Annual Report

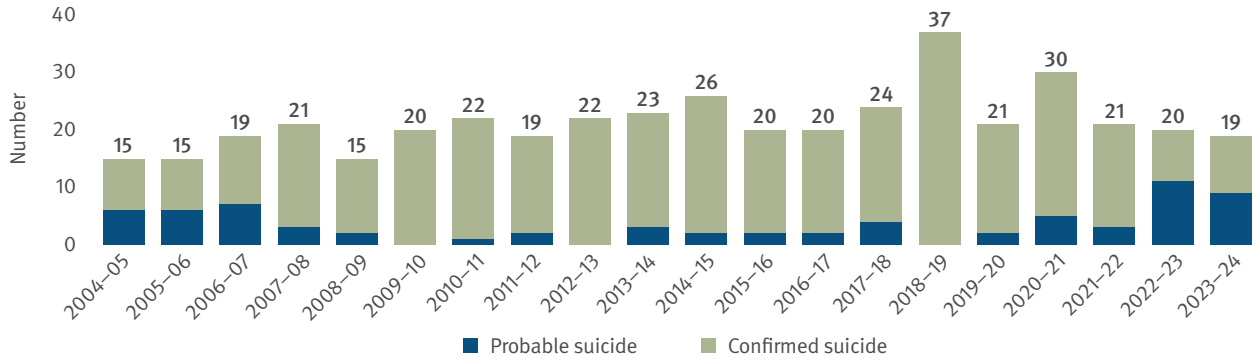
Deaths of children and young people Queensland 2023–24

