Chapter 6 — Suicide

This section provides details of child deaths from suicide.

Key findings

- Twenty-four young people died of suspected or confirmed suicide in Queensland during 2017–18 at a rate of 2.1 deaths per 100 000 children aged 0–17 years (or 4.7 deaths per 100 000 children aged 10–17 years). The number of suicide deaths recorded over the 14 years since 2004 ranges from 15 to 26 with an average of 20.1 per year.
- Suicide was the equal leading external cause of death in 2017–18 (35% of external causes of death for all children). Suicide accounted for 56% of deaths by external causes among young people aged 10–17 years.
- Over the most recent 3-year period, the suicide rate for males was 1.3 times the rate for females.
- Of youth suicides, the highest numbers were in the oldest age group and generally decreased as age decreased. Nineteen of the 24 suicides were of young people aged 15–17 years. Over the most recent 3-year period, the suicide rate for young people aged 15–17 years was five times the rate for young people aged 10–14 years.
- There were five suicide deaths of Aboriginal and/or Torres Strait Islander young people during 2017–18. Over the most recent 3-year period, the suicide rate among Indigenous young people was more than twice the rate for their non-Indigenous peers.
- Young people may exhibit one or more suicidal or self-harm behaviours prior to suicide. Fourteen of the 24 young people who suicided during 2017–18 were identified as having previous suicidal ideation and/or had made an attempt to suicide. Eleven young people were known to have engaged in self-harming behaviours. There was no evidence of previous self-harm or suicidal behaviour for eight young people.
- In 10 of the 24 suicide deaths during 2017–18, the young person stated or implied their intent to suicide in person, online or via text message prior to their death. Six young people left suicide notes.
- The suicide rate for young people known to the child protection system in the 12 months prior to their death was three times the Queensland average for all children.
- Twenty-two young people were identified to have experienced situational circumstances, risk factors, precipitating incidents or stressful life events which may have influenced suicidal behaviour.

Suicide 2015–18

An expanded version of Table 6.1 containing data since 2004 is available online at www.qfcc.qld.gov.au.

Table 6.1: Summary of suicide deaths of children and young people in Queensland 2015–18

	2015–16		2016–17		2017–18		Yearly average
	Total *n*	Rate per 100 000	Total *n*	Rate per 100 000	Total *n*	Rate per 100 000	Rate per 100 000
All suicide deaths							
Suicide[3]	20	1.8	20	1.8	24	2.1	1.9
Sex							
Female	7	3.0	6	2.5	14	5.9	3.8
Male	13	5.2	14	5.6	10	4.0	4.9
Age category							
10–17 years	20	4.1	20	4.1	23	4.7	4.3
5–9 years	0	0.0	0	0.0	1	*	*
10–14 years	4	1.3	8	2.6	4	1.3	1.7
15–17 years	16	8.8	12	6.5	19	10.3	8.5
Aboriginal and Torres Strait Islander status							
Indigenous	4	10.9	3	*	5	13.5	10.8
Non-Indigenous	16	3.6	17	3.8	19	4.2	3.8
Geographical area of usual residence (ARIA+)							
Remote	1	*	0	0.0	2	*	*
Regional	8	4.5	7	3.9	7	3.9	4.1
Metropolitan	10	3.5	13	4.4	15	5.1	4.3
Socio-economic status of usual residence (SEIFA)							
Low to very low	9	4.6	8	4.1	13	6.7	5.2
Moderate	4	4.0	3	*	3	*	3.3
High to very high	6	3.1	9	4.6	8	4.1	3.9
Known to the child protection system							
Known to the child protection system	5	5.9	8	9.9	2	*	5.9
Method of death							
Hanging	18	3.7	19	3.9	19	3.9	3.8
Injury caused by firearm or explosives	1	*	0	0.0	1	*	*
Jump from height	0	0.0	0	0.0	1	*	*
Struck by moving object	1	*	0	0.0	2	*	*
Poisoning	0	0.0	0	0.0	1	*	*
Other method	0	0.0	1	*	0	0.0	*

Data source: Queensland Child Death Register (2015–18)

* Rates have not been calculated for numbers less than four.

