

Trends and Issues paper:

Child deaths – prevalence of youth suicide in Queensland

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Prevalence of youth suicide in Queensland

Introduction

The Commission is committed to improving the lives of vulnerable children and young people in Queensland. In performing its child death review functions, the Commission has identified that there were a total of 169 suicide deaths of children and young people registered in Queensland between 1 July 2004 and 30 June 2013. Suicide has been the leading or second-leading external cause of death for children aged 10–14 years and young people aged 15–17 years since the Commission commenced its child death review functions in 2004.¹

In 2012–13, suicide was the leading external cause of death for children aged 10–14 years and had the highest rate of suicide for this age group since 2004 (4.1 deaths per 100,000 children aged 10–14 years). Suicide was the second-leading external cause of death for young people aged 15–17 years (5.5 deaths per 100,000 young people aged 15–17 years). In total, suicide accounted for 46.8% of deaths by external (non-natural) causes among children and young people aged 10–17 years in 2012–13.

The Commission is greatly concerned by these figures and is currently supporting a range of prevention activities to address this important issue. A key element of suicide prevention work

is to ensure that reporting on the prevalence of youth suicide is comprehensive and up to date. This paper examines the prevalence of youth suicides in Queensland over the past nine years and discusses emerging trends.

Evidence

The Commission examined all suicide deaths of children and young people under 18 years, which were registered in Queensland between 1 July 2004 and 30 June 2013, using data contained in the Queensland Child Death Register.

During the nine year period, there were 169 deaths of children and young people due to suicide (yearly average rate of 1.8 children aged 0–17 years per 100,000). Table 1 shows a summary of suicide deaths by demographic and social measures, and by method of injury.

An examination of suicide figures per reporting period indicates the number of suicides ranges from 15 to 22 per year. There has been a gradual increase in the number of suicides per year, with an average of 21.3 deaths for the period of 2010–11 to 2012–13 compared to 16.3 deaths from 2004–05 to 2006–07.²

Gender

As illustrated in Table 1, of the 169 suicide deaths, 110 were of male children and young people (65.1%), while 59 were of female children and young people (34.9%). This over-

¹ See the Commission's *Annual Report: Deaths of children and young people Queensland* series for further details.

² A comparison of rates is not appropriate due to small numbers.

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Table 1. Number of suicides of Queensland children and young people, 1 July 2004–30 June 2013

	2004–05		2005–06		2006–07		2007–08		2008–09		2009–10		2010–11		2011–12		2012–13		Yearly average
	<i>n</i>	Rate	<i>n</i>	Rate	<i>n</i>	Rate	<i>n</i>	Rate	<i>n</i>	Rate	<i>n</i>	Rate	<i>n</i>	Rate	<i>n</i>	Rate	<i>n</i>	Rate	Rate per 100,000
All suicide deaths																			
Suicide	15	1.5	15	1.5	19	1.9	21	2.1	15	1.4	20	1.9	22	2.1	20	1.9	22	2.1	1.8
Gender																			
Female	4	1.8	6	2.7	7	3.1	6	2.6	6	2.6	6	2.6	10	4.3	7	3.0	7	3.0	2.8
Male	11	4.8	9	3.9	12	5.1	15	6.3	9	3.7	14	5.8	12	5.0	13	5.4	15	6.2	5.1
Age category																			
10 – 17 years	15	3.4	15	3.3	19	4.1	21	4.5	15	3.2	20	4.2	21	4.4	20	4.2	22	4.6	4.0
5–9 years	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	*	0	0.0	0	0.0	0.0
10–14 years	6	2.1	5	1.7	8	2.8	0	0.0	1	*	2	*	4	1.4	6	2.1	12	4.1	1.7
15–17 years	9	5.6	10	6.0	11	6.4	21	11.9	14	7.8	18	10.0	17	9.4	14	7.7	10	5.5	7.7
Aboriginal and Torres Strait Islander status																			
Indigenous	3	*	3	*	6	21.1	5	17.1	7	23.5	3	*	7	23.1	6	19.7	6	19.7	17.1
Non-Indigenous	12	2.9	12	2.8	13	3.0	16	3.6	8	1.8	17	3.8	15	3.4	14	3.2	16	3.6	3.1
Geographical area of usual residence (ARIA+)																			
Remote	1	*	2	*	4	17.7	3	*	1	*	1	*	5	23.0	2	*	1	*	*
Regional	7	4.0	8	4.4	10	5.5	7	3.9	11	6.0	10	5.5	9	5.0	7	3.9	7	3.9	4.6
Metropolitan	7	2.9	5	2.0	4	1.5	11	4.2	3	*	9	3.3	8	3.0	10	3.7	14	5.2	3.0