Queensland
Family & Child
Commission

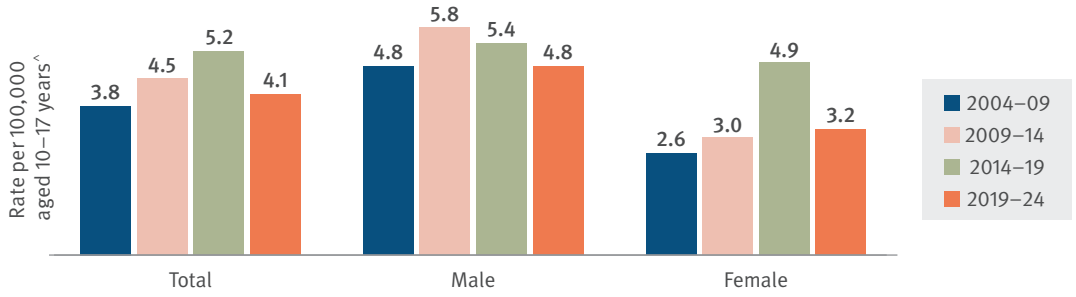
Queensland
Government

6 Suicide

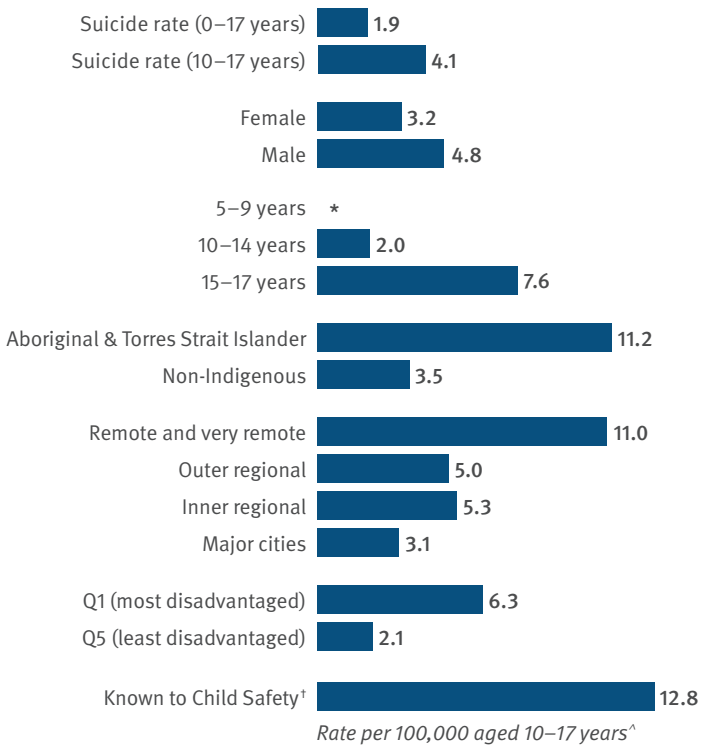
2004 to 2024



5-year summary (2019–24) | Sex



Demographics



Risk factors

45% adverse childhood experiences

41% diagnosed mental health condition

68% self-harm and suicidal behaviours

35% history of alcohol and/or substance misuse

41% history of behaviour problems and/or offending

Notes: Counting is by date of death registration.
** rate not calculated for numbers less than 4.*
^ deaths in 5–9 age group are included in 10–17 year rates, with exception of age group rates.
† in the 12 months prior to death.

Key findings

Defining and classifying suicide

Suspected suicide cases are assessed and categorised using a suicide classification model that considers factors such as: whether the incident was more consistent with death by suicide than any other cause; whether intent was communicated; any prior suicide attempts; and mental health history. Further information on the classification model can be found in **Appendix F** (available at **www.qfcc.qld.gov.au/sector/child-death/child-death-reports-and-data**).

Nineteen children and young people died by suicide in 2023–24, a small decrease from 20 deaths in the previous reporting period.

Ten deaths in the 2023–24 period were classified as confirmed suicides and nine deaths were probable suicides (i.e. more consistent with suicide than any other means).[60]

A total of 111 young people have died by suicide over the last 5 years, with an average of 22 deaths per year.[61] The rate of suicide per 100,000 young people aged 10–17 years increased between 2004–09 and 2014–18 from 3.8 to 5.2, but the most recent trend was a decrease in the rate to 4.1 in 2019–24.[62]

Suicide was the leading overall cause of death for both young people aged 10–14 years and 15–17 years over the 5-year period.

Table A.8 in **Appendix A** provides summary data and key characteristics for suicide deaths in the last 5 years.

Coronial findings

At the time of reporting, coronial findings had been finalised for 5 of the 19 suicides from 2023–24. Coroners made clear statements that suicide was the cause of death in all five cases.

Intent stated or implied (orally or written)

There was evidence of suicidal intent in 7 of the 19 suicide deaths during 2023–24. Four young people stated or implied their intent to a friend or parent. Intent was stated or implied either by text or instant message or in person.[63] Suicide notes were left by 5 young people.

Age

Of the 19 suicide deaths during 2023–24, 6 were aged 10–14 years and 13 were young people aged 15–17 years.

The 5-year suicide rate for young people aged 15–17 years was 3.8 times the rate for young people aged 10–14 years (7.6 deaths per 100,000 aged 15–17 years, compared with 2.0 deaths per 100,000 aged 10–14 years).

Suicide deaths among young people increase with increasing age, as illustrated in Figure 6.1. Young people aged 9–11 years made up 1% of suicides, with the proportions generally increasing with age. More than half of the suicides of children and young people over the past 5 years were aged either 16 years (24%) or 17 years (30%).

