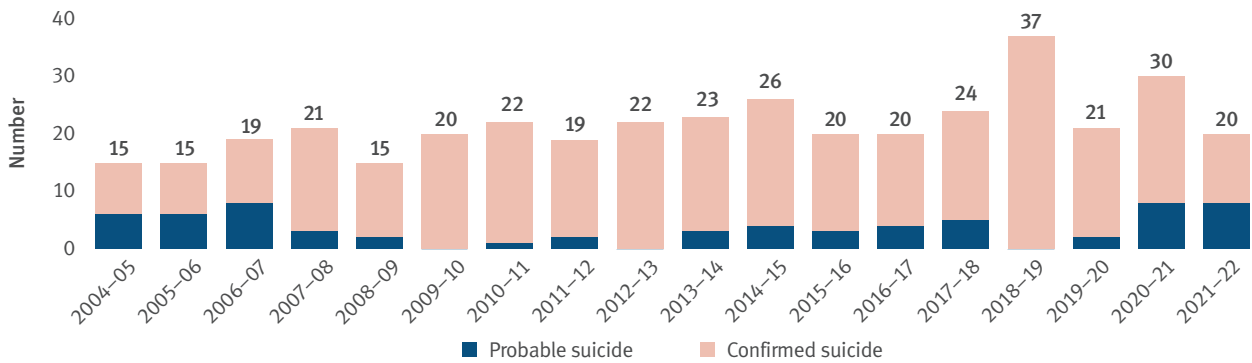
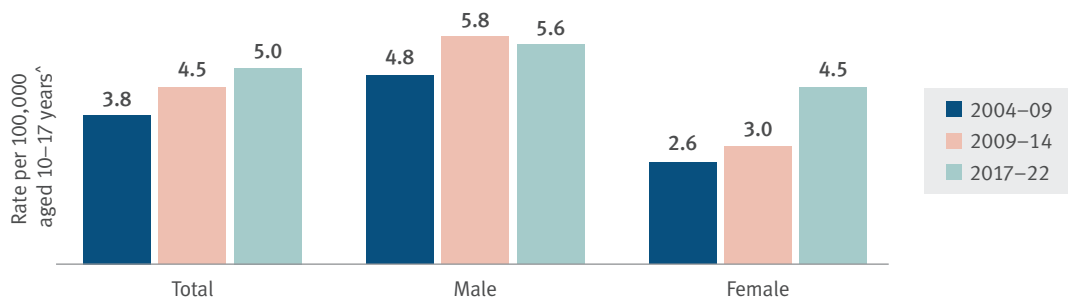


# 6 Suicide

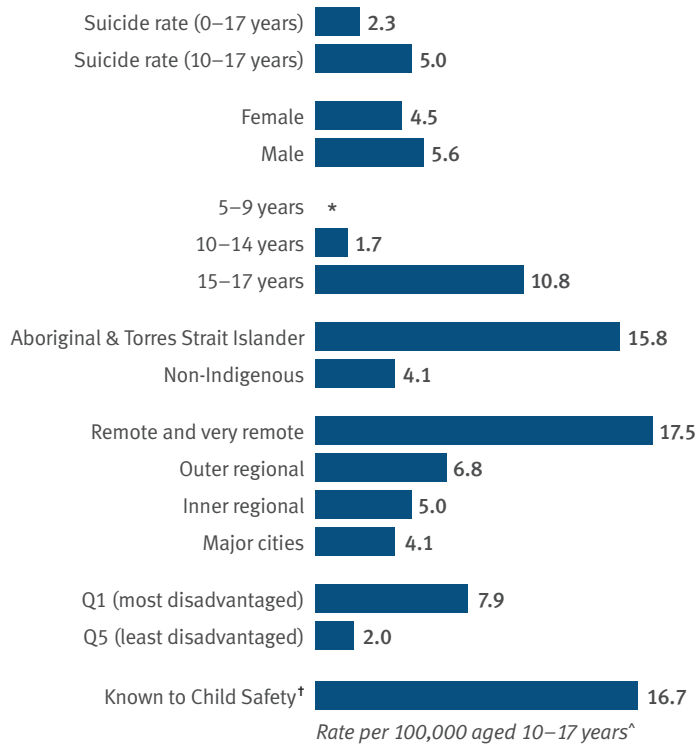
## 2004 to 2022



## 5-year summary (2017-22) | Sex



## Demographics



## Risk factors

**74%** diagnosed/suspected mental health issue or behavioural disorder

**68%** history of suicidal ideation

**37%** previous suicide attempt/s

**50%** alcohol and/or substance misuse

Notes: Counting is by date of death registration.  
 \* rate not calculated for numbers between 1-3.  
<sup>^</sup> deaths in 5-9 age group are included in 10-17 year rates, with exception of age group rates.  
<sup>†</sup> in the 12 months prior to death.

