CHAPTER 6

Suicide

This section provides details of child deaths from suicide.

KEY FINDINGS

- Twenty young people died of suspected or confirmed suicide in Queensland during 2015 — 16 at a rate of 1.8 deaths per 100 000 children aged 0–17 years (or 4.1 deaths per 100 000 children aged 10–17 years). The number of suicide deaths recorded over the 12 years since 2004 ranges from 15 to 26 with an average of 19.8 per year.
- Male suicides for young people usually outnumber female suicides. Over the most recent three-year period, the suicide rate for males was 1.5 times the rate for females.
- Suicide was the leading external cause of death in 2015 — 16 (31% of external causes of death for all children). Suicide accounted for 47% of deaths by external causes among young people aged 10–17 years.
- Sixteen of the 20 suicides were of young people aged 15–17 years. Over the most recent three-year period, the suicide rate of young people aged 15–17 years was 8.0 times the rate of young people aged 10–14 years.
- There were 4 suicide deaths of Aboriginal and Torres Strait Islander young people during 2015 — 16. Over the most recent three-year period, the suicide rate among Indigenous young people was 3.1 times the rate of their non-Indigenous peers.
- Over the most recent three-year period, suicide rates for young people from remote and regional areas were almost twice the rate for young people from metropolitan areas.
- Over the most recent three-year period, suicide rates for young people from low to very low and moderate SES areas were almost twice the rate for young people from high to very high SES areas.
- Young people may exhibit one or more suicidal or self-harm behaviours prior to suicide. Six of the 20 young people who suicided during 2015 — 16 were identified as having previous suicidal ideation and/or had made an attempt to suicide. Four young people were known to have engaged in self-harming behaviours.
- In 8 of the 20 suicide deaths during 2015 — 16, the young person stated or implied their suicidal intent in person, online, via text message or letter prior to their death.
- Five of the young people who died as a result of suicide during 2015 — 16 were known to the Queensland child protection system in the 12 months prior to their death.

SUICIDE 2013 — 16

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 2013 — 16

	2013 — 14		2014 — 15		2015 — 16		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	23	2.1	26	2.3	20	1.8	2.1
Sex							
Female	6	2.6	14	5.9	7	3.0	3.8
Male	17	6.9	12	4.8	13	5.2	5.6
Age category							
10–17 years	23	4.8	26	5.4	20	4.1	4.8
10–14 years	*4*	*1.3*	*4*	*1.3*	*4*	*1.3*	*1.3*
15–17 years	*19*	*10.4*	*22*	*12.0*	*16*	*8.7*	*10.4*
Aboriginal and Torres Strait Islander status							
Indigenous	4	11.0	6	16.5	4	11.0	12.8
Non-Indigenous	19	4.3	20	4.5	16	3.6	4.1
Geographical area of usual residence (ARIA+)							
Remote	1	*	2	*	1	*	6.4
Regional	15	8.1	13	7.0	8	4.3	6.5
Metropolitan	7	2.5	11	3.9	10	3.6	3.4
Socio-economic status of usual residence (SEIFA)							
Low to very low	10	5.3	14	7.4	9	4.7	5.8
Moderate	8	8.5	5	5.3	4	4.2	6.0
High to very high	5	2.6	7	3.5	6	3.0	3.0
Known to the child protection system							
Known to the child protection system	10	6.0	15	15.5	5	5.9	..
Method of death							
Hanging	18	3.7	23	4.8	18	3.7	4.1
Jumping/lying in front of moving object	2	*	0	0.0	1	*	*
Gunshot wound	2	*	1	*	1	*	0.3
Poisoning	1	*	2	*	0	0.0	*
Jumping from a high place	0	*	0	0.0	0	0.0	0.0

Data source: Queensland Child Death Register (2013 — 16)

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

.. Average across the three-year period has not been calculated due to the break in series (see note 5).

