

Suicide of young people in Queensland

Suicide in children and adolescents in Queensland 2004-2015

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FAST FACTS

- Suicide is the leading cause of death of young people aged 14-17 years in Queensland.
- 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.
- The most common recent triggers for suicide included conflict with parents, friends, partners and siblings.
- Suicide prevention involves increasing young people's connectedness to their communities and ensuring they can access support when distressed.

1. Suicide in young people in Queensland

Between 2004 and 2015, 226 young persons (<18 years; 143 males and 83 females) died by suicide in Queensland. This equates to almost 2/100 000 young people dying by suicide. Males were twice as likely as females to die by suicide. It is the leading cause of death in young people aged 14-17 years.

- Young indigenous Australians were at greater risk of suicide than non-indigenous Australians
- 43% of young people who died by suicide were known to child safety.
- Hanging and other forms of asphyxiation were the most common cause of death (83%).
- Conflict with others (parents, friends, partners, siblings) were the most common triggers.

2. Why understanding factors associated with suicide in young people is important

The rates of suicide in young people in Queensland have not significantly changed from 2004-2015. Understanding factors that increased risk of suicide in young people in Queensland informs policy to prevent suicides.

3. What this research tells us about suicide in young people in Queensland

- Only half of young people who died by suicide had previously expressed suicidal ideation

Factors such as maltreatment, parental maladjustment and bullying increase risk for suicide in young people. However, for many, there was no warning and no risk factors evident, making suicide very difficult to predict in young people.



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IMPLICATIONS FOR POLICY & PRACTICE

- Mental illness is the leading cause of disability in adolescents.
- To prevent suicide, a combination of preventative measures and targeted interventions are needed.
- Effective measures to prevent mental illness in young people include parenting skills training, bullying prevention and mental health first aid training for parents and teachers.
- Universal strategies to improve mental health requires they are feasible, accessible and affordable. Government has a role in incentivising their uptake.
- Increasing young people's sense of belonging and reducing their perception of being a burden to others is critical to preventing suicide attempts.
- Targeted interventions with services that are affordable, accessible and acceptable to young people are critical to preventing suicide.
- Telephone support and E-Health interventions complement and enhance face-to-face interventions.

4. What steps should society take to prevent young people from dying of suicide

Mental disorders are common affecting about 14% of young people in Australia. Suicide occurs in young people *with and without* mental illness and the risk factors for suicide are the same risk factors for other physical and mental health and social problems throughout life. A combination of universal, selective and targeted prevention and intervention strategies are needed that improve the health of all young people in Queensland.

Universal strategies

- Parenting skills training (e.g. Triple P)
- Bullying prevention programmes
- Mental health first aid training for parents and teachers

Similarly, universal strategies to improve mental health need to be affordable, acceptable and feasible to deliver. The widespread adoption of any intervention will likely require some form of incentivisation. Otherwise, disadvantaged families are at greater risk of not accessing the interventions because of difficulties with resources.

Equally important are increasing young people's sense of connectedness and belonging. This requires fostering stronger communities at home and at school and developing cultures of inclusiveness and acceptance

Targeted strategies

Services (e.g. Kids Helpline and Headspace) are available for young Queenslanders with mental health problems. Improving access and reducing stigma are necessary to ensure young Queenslanders access assistance early.

A coordinated response is urgently needed to improve the mental health and wellbeing of young people in Queensland. Reducing suicides requires interventions for families, schools and online activity.

Further Reading:

Stewart et al., (2017) The Validity of the Interpersonal Theory of Suicide in Adolescence: A Review *Journal of Clinical Child & Adolescent Psychology*, 46(3), 437– 449.