1. Data presented here is current in the Queensland Child Death Register as at August 2018 and thus may differ from those presented in previously published reports.
2. Rates are based on the most up-to-date denominator data available and are calculated per 100 000 children (in the sex/age/Indigenous status/ARIA+ region/SEIFA region categories) in Queensland each year. Rates for the 2015–16 period use the ERP data as at June 2015 and rates for the 2016–17 and 2017–18 periods use the ERP data as at June 2016.
3. Overall suicide rates are calculated per 100 000 children aged 0–17 years in Queensland.
4. All other rates, except known to the child protection population, are calculated per 100 000 children aged 10–17 years in Queensland in each year.
5. The number of children known to the child protection system represents the number of children whose deaths were registered in the reporting period, who were known to the DCSYW within the one-year period prior to their death. The denominator for calculating rates is the number of children aged 0–17 who were known to the DCSYW, through either being subject to a child concern report, notification, investigation and assessment, ongoing intervention, orders or placement, in the one-year period prior to the reporting period.
6. ARIA+ and SEIFA exclude the deaths of children whose usual place of residence was outside Queensland.
7. Yearly average rates have been calculated using the ERP data as at June 2016.

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.[39] Historically, cases where suicide was suspected but intent was unclear (that is, the deceased did not leave a suicide note and did not state their intent before death) have been recorded as accidents. This resulted in childhood and adolescent suicide being under-reported in official statistics, with a large proportion recorded as accidental deaths.[40] The QFCC classification model takes into account the prevention focus of child death data collection.

In the 2017–18 reporting period, 14 deaths were classified as confirmed suicides and 10 deaths were categorised as probable suicides. One death was classified as a possible suicide and has not been included in this analysis as there is a substantial possibility that the death may have been the result of another cause.

Coronial findings

At the time of reporting, coronial findings had been finalised for nine of the 24 suicides from 2017–18. Coroners made clear statements that the cause of death was suicide in seven of these deaths. In the remaining two deaths, hanging was confirmed as the method of death and there was no indication of an alternative cause of death.

Suicide: Findings 2017–18

During 2017–18, 24 confirmed or suspected suicide deaths of young people were registered in Queensland, at a rate of 2.1 deaths per 100 000 children aged 0–17 years. The number of suicide deaths registered since reporting commenced in 2004 ranges from 15 to 26 per year, with an average of 20.1 per year.[41]

Sex

During 2017–18, there were 10 suicide deaths of male young people, compared to 14 females.

Over the last three reporting periods, the average annual suicide rate for males was 1.3 times the rate for females (4.9 deaths per 100 000 male children aged 10–17 years, compared to 3.8 deaths per 100 000 females aged 10–17 years). Male suicide rates in adult populations have a much greater disparity than female suicide rates, with an 'all ages' suicide rate for males being three times that for females.[42]

Age

Of the 24 suicide deaths during 2017–18, 19 were of young people aged 15–17 years and four 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 2017–18.

Of youth suicides, the highest numbers were in the oldest age group and generally decreased with age. Over the last three reporting periods, the average annual suicide rate for young people aged 15–17 years was five times the rate for young people aged 10–14 years (8.5 deaths per 100 000 children aged 15–17 years, compared to 1.7 deaths per 100 000 children aged 10–14 years).

Aboriginal and Torres Strait Islander status

Of the 24 suicide deaths during 2017–18, five were of Aboriginal and/or Torres Strait Islander young people.

Over the last three reporting periods, the average annual suicide rate for Indigenous young people was more than twice the rate for non-Indigenous young people (10.8 deaths per 100 000 Indigenous children aged 10–17 years, compared to 3.8 deaths per 100 000 non-Indigenous children aged 10–17 years).

[39] See Appendix 6 for further details regarding the suicide classification model.
[40] Since 2013, the ABS publication *Causes of Death* includes an appendix presenting suicide deaths of children aged under 15.
[41] Tables with data for 2004–18 are available online at www.qfcc.qld.gov.au.
[42] Australian Institute of Suicide Research and Prevention (2016). *Suicide in Queensland: Mortality Rates and Related Data, 2011–2013*.

Indigenous young people have been over-represented in suicide deaths since reporting commenced in 2004. Across the 14-year period a slightly younger profile of Indigenous suicides was apparent, with 32% of Indigenous young people who suicided aged under 15 years compared to 21% of non-Indigenous young people who suicided.

Geographical area of usual residence (ARIA+)

Of the 24 suicide deaths during 2017–18, 15 were of young people from metropolitan areas of Queensland, seven were of young people from regional areas and two were for young people who resided in remote areas.

Socio-economic status of usual residence (SEIFA)

Of the 24 suicide deaths during 2017–18, 13 were of young people who resided in an area of low to very low SES, eight were of young people from high to very high SES areas and three were of young people from areas of moderate SES.