1. Data presented here is current in the Queensland Child Death Register as at August 2016 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) in Queensland each year. Rates for the 2013 — 14 period use the ERP data as at June 2013 and rates for the 2014 — 15 and 2015 — 16 periods use the ERP data as at June 2014.
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. For 2013 — 14, 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 DCCSDS within the three-year period prior to their death. From 2014 — 15 on, this relates to the deaths of children known to the DCCSDS 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 DCCSDS, 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 2014.

DEFINING AND CLASSIFYING SUICIDE

Historically, the substantial evidence required for suicide classification often resulted in deaths that would ordinarily, in clinical or research situations, be categorised as suicides not meeting the threshold for a legal classification. Consequently, 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) were often coded as accidents. This resulted in childhood and adolescent suicide being under-reported in official statistics, with a large proportion recorded as accidental deaths.[26]

In the Queensland Child Death Register, all suspected suicide cases are assessed and categorised using a suicide classification model.[27]

In the 2015 — 16 reporting period, 15 deaths were classified as confirmed suicides, 4 deaths were categorised as probable suicides and 1 death was classified as possible or undetermined.

Coronial findings

At the time of reporting, coronial findings had been finalised for 9 of the 20 suicides from 2015 — 16. Coroners made clear statements that the cause of death was suicide in 7 of these cases. In the remaining 2 cases, hanging was confirmed as the method of death and there was no indication of an alternative cause of death.

SUICIDE: FINDINGS 2015 — 16

During 2015 — 16, 20 confirmed or suspected suicide deaths of young people were registered in Queensland, at a rate of 1.8 deaths per 100 000 children aged 0–17 years (or 4.1 deaths per 100 000 children aged 10–17 years). The number of suicide deaths registered since reporting commenced in 2004, ranges from 15 to 26 per year, with an average of 19.8 per year.[28]

Sex

During 2015 — 16, there were 7 suicide deaths of female young people, compared to 13 males.

Over the last three reporting periods, the average annual suicide rate for males was 1.5 times the rate for females (5.6 deaths per 100 000 male children aged 10–17 years, compared to 3.8 deaths per 100 000 females aged 10–17 years). Generally, suicide rates for males are higher than females, and this can also be found in adult suicide data.

Age

Of the 20 suicide deaths during 2015 — 16, 4 were of young people aged 10–14 years and 16 were of young people aged 15–17 years. Suicide was the leading external cause of death for young people from both age categories in Queensland during 2015 — 16.

Over the last three reporting periods, the average annual suicide rate for young people aged 15–17 years was 8.0 times the rate for young people aged 10–14 years (10.4 deaths per 100 000 children aged 15–17 years, compared to 1.3 deaths per 100 000 children aged 10–14 years). This indicates a greater risk of suicide for older children. Of the suicide deaths of young people aged under 15 during the last three reporting periods, almost half were 14 years old.

26 In 2009, the ABS reviewed its processes in relation to classifying suicide and commenced publishing aggregated information on children under 15 years, as was recommended by the CCYPCG in 2006. Since 2013, the ABS publication *Causes of Death* includes an appendix presenting suicide deaths of children aged under 15.
27 See the online supplementary materials for further details regarding the suicide classification model.
28 Tables with data for 2004 — 16 are available online at www.qfcc.qld.gov.au

Aboriginal and Torres Strait Islander status

Of the 20 suicide deaths during 2015 — 16, 4 were of Aboriginal and Torres Strait Islander young people.

Over the last three reporting periods, the average annual suicide rate for Indigenous young people was 3.1 times the rate for non-Indigenous young people (12.8 deaths per 100 000 Indigenous children aged 10–17 years, compared to 4.1 deaths per 100 000 non-Indigenous children aged 10–17 years).