### Defining and classifying suicide

Suspected suicide cases are assessed and categorised using a suicide classification model that considers factors such as: whether the incident was more consistent with death by suicide than any other cause; whether intent was communicated; any prior suicide attempts; and mental health history. Further information on the classification model can be found in [Appendix F](#).<sup>50</sup>

## Key findings

Twenty children and young people died by suicide in 2021–22, a decrease from the 30 deaths in 2020–21.

Twelve deaths in the 2021–22 period were classified as confirmed suicides and 8 deaths were probable suicides (i.e. more consistent with suicide than any other means). A further 6 deaths in the period were classified as possible suicides and recorded as cause pending at the time of reporting. Once coroner findings are received a final assessment of the cause of death will be made.<sup>51</sup>

A slow increasing trend in youth suicide rates is evident over time. Between 2004–09 and 2017–22 the rate of suicide increased from 3.8 to 5.0 per 100,000 young people aged 10–17 years.<sup>52</sup> A total of 132 young people have died by suicide over the last 5 years, with an average of 26 deaths per year.<sup>53</sup>

Suicide was the leading external cause of death for young people aged 10–14 years and the leading cause overall for young people aged 15–17 years over the 5-year period.

[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 20 suicides from 2021–22. Coroners made clear statements that suicide was the cause of death in 9 of these cases. In the one remaining death, hanging was confirmed as the cause of death, although there were no specific findings in relation to suicidal intent.

## Age

Of the 20 suicide deaths during 2021–22, 14 were young people aged 15–17 years, 5 were aged 10–14 years and one was aged under 10 years.

The 5-year suicide rate for young people aged 15–17 years was 6 times the rate for young people aged 10–14 years (10.8 deaths per 100,000 aged 15–17 years, compared with 1.7 deaths per 100,000 aged 10–14 years).

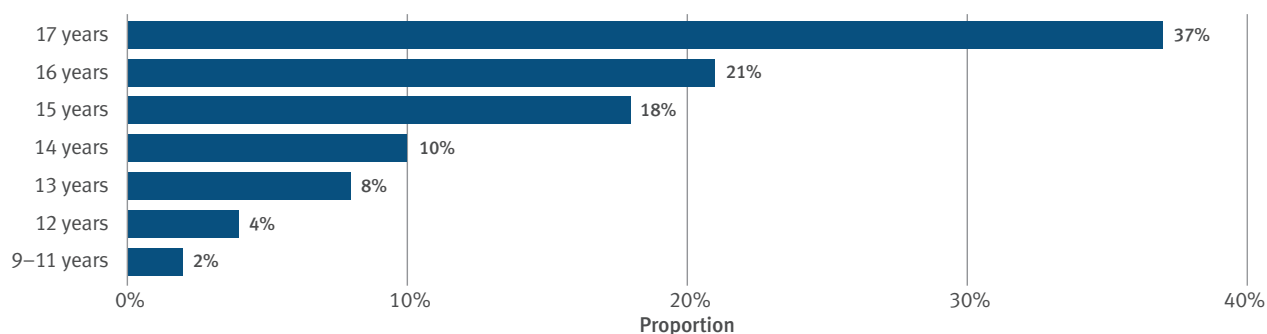
As illustrated in Figure 6.1, youth suicide deaths increase with each year of age. Young people aged 9–11 years made up 2% of suicides, with the proportions increasing with age. Seventeen-year-olds comprised 37% of youth suicides over the past 5 years. Two thirds of youth suicides were among young people aged 15–17 years.

<sup>50</sup> [www.qfcc.qld.gov.au/about-us/publications/child-death-reports-and-data](http://www.qfcc.qld.gov.au/about-us/publications/child-death-reports-and-data)

<sup>51</sup> For example, where the fatal outcome was most likely not intended, such as the consequences of risk-taking behaviour, these deaths will be classified as 'other non-intentional injury'. Where the coroner has not been able to determine whether death was the intended outcome, these cases are reported in the category 'unexplained'.

<sup>52</sup> Suicide rates in this chapter are per 100,000 population aged 10–17 years and, with the exception of age specific rates, include the small number of suicides of children aged 5–9 years.

<sup>53</sup> Tables with data for 2004–22 are available online at [www.qfcc.qld.gov.au/about-us/publications/child-death-reports-and-data](http://www.qfcc.qld.gov.au/about-us/publications/child-death-reports-and-data)

**Figure 6.1:** Suicide deaths by single year of age (proportion), 2017–18 to 2021–22

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

## Sex

Of the 20 young people who died by suicide in 2021–22, 13 were male and 7 were female.