Research has found the risk of suicidal behaviour is increased for individuals from a socially disadvantaged background, characterised by low SES and low income.[43]

Children known to the child protection system

Of the 24 suicide deaths during 2017–18, two were of young people known to the Queensland child protection system within the year before their death.[44] An increased risk of suicide has been identified among children and young people known to child protection agencies.[45] The suicide rate for young people known to the child protection system in the 12 months prior to their death was three times the Queensland average for all children over the last three reporting periods (respectively, rates of 5.9 and 1.9 per 100 000 in each category).

Children known to these agencies may often be living in circumstances which are characterised by substance misuse, mental health problems, lack of attachment to significant others, behavioural and disciplinary problems or a history of abuse.

Circumstances of death

Situational circumstances and risk factors

This section outlines the factors which may have influenced suicidal behaviour in the 24 young people who suicided in Queensland during 2017–18. This overview is based on information available to QFCC and may therefore under-represent the actual number of circumstances and risk factors for some of the children and young people. As indicated in Table 6.2, situational circumstances or risk factors were identified for 22 of the 24 young people who suicided in 2017–18.

Suicidal behaviours in children and young people are often not the result of a single cause, but are multi-faceted and frequently occur at the end point of adverse life sequences in which interacting risk factors combine, resulting in feelings of hopelessness and a desire to 'make it all go away'.[46] It is widely understood, and supported by analysis of data in the Queensland Child Death Register, a number of common risk factors and adverse life circumstances may contribute to suicidal behaviour in children and young people.

[43] Australian Institute of Health and Welfare (2008). *Injury among young Australians,* Bulletin 60.

[44] For the purpose of this report, a child is deemed to have been known to the child protection system if, within one year before the child's death, the DCSYW became aware of child protection concerns, alleged harm or alleged risk of harm to the child or took action under the *Child Protection Act* in relation to the child.

[45] CCYPCG (2014). *Child deaths—prevalence of youth suicide in Queensland*, Trends and Issues Paper Number 19.

[46] CCYPCG (2009). Reducing youth suicide in Queensland discussion paper.

Table 6.2: Summary of situational circumstances and risk factors for young people who suicided in 2017–18

Types of situational circumstance or risk factor	Total *n*
Situational circumstances or risk factors identified for young person	**22**
Stressful life event	21
Previous self-harm or suicidal behaviour	16
Known or suspected mental health issue or behavioural problem	14
Precipitating incident	10
Intent stated or implied prior to death incident	10
Alcohol, drug or substance use	7
Contagion (suicide or attempted suicide of a family member or friend)	2
History of alleged childhood abuse	2
No situational circumstances or risk factors identified for young person	**2**
Total	**24**

Data source: Queensland Child Death Register (2017–18)

1. More than one issue/factor may be present for each young person, therefore the sum of the counts may be greater than the total.
2. Young people were recorded as having no situational circumstances or risk factors identifiable where the QFCC did not have information to indicate otherwise. This is not an absolute finding in regards to the young person's situation.

Mental health issues and behavioural problems

As indicated in Table 6.3, 14 of the 24 young people who suicided during 2017–18 had, or were suspected to have had, a mental health issue or behavioural problem before their death. The most common mental health issues or behavioural problems identified were depression and anxiety. Four of the 14 young people were identified to have multiple mental health and/or behavioural issues (co-morbid conditions).

Table 6.3: Mental health issues and behavioural problems for young people who suicided in 2017–18

Mental health issues and/or behavioural problems	Total *n*
Known mental health issue or behavioural problem	**8**
Known to have accessed mental health provider	8
Currently or previously prescribed medication for mental health issue	5
Suspected mental health issue	**7**
No mental health issue identified	**10**
Total	**24**

Data source: Queensland Child Death Register (2017–18)

1. More than one issue/factor may be present for each young person, therefore the sum of the counts may be greater than the total.
2. 'Suspected mental health issue' refers to information from family members or friends who believed the young person to be experiencing a mental health issue. A young person could have a known and a suspected mental health issue.
3. 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 regards to the young person's mental health.

Alcohol, drug and substance use

Seven of the 24 young people who suicided during 2017–18 were reported as having a history of alcohol, drug or substance use,[47] with alcohol and cannabis the most frequently cited substances used. Tobacco, amphetamine and solvent misuse was also identified.

History of childhood abuse

Information available indicated two of the 24 young people who suicided in 2017–18 had a history of alleged childhood abuse. A history of domestic and family violence within the young person's family was identified for four young people.

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

Previous self-harm and suicidal behaviour

Fourteen of the 24 young people who suicided during 2017–18 were recorded as having experienced suicidal ideation.[48] Five young people had previously attempted suicide, with two young people attempting suicide on more than one occasion. Eleven young people had previously engaged in self-harming behaviour, such as cutting.[49] There was no evidence of previous self-harm or suicidal behaviour for eight young people.