Indigenous young people have been over-represented in suicide deaths since reporting commenced in 2004. The Commission for Children and Young People and Child Guardian (CCYPCG) 2011 analysis of suicide deaths in the Queensland child death register found that, compared to suicides of non-Indigenous young people, Indigenous young people were more likely to suicide at a younger age, and were less likely to have made a previous suicide attempt.[29]

Geographical area of usual residence (ARIA+)

Of the 20 suicide deaths during 2015 — 16, 1 was of a young person who resided in a remote area of Queensland, 8 were of young people from regional areas and 10 were of young people from metropolitan areas.

Over the last three reporting periods, the average annual suicide rates for young people from remote and regional areas were almost twice the rate for young people residing in metropolitan areas (6.4 and 6.5 deaths per 100 000 children aged 10–17 years from remote or regional areas, compared to 3.4 deaths per 100 000 children aged 10–17 years from metropolitan areas).

Socio-economic status of usual residence (SEIFA)

Of the 20 suicide deaths during 2015 — 16, 9 were of young people who resided in low to very low SES areas of Queensland, 4 were of young people from moderate SES areas and 6 were of young people from high to very high SES areas.

Over the last three reporting periods, the average annual suicide rates for young people from low to very low and moderate SES areas were almost twice the rate for young people from high to very high SES areas (5.8 and 6.0 deaths per 100 000 children aged 10–17 years from low to very low or moderate SES areas, compared to 3.0 deaths per 100 000 children aged 10–17 years from high to very high SES areas). Research has found that risks of suicidal behaviour are increased for individuals from a socially disadvantaged background, characterised by low SES and low income.[30]

Children known to the child protection system

Of the 20 suicide deaths during 2015 — 16, 5 were of young people known to the Queensland child protection system within the year before their death. An increased risk of suicide has been identified among children and young people known to child protection agencies.[31] Children known to these agencies may often be living in circumstances that 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 that may have influenced suicidal behaviour in the 20 suicide deaths of young people in Queensland during 2015 — 16. This 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 19 of the 20 young people who suicided in 2015 — 16.

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'.[32] It is widely understood, and confirmed by analysis of data in the Queensland Child Death Register, that a number of common risk factors and adverse life circumstances may contribute to suicidal behaviour in children and young people.

29 CCYPCG (2011). *Reducing youth suicide in Queensland final report.*
30 Australian Institute of Health and Welfare (2008). *Injury among young Australians,* Bulletin 60.
31 CCYPCG (2014). *Child deaths—prevalence of youth suicide in Queensland*, Trends and Issues Paper Number 19.
32 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 2015 — 16

Types of situational circumstance or risk factor	Total *n*
Situational circumstances or risk factors identified for child	**19**
Mental health issue	9
Alcohol, drug or substance use	7
History of childhood abuse	3
Previous self-harm or suicidal behaviour	6
Intent stated or implied	8
Contagion (suicide or attempted suicide of a family member or friend)	2
Precipitating incident	9
Stressful life event	9
No situational circumstances or risk factors identified for child	**1**
Total	**20**

Data source: Queensland Child Death Register (2015 — 16)

1. 'Situational circumstances or risk factors' will not sum accurately where more than one factor is identified under each heading.
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, 9 of the 20 young people who suicided during 2015 — 16 had, or were suspected to have had, a mental health issue before their death. The most common mental health issues identified were depression and anxiety. Five of the 9 young people were identified to have multiple mental health and/or behavioural issues (co-morbid conditions).

Table 6.3: Mental health issues for young people who suicided in 2015 — 16

Mental health issues	Total *n*
Known mental health issue	**8**
Known to have accessed mental health provider	7
Currently or previously prescribed medication for mental health issue	6
Suspected mental health issue	**1**
No mental health issue identified	**11**
Total	**20**

Data source: Queensland Child Death Register (2015 — 16)

1. 'Known mental health issues' will not sum accurately where young people had both accessed mental health support and were prescribed or previously prescribed medication.
2. 'Suspected mental health issue' refers to information from family members or friends that believed the young person to be experiencing a 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 20 young people who suicided during 2015 — 16 were reported as having a history of alcohol, drug or substance use,[33] with cannabis and alcohol as the most frequently-cited substance used. Misuse of prescription medication was also identified.