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Socio-economic status of usual residence (SEIFA)																			
Low to very low	8	4.4	9	4.8	7	3.7	11	5.8	7	3.7	9	4.7	8	4.2	9	4.7	11	5.8	4.6
Moderate	2	*	4	4.3	7	7.4	4	4.2	6	6.3	5	5.2	11	11.6	5	5.3	5	5.3	5.7
High to very high	5	2.9	2	*	4	2.3	6	3.3	2	*	6	3.2	3	*	5	2.6	6	3.2	2.3
Known to the child protection system																			
Known to the child protection system	2	-	5	7.1	5	5.8	5	5.5	11	10.8	5	3.9	11	7.3	10	6.1	11	6.6	7.1
Method of death																			
Hanging/strangulation	13	2.9	13	2.9	17	3.7	18	3.8	9	1.9	16	3.4	17	3.6	17	3.6	18	3.8	3.3
Jumping/ lying in front of a moving object	1	*	0	0.0	1	*	1	*	2	*	2	*	1	*	2	*	1	*	*
Gunshot wound	0	0.0	1	*	0	0.0	1	*	2	*	1	*	2	*	0	0.0	1	*	*
Poisoning	0	0.0	1	*	1	*	1	*	1	*	0	0.0	1	*	1	*	1	*	*
Jumping from a high place	1	*	0	0.0	0	0.0	0	0.0	1	*	0	0.0	0	0.0	0	0.0	1	*	*
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	*	1	*	0	0.0	0	0.0	*

Source: Queensland Child Death Register (2004–13)

* Rates have not been calculated for numbers less than 4.

- Number of children known to the child protection system was not available for 2004–05.

Notes: 1. All rates have been calculated based on the most up-to-date denominator data available to the Commission.

2. Rates are calculated per 100,000 children (in age/gender/Indigenous status/ARIA region/SEIFA region) in Queensland in each year.

3. Overall suicide rates are calculated per 100,000 children and young people aged 0–17 years in Queensland.

4. All other rates, except for 'known to the child protection system' population, are calculated per 100,000 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 aged 0–17 years whose deaths were registered in the reporting period who were known to the Department of Communities in the 3 years prior to their death.

6. ARIA and SEIFA were not calculated for children whose usual place of residence was not Queensland.

7. Average annual rates have been calculated using the estimated resident population data at June 2008, the mid-point for the 9 year period.

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representation of males is replicated in adult suicide figures also.³

Research has identified that gender differences in suicide may be due to the greater possibility of males experiencing multiple risk factors, such as co-morbid mental health issues with higher levels of externalising behaviours and aggression, as well as males choosing methods that are more lethal compared to those chosen by females.⁴ This gender difference may also be due to males reportedly having lower help-seeking behaviours and a perceived greater social stigma of help-seeking than females.

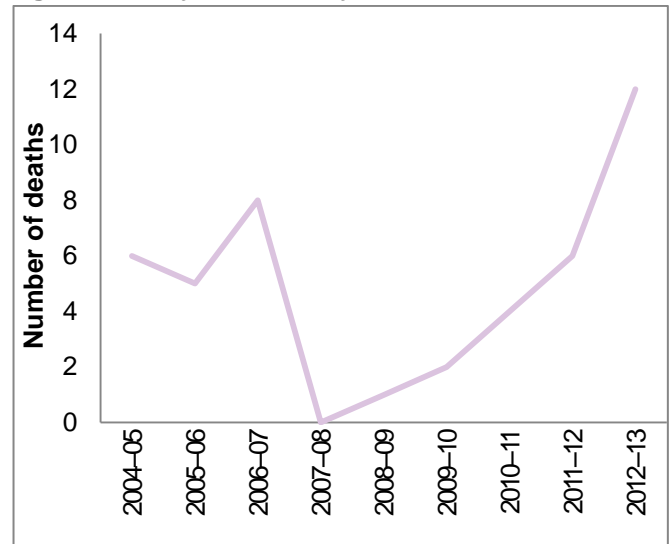
Age

The majority of suicide deaths occurred for young people aged 15–17 years (124 deaths, or 73.4%), with an average of 13.8 deaths per year. There were 44 suicide deaths (26.0%) of children aged 10–14 years, and one of a child aged 5–9 years. Of note is an emerging trend of suicide deaths for children aged 10–14 years increasing.

As illustrated in Figure 1, the number of suicides of children aged 10–14 years was an average of 6.3 deaths for the three years of the reporting period from 2004–05 to 2006–07. The average then significantly dropped to 1.0 deaths for the next three year period from 2007–08 to 2009–10. Noticeably, there has been an average of 7.3 deaths for the most recent three year period from 2010–11 to 2012–13, with 2012–13 having the highest number of deaths ever recorded, with 12 suicides. The data highlights a potential emerging trend of youth suicides increasing in Queensland,

particularly for a younger cohort of the population.

