



IMPROVING YOUTH MENTAL HEALTH

Trend data on youth suicide in Queensland

In 2021, the Queensland Family and Child Commission conducted a 16-year review¹ of data held in its Child Death Register. The review identified that while there has been a significant overall reduction in the rate of child deaths in Queensland between 2004 and 2019, the rate of suicide, particularly for young people aged 15–17 years, has increased. This has occurred despite continued efforts to raise awareness of mental health and youth suicide. Males, young people living remotely, Aboriginal and Torres Strait Islander children and children known to the child protection system were identified as particularly vulnerable groups.

The Queensland Child Death Register

Since 2004, the Queensland Family and Child Commission has maintained Queensland's Child Death Register. The register records a range of information about the deaths of all children and young people under 18 years of age in Queensland. The information recorded includes characteristics of the child and their family, (including demographic characteristics), the cause and circumstances of the death and any involvement with government services prior to their death, including child protective services.

In 2021, the Queensland Family and Child Commission conducted a 16-year review of data held in its Child Death Register to examine trends and commonalities across different cohorts of children, geographical areas and causes of death. This summary presents key findings from the review.

Trends in Queensland youth suicide rates

Over the course of the review period, 7,175 children and young people lost their lives. This included 331 young people who lost their lives to suicide.

The annual suicide rate for children and young people in Queensland has progressively increased over time from **1.7 per 100,000** in 2004–2008 to **2.1 per 100,000** in 2015–2019.

Between 2004 and 2019, the rate has increased by an average of 2.6 per cent per year. The rate for young people aged 15–17 years increased by 3.5 per cent annually over the same time period.

Within the data relating to child deaths by suicide, a number of vulnerability factors were identified. These are described in the following sections.

Age and gender

The review found the age of Queensland children and young people dying by suicide between 2004 and 2019 ranged from 9 to 17 years. Suicide as a proportion of all deaths increased rapidly from the age of 11 years. Suicide accounted for 3.4 per cent of all deaths among children aged 11, 13.3 of deaths of children aged 12 and 36.1 per cent of deaths of all 16-year-olds.

Males are more likely to die by suicide than females. Over the five year period 2015–2019, the rate of death by suicide was 2.3 per 100,000 for young males versus 1.9 per 100,000 for young females.

Within the 10–14 year age group, males were 1.3 times more likely to die by suicide than females and within the 15–17 year age group they were 1.2 times more likely.

The review noted research indicating that males are much more likely than females to die during their first suicide attempt, due to the higher lethality of the method by which the suicide is attempted.²

Level of remoteness

In three of the five statistical areas with the highest rates of external cause deaths*—(Cairns, Mackay–Isaac–Whitsunday and Central Queensland)—suicide was the leading external cause of death. These areas recorded suicide rates of between 3.7 and 4.2 per 100,000 during the five-year period 2014–2018. Suicide rates were also high in Outback Queensland (3.5 per 100,000).

These findings are consistent with national-level data, which has found higher rates of suicide in rural and remote areas and that suicide rates increase with level of remoteness.³

Australian studies have found 15–24-year-old males in regional areas were 1.5–1.8 times more likely to end their life by suicide than their metropolitan counterparts, while those in very remote areas were up to six times more likely to die by suicide.⁴

Aboriginal and Torres Strait Islander status

Over the five year period 2015–2019, the rate of death by suicide was 5.3 per 100,000 for Aboriginal and Torres Strait Islander young people versus 1.8 per 100,000 for non-Indigenous young people. Aboriginal and Torres Strait Islander children died by suicide at a rate 2.9 times that of non-Indigenous children.

Suicide accounted for 31.8 per cent of deaths by external causes among Aboriginal and Torres Strait Islander children and 21.0 per cent of deaths by external causes among non-Indigenous children.

The review attributed the higher rate of suicide for Aboriginal and Torres Strait Islander children to the aftermath of colonisation and intergenerational trauma, as well as ongoing disadvantage and discrimination. Moreover, Aboriginal and Torres Strait Islander peoples face greater exposure to life stressors and often experience limited access to culturally sensitive mental health and suicide prevention services.⁵

* External cause deaths (as opposed to 'natural cause deaths') are those caused by environmental events and circumstances that cause injury, poisoning and other adverse events. They include transport incidents, drowning, suicide and fatal assault and neglect.¹

Child protection system contact

Over the five year period 2015–2019, the rate of death by suicide was **9.1 per 100,000** for children known to Child Safety** versus **2.1 per 100,000** for all Queensland children. Deaths from suicide for children known to Child Safety occurred at **4.3 times** the rate of all Queensland children.

The review noted that children known to the child protection system may be more likely to experience vulnerability, disadvantage and instability. These factors all increase the risk of adverse childhood outcomes including abuse, neglect, injury and death.¹

Other risk factors

Additional vulnerability characteristics identified by the review as contributing to the suicide rate of young people included:

- the presence of mental health issues
- a history of alcohol or substance use
- expression of suicidal tendencies (including self harm)
- experiencing the suicide of a family member or friend (a condition known as suicide contagion)
- domestic and family violence
- housing, homelessness and transience.

Conclusion

The QFCC's 16-year review of data held in its Child Death Register identified that while the overall rate of deaths among Queensland children and young people is falling, the overall rate of suicide deaths is increasing.

The review identified a number of vulnerability factors within the data.^{***} There is an increased level of vulnerability to suicide for children and young people:

- who are older
- who are male
- living in remote areas
- identifying as Aboriginal and Torres Strait Islander peoples
- who have been in contact with the child protection system
- experiencing other risk factors such as mental health issues or a problems with drugs and alcohol.

The QFCC's 16-year review of data held in its Child Death Register concludes that its findings raise a number of questions about how children in Queensland experience vulnerability, and the influence this may have on their risk of death and injury, that are worthy of further, detailed investigation by researchers.

** Being 'known to Child Safety' includes children who have had concerns about them raised with Child Safety, those who have been the subject of an investigation, children whose families were working with Child Safety and those living in out-of-home care.

*** The review found these factors heighten vulnerability for other external and natural causes of death, not just deaths by suicide.

Seeking your feedback

This research summary addresses one of the topics within the Queensland Family and Child Commission's research agenda. The research agenda identifies opportunities to expand the evidence base and to improve services and outcomes around matters that are relevant to Queensland children, young people and families. We welcome your feedback on this research summary which can be provided via the QR code.



References

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