⁴¹

Figure 6.2 provides a summary of the most frequently reported risk factors and situational circumstances identified for the young people who suicided in Queensland in the last 5 years. The overview is based on information available to the QFCC and may therefore under-represent the actual circumstances for the children and young people.

39 CCYPCG (2009) *Reducing Youth Suicide in Queensland discussion paper*, Queensland Government. [National Library of Australia web archive]

40 Chapman DP, Whitfield CL, Felitti VJ, Dube SR, Edwards VJ, Anda RF (2004) 'Adverse childhood experiences and the risk of depressive disorders in adulthood', *Journal of Affective Disorders*, 82(2):217–225, <https://doi.org/10.1016/j.jad.2003.12.013>.

41 Scott J, Ryan A, Hielscher E, Thomas H (2018) 'Suicide in children and adolescents in Queensland 2004–2015', *QFCC Research Summary*, QFCC, Queensland Government.

Figure 6.2: Summary of risk factors and situational circumstances (proportion), 2016–17 to 2020–21

Notes: Young people who suicided may have experienced more than 1 risk factor, precipitating incident or stressful life event. Interpersonal conflict includes conflict in parental relationships, including issues with intimate partners, family, friends or acquaintances or bullying. Interpersonal loss includes the loss or perceived loss of something, someone or a number of individuals and includes the death of a loved one (including pets), loss of social supports (often due to transitions) and parental divorce or separation. Family stress includes stressors that put real or perceived demands on, or cause interpersonal conflict for, an individual. Examples include poor intra-familial relationships, parental abandonment, familial alcohol or substance use or psychopathology, financial problems, parental offending or detention, family law court proceedings, parental medical conditions, housing issues or domestic and intimate partner violence. Social stress includes any stressors that may have impacted on the young person, such as illness or disability, unemployment, school stress, body image issues, sexual identity or gender issues or pregnancy. Transition includes transitions from or into care, transition of residence, transition in education, transition in work. Victim of alleged maltreatment includes reports of the young person experiencing physical, emotional or sexual harm, neglect or reports that the young person was the victim of a criminal offence. Disciplinary issues refers to consistent rule breaking or behavioural problems, including in the home, at school or contact with authorities. Only a selection of risk factors and situational circumstances are presented in this figure, focusing on those most frequently found.

Previous self-harm and suicidal behaviour

Prior suicide attempts, ideation and self-harming behaviours are recognised as risk factors for suicide. Twenty of the 30 young people who suicided during 2020–21 had displayed at least 1 form of the risk factors. Ten had previously attempted suicide, with 4 young people attempting suicide on more than 1 occasion. Thirteen young people had previously engaged in self-harming behaviour, such as cutting.⁴² Seventeen had previously expressed suicidal thoughts (ideation). There was no evidence of previous self-harm or suicidal behaviour for 10 young people.

Mental health issues and behavioural disorders

While mental health issues are prevalent amongst young people who suicide, many young people are treated for these conditions and only a very small number may go on to suicide.

As indicated in Table 6.1, 9 of the 30 young people who suicided during 2020–21 had a diagnosed mental health issue and/or behavioural disorder before their death, and 13 were suspected to have a mental health issue. Sixteen young people had accessed a healthcare provider.

The most common diagnosed conditions were depression and anxiety. Five of the 9 young people were identified to have multiple mental health and/or behavioural disorders (co-morbid conditions).

⁴² Each young person with identified self-harm or suicidal behaviour may have exhibited more than one type of behaviour.

Table 6.1: Mental health issues and behavioural disorders (number), 2020–21

Mental health issues and/or behavioural disorders	Total
Diagnosed mental health issue or behavioural disorder	9
Known to have accessed healthcare provider	9
Currently or previously prescribed medication for mental health issue	9
Suspected mental health issue^a	13
Known to have accessed healthcare provider	7
Currently or previously prescribed medication for mental health issue	1

a In absence of any diagnosed issue.