Figure 1. Number of suicides of children aged 10–14 years, 1 July 2004–30 June 2013



Source: Queensland Child Death Register (2004–13)

Indigenous status

An examination of the data in Table 1 highlights Aboriginal and Torres Strait Islander children and young people are over-represented. The yearly average rate of Indigenous suicide deaths was 17.1 per 100,000, which is 5.5 times higher than the rate of 3.1 per 100,000 for non-Indigenous suicide deaths. The Commission has previously reported on this concerning finding and continues to advocate for improved suicide prevention strategies to reduce the over-representation of Indigenous children and young people.⁵

Geographical area of usual residence

Queensland children and young people who suicided were most likely to live in a regional area (yearly average of 4.6 deaths per 100,000), followed by those in metropolitan areas (yearly average of 3.0 deaths per 100,000). It is recommended that suicide

³ See the Australian Institute for Suicide Research and Prevention publications for reviews of Queensland adult suicide data.

⁴ See Tsigotis, K., Gruszcznski, W., & Tsigotis, M. (2011). Gender differentiation methods of suicide attempts. *Medical Science Monitor*, 17(8), 65–70.

⁵ See the Commission's website for research and policy activities regarding Indigenous youth suicide prevention.

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prevention strategies consider the needs of children and young people residing outside of metropolitan areas and distribute resources equitably to best meet these needs.

Known to child protection system

Of the 169 children and young people who died as a result of suicide, 65 were known to the child protection system. The rate of suicide for children and young people known to the child protection system was 3.9 times greater than that of all young people in Queensland, with 7.1 deaths per 100,000 children, compared with 1.8 suicides per 100,000 for all Queensland children aged 0–17 years.

An increased risk of suicide has been identified among children and young people known to child protection agencies. This is because these children may often be living in circumstances that are characterised by substance misuse, mental health problems, lack of attachment to significant others, behavioural and disciplinary issues or a history of abuse or violence.

Method of death

Understanding the method of death can assist in developing strategies to reduce access to lethal means of suicide. The majority of children and young people died due to hanging or strangulation (138 of the 169 deaths, or 81.7%), followed by jumping or lying in front of a moving object (11 of the 169 deaths, or 7.5%).

Reducing access to means of hanging and strangulation is very difficult. As such, youth suicide prevention strategies may be more effective by reducing risk factors and suicidal symptomatology.

The Commission's activities

The Commission considers it essential that accurate data on the suicide deaths of children

and young people is available to inform prevention and intervention activities. This includes providing access to data held within the Queensland Child Death Register to research and policy stakeholders to inform evidence-based strategies to reduce youth suicide. In the past four years, the Commission has responded to 174 requests for tailored child death data, 25 of which related specifically to youth suicide.

The Commission is also supporting research into the suicide of young people under 15 years. The Commission is a contributor on an Australian Research Council Linkage Grant with the Australian Institute of Suicide Research and Prevention, aimed at investigating demographic, psychiatric and psychosocial predictive factors of suicide among Queensland young people under the age of 15 years. This research will build the evidence base of the developmental and environmental circumstances and risk factors specific to this cohort and inform targeted prevention and early intervention practices.

The Commission is a member of the Queensland Advisory Group on Suicide. The group's primary aim is to utilise available data and technical expertise of key stakeholders to monitor and identify suicide trends and opportunities for systemic reform.

The Commission has also contributed to national prevention activities such as making policy submissions regarding the Australian Government's *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*, presenting at conferences such as the Australian and New Zealand Mental Health Association's *No2Bullying Conference*, and participating on committees, such as the National Committee for the Standardised Reporting of Suicide.

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Conclusion

The Queensland Child Death Register shows that suicide has been the leading or second leading external cause of death for children and young people in Queensland since 2004. There has been a gradual increase in the number of youth suicides, particularly for children aged 10–14 years. Of concern is that male and Aboriginal and Torres Strait Islander children and young people continue to be over-represented in the suicide figures.

The Commission is committed to using its statutory functions to support the development of initiatives that seek to prevent youth suicide. By improving our understanding of the prevalence of youth suicide in Queensland, strategies can be developed for future prevention efforts that are well placed to protect the lives of some of our community's most vulnerable children and young people.

More information on the Commission's reports on youth suicide can be found on our website www.ccypcg.qld.gov.au. Information on accessing data held by the Queensland Child Death Register is available on our website and data requests or inquiries can be made directly by emailing data@ccypcg.qld.gov.au

Where to seek help

Help can be sought from Kids Helpline by phoning 1800 551 800 or LifeLine on 13 11 14.



commission for
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and child guardian

Contact details:

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