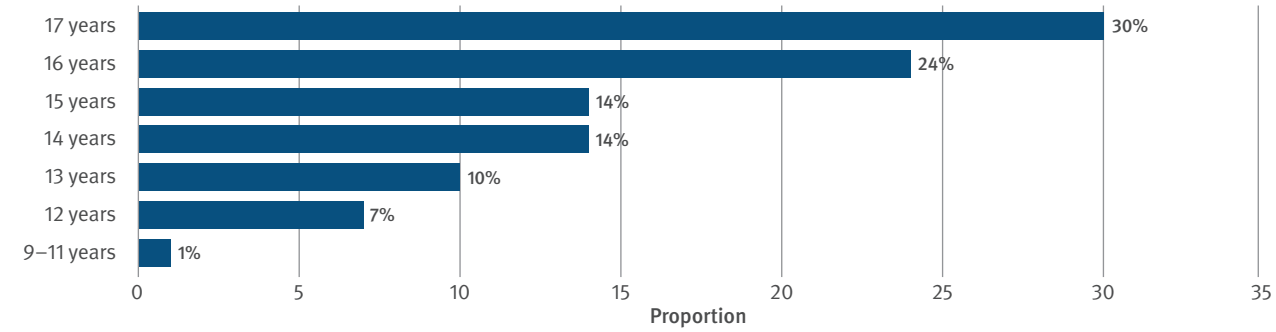
60 Suicide classifications are made based on information held by the QFCC at the time of reporting. Deaths are classified as possible suicides where there is insufficient information to determine fatal intent. Where the fatal outcome was most likely not intended, such as the consequences of risk-taking behaviour, these deaths will be classified as 'other non-intentional injury'. Where the coroner has not been able to determine whether death was the intended outcome, these cases are reported in the category 'unexplained'.

61 Tables with data for 2004–24 are available online at **www.qfcc.qld.gov.au/about-us/publications/child-death-reports-and-data**

62 Suicide rates in this chapter are per 100,000 population aged 10–17 years and, with the exception of age specific rates, include the small number of suicides of children aged 5–9 years.

63 Each young person may have stated or implied their intent using more than one communication method.

Figure 6.1: Suicide deaths by single year of age (proportion), 2019–20 to 2023–24



Notes: Percentages may not add to 100 due to rounding.

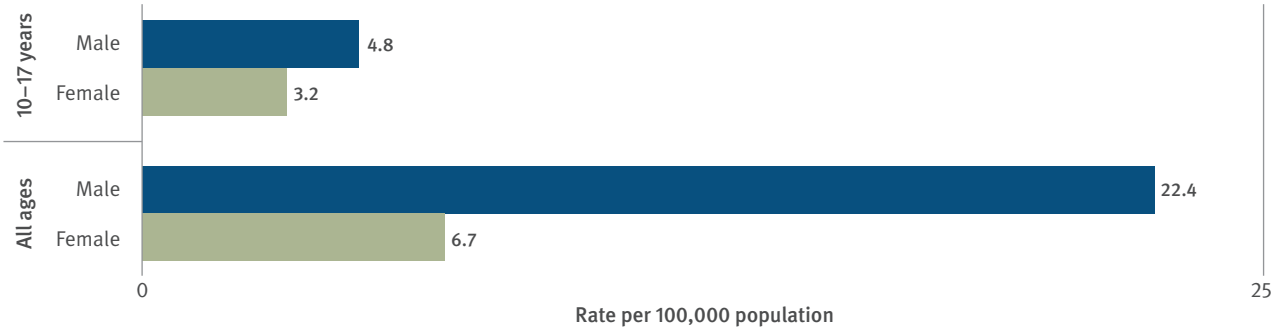
Sex

Of the 19 young people who died by suicide in 2023–24, 11 were male and 8 were female.

Over the last 5 years, 61% of young people who suicided were male and 39% were female. The average suicide rate for males was 1.5 times the rate for females (4.8 deaths per 100,000 males aged 10–17 years, compared with 3.2 deaths per 100,000 females aged 10–17 years). While the latest youth suicide rates are similar for males and females, during the first 10 years of the Child Death Register males suicided at almost twice the rate of females.

Figure 6.2 presents the male and female suicide rates in the youth population in contrast to the population level suicide rates by sex (age-standardised). It illustrates the much higher rate of male suicide in the 'all ages' data compared with the much closer male and female rates for 10–17-year-olds.