Notes: More than one issue/factor may be present for each young person who suicided, therefore the sum of the counts may be greater than the total. 'Suspected mental health issue' refers to information from family members or friends who believed the young person to be experiencing a mental health issue. Young people were recorded as not having a mental health issue where the QFCC did not have information to indicate otherwise. This is not an absolute finding in regard to the young person's mental health.

Intent stated or implied (orally or written)

There was evidence of suicidal intent in 12 of the 30 suicide deaths during 2020–21. Five young people stated or implied their intent to a friend, extended family member or healthcare professional. Intent was stated or implied by phone, text or instant messaging or in person.⁴³ Suicide notes were left by 8 young people.

Contagion

Contagion refers to the process by which a prior suicide or attempted suicide of a family member or friend facilitates or influences suicidal behaviour in another person. Contagion was identified as a potential factor for 2 of the 30 young people who suicided during 2020–21.

Alcohol, drug and substance use

Nine of the 30 young people who suicided during 2020–21 were reported as having a history of alcohol, drug or substance use; with alcohol and cannabis the most frequently cited substances used.⁴⁴

Stressful life events

Stressful life events (life stressors) were identified in 27 of the 30 suicide deaths of young people in Queensland during 2020–21. Life stressors are events or experiences which produce significant strain on an individual; they can occur at any stage over the course of a person's lifetime and vary in severity and duration. Life stressors differ from precipitating incidents as they are more likely to occur in the background over a period of time with strain accumulating over time.

The 4 most common stressors identified in young people who suicided in 2020–21 were parental separation or divorce, poor intra-familial relationships, bullying and equally transitions in education and transitions in residence (i.e. moving).

⁴³ Each young person may have stated or implied their intent using more than one communication method.

⁴⁴ Previous or current use of alcohol or drugs identified by friends, family members or in toxicology findings.

History of childhood abuse

Information available indicated 6 of the 30 young people who suicided in 2020–21 had a history of alleged childhood abuse. A history of domestic and family violence within the young person's family was also identified for 3 young people.

Precipitating incidents

Precipitating incidents were identified in 17 of the 30 suicide deaths of young people in Queensland during 2020–21. Precipitating incidents refer to events or stressors which occur prior to a suicide and which appear to have influenced the decision for a person to end their life. Most precipitating incidents will occur in the hours, days or week prior to death. Bereavement can be considered a precipitating incident, with an arbitrary time frame of up to 6 months between the death of the family member or friend and the suicide of the young person.

COVID-19

At the time of reporting, there was no evidence of a significant change in youth suicide deaths as a direct or indirect result of COVID-19, with the most recent increase continuing a trend which was evident before the pandemic. Mental health services and helplines; however, are reporting increases in young people seeking assistance. The incidence of stressors commonly reported in youth suicide data, such as mental health, transitions, social isolation, domestic violence, family stress and academic achievement-related stress are likely to continue to be heightened by the economic and social changes that have occurred. The QFCC will continue to closely monitor trends in youth suicide deaths throughout the pandemic period.

Queensland Ambulance Service data

Queensland Ambulance Service (QAS) data indicates in the last year approximately 8,500 ambulance callouts occurred for suicidal behaviour and self-harm-related incidents involving children, including both fatal and non-fatal injuries (see Table 6.2). This was an increase of some 1,000 callouts from the number reported for 2019–20.

Female patients accounted for 64% of callouts.

Table 6.2: Queensland Ambulance Service responses to self-harm and suicidal behaviour incidents (number), 2020–21

Age	Female	Male	Total
5–9 years	58	116	174
10–14 years	2,180	1,149	3,329
15–17 years	3,247	1,691	4,938
Total	5,485	2,956	8,441

Source: Queensland Ambulance Service (Aug-2021)

Notes: Excludes data for children and young people whose age and gender at the time of the incident were not recorded, or whose gender was recorded as indeterminate.