Intent stated or implied (orally or written)

In 10 of the 24 suicides during 2017–18, young people stated or implied their intent to a family member, friend, boyfriend or girlfriend or online prior to their suicide. Intent was stated or implied by text message (seven deaths), or by phone, in person or other unspecified means (one death each).[50] Suicide notes were left by six 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 two of the 24 young people who suicided during 2017–18.

Precipitating incidents and stressful life events

Precipitating incidents

Precipitating incidents were identified in 10 of the 24 suicide deaths of young people in Queensland during 2017–18. 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. Table 6.4 shows the types of precipitating incidents which occurred among young people who suicided in 2017–18.

Table 6.4: Types of precipitating incidents for young people who suicided in 2017–18

Types of precipitating incidents	Total *n*
Precipitating incidents identified for young person	**10**
Argument with family member, intimate partner or friend	4
Relationship breakdown	2
Conflict with person other than family member, intimate partner or friend	1
Bullying	1
Poor intra-familial relationships	1
Disciplinary problems with parents	1
Disciplinary problems with teachers or school	1
Other precipitating incidents	1
No precipitating incident/s identified for young person	**14**
Total	**24**

Data source: Queensland Child Death Register (2017–18)

1. More than one issue/factor may be present for each young person, therefore the sum of the counts may be greater than the total.
2. Young people were recorded as not having an identifiable precipitating incident where the QFCC did not have information to indicate otherwise. This is not an absolute finding in regards to the young person's situation.

[48] 'Suicidal ideation' refers to the explicit communication of having thoughts of suicide.
[49] Each young person with identified self-harm or suicidal behaviour may have exhibited more than one type of behaviour.
[50] Each young person may have stated or implied their intent using more than one communication method.

Stressful life events

Stressful life events (life stressors) were identified in 22 of the 24 suicide deaths of young people in Queensland during 2017–18. 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. Table 6.5 shows the types of life stressors which occurred among children and young people who suicided in 2017–18.

The three most common stressors identified in young people who suicided in 2017–18 were parental separation or divorce, poor intra-familial relationships and transition in education.

Table 6.5: Types of stressful life events for young people who suicided in 2017–18

Types of stressful life events	Total *n*
Life stressors identified for the young person	**22**
Parental separation or divorce	10
Poor intra-familial relationships	6
Transition of education	6
Academic/achievement-related stress	5
Transition of residence	5
Domestic or intimate partner violence	4
Bullying	4
Loss of social support	4
Argument with family member, intimate partner or friend	3
Injury, illness, disability or developmental delay	3
Alleged offending or detention	3
Relationship breakdown	3
Bereaved by death (other than suicide)	2
Bereaved by suicide	2
Family injury, illness or disability	2
Alleged victim of criminal offence	2
Unemployment	2
History of alleged childhood abuse	2
Conflict with person other than family member, intimate partner or friend	1
Body image	1
Sexual/gender identity	1
Other stressful life events	8
No life stressors identified for the young person	**2**
Total	**24**

Data source: Queensland Child Death Register (2017–18)

1. More than one issue/factor may be present for each young person, therefore the sum of the counts may be greater than the total.
2. Young people were recorded as not having an identifiable life stressor where the QFCC did not have information to indicate otherwise. This is not an absolute finding in regards to the young person's life circumstances.

Mental Health Coach Program in Queensland schools

The Queensland Department of Education (the department) has eight Mental Health Coach positions across the state to provide key points of contact for support and advice to principals, school leaders and regional staff about student mental health and wellbeing. The program ensures that student mental health and wellbeing is promoted and supported effectively and efficiently, and students and families receive appropriate levels of support when required.

The Mental Health Coach in the Central Office provides leadership and direction in the planning and implementation of the State Schools' Division priorities, particularly those in relation to mental health and wellbeing. This is achieved through working with regionally based Mental Health Coaches to ensure a coordinated and responsive whole-of-school approach to the provision of mental health and wellbeing services to students. This includes the development of state-wide policies, procedures, resources and training materials to equip the regional mental health coaches to fulfil their role as outlined above.

