Child and adolescent suicides in Queensland between 2004 and 2015

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Suicide Prevalence Australia 1989-2014

Figure 1. Preliminary and Revised Suicide Rates (1989 – 2014)
Suicide rates in Australia 2015 and 2016

Childhood (<14 years) suicides are rare (0.3/100000)

Suicide rate for Aboriginal and/or Torres Strait Islander People in 2016 (23.8 per 100,000) was twice as high as non-indigenous people (11.4 per 100,000).
### Leading Causes of Death in Australia 2016 by Age Group

<table>
<thead>
<tr>
<th>Age group</th>
<th>Under 1</th>
<th>1–14</th>
<th>15–24</th>
<th>25–44</th>
<th>45–64</th>
<th>65–74</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Perinatal &amp; congenital</td>
<td>Land transport accidents</td>
<td>Suicide</td>
<td>Suicide</td>
<td>Coronary heart disease</td>
<td>Coronary heart disease</td>
</tr>
<tr>
<td>2</td>
<td>SIDS</td>
<td>Perinatal &amp; congenital</td>
<td>Land transport accidents</td>
<td>Accidental poisoning</td>
<td>Lung cancer</td>
<td>Lung cancer</td>
</tr>
<tr>
<td>3</td>
<td>Ill-defined causes</td>
<td>Brain cancer</td>
<td>Accidental poisoning</td>
<td>Land transport accidents</td>
<td>Breast cancer</td>
<td>COPD</td>
</tr>
<tr>
<td>4</td>
<td>Accidental threats to breathing</td>
<td>Accidental poisoning</td>
<td>Assault</td>
<td>Coronary heart disease</td>
<td>Colorectal cancer</td>
<td>Cerebrovascular disease</td>
</tr>
<tr>
<td>5</td>
<td>Selected metabolic disorders</td>
<td>Cerebral palsy &amp; related</td>
<td>Event of undetermined intent</td>
<td>Breast cancer</td>
<td>Suicide</td>
<td>Colorectal cancer</td>
</tr>
</tbody>
</table>

Australian Institute of Health and Welfare (AIWH) “Australia’s Health 2016”
Burden of mental disorders in children and youth living in high income countries

(Erskine et al., *Psychol Med* 2015)
Child (<18 years) suicides in Queensland

• Data were drawn for the Queensland Child Death Register which is maintained by the Queensland Family and Child Commission

• Records were reviewed from death certificates, autopsy information, police reports, health records, education, and reports from child protection and youth justice

• Examined information all child and adolescent suicides that occurred between the 1st July 2004 to 31st December 2015
Aims of the study

• Examine if there was any change in the rates of suicide in children in Queensland
• Report the methods of suicide undertaken by children
• Examine the predisposing factors that made children in Queensland vulnerable to suicide
• Report the immediate precipitants identified before the suicide occurred (Direct stressors that may have contributed to the suicide)
During the study period, 226 children died by suicide of whom 83 (37%) were females.
Children of Aboriginal or Torres Strait Islander Descent were at much greater risk of suicide

Almost one in three males who died by suicide and one in five females who died by suicide were Indigenous Australians

Children Known to the Department of child Safety were overrepresented

Almost half (43%) of the children who died by suicide had contact with the Department of Child Safety
Predisposing factors for childhood suicide in Queensland

- Parental Death/Divorce/Loss of contact with parents
- Parental Maladjustment
- Maltreatment
- Contagion
- Bereavement
- Financial Stress

Males | Females | Total
Reflections

- The means by which most children die by suicide in Queensland cannot be prevented
- It is difficult to predict which children will die by suicide. The risk and the precipitating factors are very common and non-specific
- Health and other professionals are very poor at predicting those who will die by suicide
Suicidal behaviours in the past 12 months among 12-17 year-olds by sex and age group

Proportion (%)

<table>
<thead>
<tr>
<th></th>
<th>Males 12-15 years</th>
<th>Males 16-17 years</th>
<th>Females 12-15 years</th>
<th>Females 16-17 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicidal ideation</td>
<td>3.4</td>
<td>6.8</td>
<td>8.1</td>
<td>15.4</td>
</tr>
<tr>
<td>Suicide plan</td>
<td>2</td>
<td>4.9</td>
<td>5.9</td>
<td>10.6</td>
</tr>
<tr>
<td>Suicide attempt</td>
<td>0.8</td>
<td>2.9</td>
<td>2.7</td>
<td>4.7</td>
</tr>
</tbody>
</table>

(Young Minds Matter Survey 2015)
Pathways hypothesised by the Interpersonal Theory of Suicide

(Joiner 2005)
The Prevention Paradox: “A measure that brings large benefits to the community offers little to the individual” (Rose, G. BMJ 1981)

Global incidence of SIDS
Suicide Prevention - Universal Measures

• Improve connectedness (Addresses thwarted connectedness and perceived burdensomeness)
  • Foster supportive school communities
  • Reduce family conflict
  • Parenting skills training
  • Anti bullying programmes
  • Education about healthy relationships
  • Mental Health First Aid for parents and teachers
  • Support appropriate online behaviour

• Guidelines for responsible media coverage of suicide
Suicide Prevention- Targeted Measures

• When young people are suicidal or mentally unwell
  • Kids Helpline
  • Headspace/ School youth health nurses and in-school support services

• CYMHS
• Brisbane Youth Service
• Clarence Street
Conclusions

• Funding interventions that only aim to reduce childhood suicide is the wrong approach

• Programmes that improve the mental health of all children and adolescents and strengthen community connectedness (families and schools) will reduce mental illness and suicides

• A combination of universal and targeted prevention and intervention strategies are needed to reduce mental illness and suicides in children and adolescents in Queensland
Acknowledgements

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