History of childhood abuse

Three of the 20 young people who suicided during 2015 — 16 were identified as having a history of alleged childhood abuse. Two of the young people were victims of alleged sexual abuse, while the nature of abuse was not specified for the other young person.[34] There was no information available regarding the perpetrators of the abuse. Of the 5 young people known to the child protection system, 1 was also identified as having a history of alleged childhood abuse.

A history of domestic and family violence within the child's family was identified for 1 young person.

33 Previous or current use of alcohol or drugs identified by friends, family members or in toxicology findings.
34 Each young person may have experienced more than one type of abuse. Therefore, numbers may not sum accurately.

Previous self-harm and suicidal behaviour

Six of the 20 young people who suicided during 2015 — 16 were recorded as having experienced suicidal ideation.[35] Three young people had previously attempted suicide, but none had attempted suicide on more than one occasion. All 3 of these young people had also experienced suicidal ideation. Four young people had previously engaged in self-harming behaviour, such as cutting.[36]

Intent stated or implied (orally or written)

In 8 of the 20 suicide cases during 2015 — 16, 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 in person (3 cases), via mobile phone text message (3 cases) and through an online forum and letter (1 case). In one case, the means of communication was not specified.[37]

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 20 young people who suicided during 2015 — 16.

PRECIPITATING INCIDENTS AND STRESSFUL LIFE EVENTS

Precipitating incidents

Precipitating incidents were identified in 9 of the 20 suicide deaths of young people in Queensland during 2015 — 16. Precipitating incidents refer to events or stressors that occur prior to a suicide 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 that occurred among young people who suicided in 2015 — 16.

Table 6.4: Types of precipitating incidents for young people who suicided in 2015 — 16

Types of precipitating incidents	Total *n*
Precipitating incidents identified for child	**9**
Argument with family member, intimate partner or friend	4
Relationship breakdown	3
Bereavement by suicide (contagion)	1
Alleged child welfare concern	1
Family mental health issues	1
Sexual or gender identity issues	1
Pregnancy	1
Other precipitating incidents	2
No precipitating incident/s identified for child	**11**
Total	**20**

Data source: Queensland Child Death Register (2015 — 16)

1. Each young person may have experienced more than one precipitating incident prior to their death. Therefore, 'precipitating incident' numbers may not sum accurately.
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.

35 'Suicidal ideation' refers to the explicit communication of having thoughts of suicide.
36 Each young person with identified self-harm or suicidal behaviour may have exhibited more than one type of behaviour. Therefore, numbers may not sum accurately.
37 Each young person may have stated or implied their intent using more than one communication method. Therefore, numbers may not sum accurately.

Stressful life events

Stressful life events (life stressors) were identified in 9 of the 20 suicide deaths of young people in Queensland during 2015 — 16. Life stressors are events or experiences that 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 that occurred among children and young people who suicided in 2015 — 16.

Table 6.5: Types of stressful life events for young people who suicided in 2015 — 16

Types of stressful life events	Total *n*
Life stressors identified for the child	**9**
Parental separation/divorce	3
Alleged offending or detention	2
Transition of education	2
Transition of residence	2
Domestic or intimate partner violence	2
Conflict with person other than family member, intimate partner or friend	1
Relationship breakdown	1
Bereavement by death (other than suicide)	1
Bereavement by suicide (contagion)	1
Disciplinary problems with teachers or school	1
Harm notified to child safety system	1
Transition of work	1
Illness or disability	1
Family alcohol or substance abuse	1
Family mental health issues	1
Poor intra-familial relationships	1
Other stressful life events	1
No life stressors identified for the child	**11**
Total	**20**

Data source: Queensland Child Death Register (2015 — 16)

1. Each young person may have experienced more than one life stressor prior to their death. Therefore, 'life stressor' numbers may not sum accurately.
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 situation.