The seven regional Mental Health Coaches' responsibilities include:

- providing support and high level advice to the Regional Director, Assistant Regional Directors and Principals to build inclusive, safe and supportive learning environments in schools
- developing and supporting implementation of whole school approaches to social and emotional learning, targeted school mental health promotion, engagement of students who are most at risk of mental health issues and referral pathways for students requiring additional mental health support
- developing and maintaining effective networks with internal and external stakeholders to ensure coordinated holistic responses to complex mental health and wellbeing issues to improve educational outcomes
- developing training and promoting professional development resources for teachers, school leaders, guidance officers and other staff to enhance staff capacity to respond to mental health and wellbeing needs of students
- driving momentum within the region to integrate social and emotional wellbeing across all school activities and the curriculum to improve educational outcomes.

Responding to suicide

The death of a student by suicide is recognised as a tragic event that can have wide-reaching impacts on students, families, teachers and the broader school community. Responding quickly to a suicide is of paramount importance to ensure that appropriate supports are put in place for students, staff and the school community affected.

The department is alerted by the QFCC of any suspected suicide of a young person in Queensland. If the young person has been enrolled in a Queensland state school within the previous six months, the relevant Regional Director is alerted to the incident, and also naming any other young people that have been identified as likely to be significantly impacted by the death of the young person. The email also alerts the Regional Director to information regarding Principal support—offered through headspace and the Queensland Secondary Principals' Association—and headspace in Schools which provide postvention support materials and direct services.

Schools and school staff have access to a number of support services and resources to assist them if a suicide does occur, including:

- access to guidance staff, who have received suicide prevention and postvention training from headspace
- the school's suicide intervention and postvention response plans, which have been developed in collaboration with the Mental Health Coaches and headspace in schools to ensure that school leadership teams are using a best-practice approach to manage suicide risk in their school community
- the headspace national network of school support teams, which can assist schools to appropriately respond to suicide or attempted suicide events in school communities and can provide training on prevention and postvention strategies in school communities.

Documentation is available to help schools respond to suicide including:

- *Suicide postvention for schools guideline*, developed by the department in collaboration with headspace to assist schools to support students' mental health and wellbeing needs associated with student suicide events
- the *Suicide postvention quick reference guide*
- the *Responding to traumatic events* factsheet
- a sample email, which principals may send out to parents/carers following a traumatic event.

Recent research on youth suicide

In February 2018, the QFCC hosted a Research in the Round focused on youth suicide. The forum involved presentations by three leading researchers and included an interactive panel discussion to explore ways to reduce youth suicide and more effectively incorporate youth suicide prevention into government policy and practice.

Associate Professor James Scott, presented his research titled *Child and adolescent suicides in Queensland between 2004-2015*. Key findings included:

- The rates of suicide in young people in Queensland did not change between 2004 and 2015.
- Males, Indigenous Australians and young people who have had contact with Child Safety are at higher risk of dying by suicide.
- Most suicides cannot be predicted. Only half of young people who died by suicide expressed suicidal ideation in the time before their death.
- Most people die by methods for which access cannot be restricted.
- Factors which made young people more vulnerable to suicide included exposure to maltreatment, family violence and parental maladjustment and bullying.
- Suicide prevention involves increasing young people's connectedness to their communities and ensuring they can access support when distressed.

Dr Samantha Batchelor, of *yourtown*, presented findings of a national online survey of children and young people who had thought about or attempted suicide. Key findings in her presentation *Listen, don't judge, care more: What children and young people want when feeling suicidal*, included:

- Thoughts of suicide can start young; 1 in 5 respondents was aged 13 or younger.
- Young people fear being 'judged' or called an 'attention seeker', feel worthless and undeserving, and worry about hurting or burdening loved ones.
- Parents/carers are crucial supports, but many don't know how to respond.
- Many young people who sought help had their feelings trivialised or dismissed, which exacerbated their distress.
- Relationships are key to recovery; young people value a caring relationship with a counsellor as much as any 'treatment' provided.

Ms Leda Barnett presented on *The Life Promotion Project: A Study of First Australian Youth Suicides.* This was a study completed in 2010 in the regional city of Mackay in response to a youth suicide cluster. With a focus on First Australians, the project asked community members about the history of the community, their experiences with suicide and what the community needs to combat the issue. Key findings included:

- The phenomenon of suicide clusters features as an important difference between Indigenous and non-Indigenous suicide.
- Strategies to prevent Indigenous suicide need to be tailored to the specific needs of the community.
- Survivors of suicide need services that will ensure the cycle of grief is broken to prevent further suicides.
- Services need to work together to create a system that allows for the treatment of all facets of Indigenous wellbeing.

- Greater emphasis on promoting cultural history and tradition is needed to enhance Indigenous identity and resilience.

Presentations and Research Summaries from each researcher can be found at:
https://www.qfcc.qld.gov.au/sector/research-policy/research-round-forums/2018-reducing-youth-suicide