Over the last 5 years, 57% of young people who suicided were male and 43% were female. The average suicide rate for males was 1.2 times the rate for females (5.6 deaths per 100,000 males aged 10–17 years, compared with 4.5 deaths per 100,000 females aged 10–17 years). While the latest youth suicide rates are similar for males and females, during the first 10 years of the Child Death Register, males suicided at almost twice the rate of females.

Figure 6.2 presents the male and female suicide rates in the youth population in contrast to the population level suicide rates by sex (age-standardised). It illustrates the much higher rate of male suicide in the ‘all ages’ data compared with the much closer male and female rates for 10–17-year-olds.

**Figure 6.2:** Male and female youth suicide rates (2017–22) and Queensland total suicide rates (2020, age-standardised)

Sources: QFCC Queensland Child Death Register; ABS (2021) *Causes of Death, Queensland, 2020*, 'Table 4.1: Underlying cause of death, All causes, Queensland, 2020', ABS website, accessed 11 August 2022. [www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release](http://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release)

## Situational circumstances and risk factors

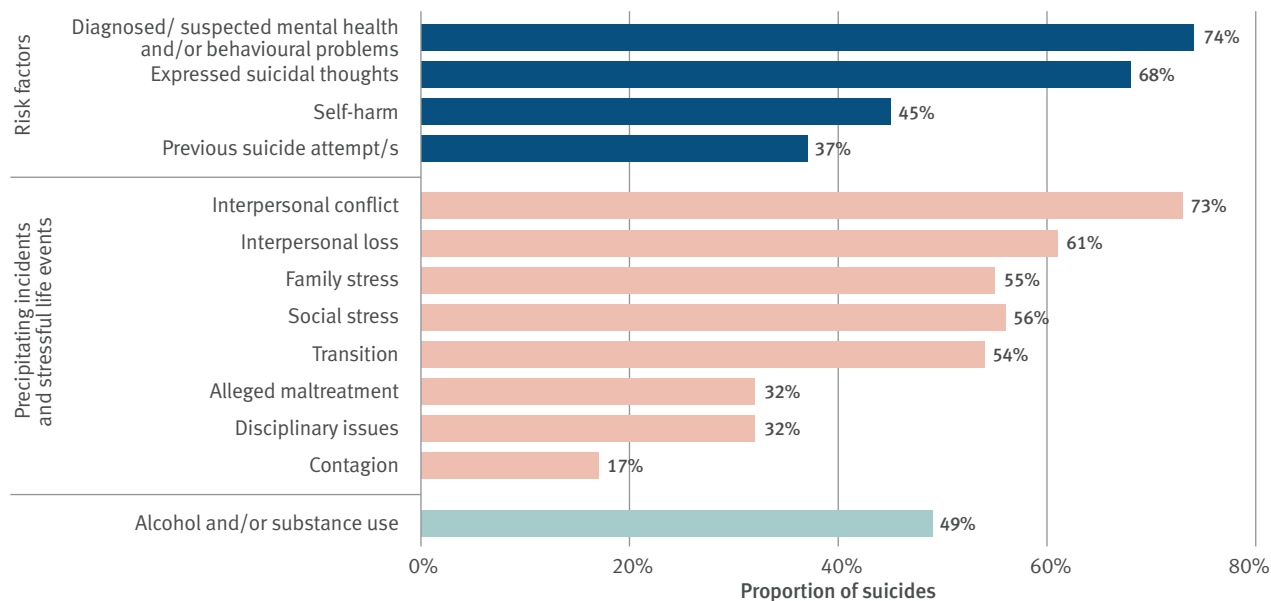
The literature on suicide provides a relatively consistent account of the factors and life circumstances that are associated with youth suicide:<sup>54</sup>

- 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 a link to depressive disorders.<sup>55</sup>

Suicidal behaviours in young people are often not the result of a single cause. Instead, multiple stressors and adverse life experiences may be present. Most suicides, however, cannot be predicted.<sup>56</sup>

Figure 6.3 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. This overview is based on information available to the QFCC and may therefore under-represent the actual circumstances for the children and young people.

**Figure 6.3: Summary of risk factors and situational circumstances (proportion), 2017–18 to 2021–22**



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.

54 McDermott B (2021) *Highly vulnerable infants, children and young people: A joint child protection mental health response to prevent suicide*, Queensland Child Death Review Board. [www.cdrb.qld.gov.au/reports-and-publications](http://www.cdrb.qld.gov.au/reports-and-publications)

55 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, doi:10.1016/j.jad.2003.12.013.

56 Scott J, Ryan A, Hielscher E, Thomas H (2018) '*Suicide in children and adolescents in Queensland 2004–2015*', *QFCC Research Summary*, QFCC, Queensland Government. [www.qfcc.qld.gov.au](http://www.qfcc.qld.gov.au)

## Previous self-harm and suicidal behaviour

Prior suicide attempts, ideation and self-harming behaviours are recognised as risk factors for suicide. At least 1 form of these risk factors was present for 15 of the 20 young people who suicided during 2021–22. Seven had previously attempted suicide, with 3 young people attempting suicide on more than one occasion. Five young people had previously engaged in self-harming behaviour, such as cutting.<sup>57</sup> Eleven had previously expressed suicidal thoughts (ideation). There was no evidence of previous self-harm or suicidal behaviour for 5 young people.

## Mental health issues and behavioural disorders

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

Eleven of the 20 young people who suicided during 2021–22 had a diagnosed mental health issue and/or behavioural disorder before their death. Ten young people were known to have engaged with a healthcare professional and 8 had been prescribed medication for their condition/s.

The most common diagnosed conditions were depression and anxiety. Seven of the 11 young people were identified to have multiple mental health and/or behavioural disorders (co-morbid conditions).

Four young people were suspected to have a mental health issue. One young person had engaged with a healthcare professional.

## Intent stated or implied (orally or written)

There was evidence of suicidal intent in 8 of the 20 suicide deaths during 2021–22. Five young people stated or implied their intent to a friend, intimate partner, family member or healthcare professional. Intent was stated or implied either during a phone call, text or instant messaging, in person or on social media.<sup>58</sup> Suicide notes were left by 3 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 3 of the 20 young people who suicided during 2021–22.

## Alcohol, drug and substance use

Nine of the 20 young people who suicided during 2021–22 were reported as having a history of alcohol, drug or substance use; with cannabis and alcohol the most frequently cited substances used.<sup>59</sup>

## Stressful life events

Stressful life events (life stressors) were identified in 19 of the 20 suicide deaths of young people in Queensland during 2021–22. 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 with strain accumulating over a period of time.

The 4 most common stressors evident in case information for young people who suicided in 2021–22 were parental separation or divorce, domestic and family violence, familial alcohol and/or substance misuse and transitions of residence.

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

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

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

## Impacts of COVID-19

In 2021 the QFCC conducted a survey of young Queenslanders aged 13–18 years, to explore their experiences during the COVID-19 pandemic. The *Growing up in Queensland: Living through COVID report*<sup>60</sup> indicated the impacts on social relationships, changes to schooling and engagement in recreational activities were the worst outcomes of lockdowns. Some 3% of participants in the survey identified a decline in their mental health as the worst outcome of lockdowns. Further, some participants in the survey also reported boredom, feelings of isolation, loneliness and uncertainty as the worst aspect of lockdowns.

While COVID-19 was explicitly identified as a stressor for a small proportion of young people, there was no evidence of a significant change in youth suicide deaths in Queensland attributable to COVID-19.

## History of childhood abuse

Information available indicated 6 of the 20 young people who suicided in 2021–22 had a history of alleged childhood abuse. A history of domestic and family violence within the young person's family was also identified for 6 young people.

## Precipitating incidents

Precipitating incidents were identified in 15 of the 20 suicide deaths of young people in Queensland during 2021–22. 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 weeks 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. The most common precipitating incidents were relationship breakdowns; followed by conflict with family members, intimate partners or friends; bereavement; and unemployment/financial challenges.

## Queensland Ambulance Service data

Queensland Ambulance Service (QAS) data indicates in the last year over 8,600 ambulance callouts occurred for suicidal behaviour and self-harm-related incidents involving children, including both fatal and non-fatal injuries (see Table 6.1). This was an increase of approximately 200 callouts from the number reported for 2020–21.

Female patients accounted for 67% of callouts.

**Table 6.1:** Queensland Ambulance Service responses to self-harm and suicidal behaviour incidents (number), 2021–22

Age	Female	Male	Total
5–9 years	87	130	217
10–14 years	2,371	1,108	3,479
15–17 years	3,377	1,577	4,954
<b>Total</b>	<b>5,835</b>	<b>2,815</b>	<b>8,650</b>

Source: Queensland Ambulance Service (Aug 2022)

Notes: Excludes data for 147 children and young people whose gender was recorded as missing or indeterminant.

60 QFCC (2021) *Growing up in Queensland: Living through COVID*, Queensland Government. [www.qfcc.qld.gov.au/youth/growing-up-in-queensland/2021](http://www.qfcc.qld.gov.au/youth/growing-up-in-queensland/2021)