Figure 6.2: Male and female youth suicide rates (2019–24) and Queensland total suicide rates (2022, age-standardised)



Sources: QFCC Queensland Child Death Register; ABS (2023) Causes of Death, Queensland, 2022, 'Table 4.1: Underlying cause of death, All causes, Queensland, 2022', https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2022#data-downloads

Risk factors

Adverse childhood experiences and child maltreatment

The National Health and Medical Research Council 2023 report, *The prevalence and impact of child maltreatment in Australia: Findings from the Australian child maltreatment study*, found that one in four 16–24 year olds reported experiencing child maltreatment and that the abuse often occurred over a number of years. The report also identified that young people aged 16–24 years who had experienced child maltreatment were at increased risk of:

- developing cannabis dependence (6.5 times)
- attempting suicide (4.5 times)
- non-suicidal self injury (3.5 times)
- developing a mental disorder (including symptoms consistent with major depressive disorder, generalised anxiety disorder and/or post-traumatic stress disorder) (2.9 times).

Other literature on suicide provides a relatively consistent account of the factors and life circumstances that are associated with youth suicide.[64] The *Adverse childhood experiences study* has led research showing strong relationships between adverse experiences in childhood and health and social problems across the lifespan, with a link to depressive disorders.[65]

Adverse childhood experiences (ACEs) include childhood abuse, neglect and household dysfunction (substance abuse, parent mental illness, exposure to domestic violence and parent criminal behaviour).

The Centers for Disease Control and Prevention indicates that ACEs can undermine a child's sense of safety, stability and bonding; negatively impacting on physical, mental, emotional and behavioural development. Over time, these negative impacts may limit a child's ability to process information, make decisions, interact with others and regulate emotions.[66]

Information available indicated 4 of the 19 young people who suicided in 2023–24 had a history of alleged childhood abuse and neglect. Sexual abuse and emotional abuse were the most common types of abuse reported.

Household dysfunction was identified in 3 of the 19 suicide deaths of young people in 2023–24, with exposure to domestic violence identified as the most common.

Complex behaviours

Young people can engage in risk-taking behaviours beyond that which is developmentally appropriate. These complex behaviours may interfere with development and daily functioning, pose serious risks to the young person's health and safety, and impair healthy functioning.

The behaviours often include substance dependency, self-harm and suicidal behaviours, verbal and physical assaults on others, destruction of property, engaging with adults who are considered exploitative, criminal behaviour, high-risk sexual behaviour and engaging in dangerous physical activities.[67]

64 McDermott B (2021) ***Highly vulnerable infants, children and young people***: *A joint child protection mental health response to prevent suicide*, Queensland Child Death Review Board. **https://www.qfcc.qld.gov.au/board/publications**

65 Chapman DP, Whitfield CL, Felitti VJ, Dube SR, Edwards VJ, Anda RF (2004) 'Adverse childhood experiences and the risk of depressive disorders in adulthood', Journal of Affective Disorders, 82(2):217–225, **https://doi.org/10.1016/j.jad.2003.12.013**

66 US Centers for Disease Control and Prevention, *We can prevent childhood adversity*, **https://vetoviolence.cdc.gov/apps/aces-infographic/assets/pdf/ACEs-Infographic-Narrative_508.pdf**

67 QFCC *Beyond behaviours discussion paper* (pending publication).

Alcohol and substance misuse

One of the 19 young people who suicided during 2023–24 was reported as having a history of alcohol, tobacco and/or substance use.[68]

Self-harm and suicidal behaviour

Research into youth suicide shows that a history of self-harming behaviour, suicidal ideation and previous suicide attempts are associated with future suicidality. In relation to the 19 young people who died by suicide in 2023–24:

- At least one risk factor was present for 15 of the 19 young people who suicided.
- Seven had previously attempted suicide, with one young person attempting suicide on more than one occasion.
- Ten young people had previously engaged in self-harming behaviour, such as cutting.
- Eleven had previously expressed suicidal thoughts (ideation).[69]
- There was no evidence of previous self-harm or suicidal behaviour for 4 young people.

In the 2023 Kids Helpline Impact Report, over a 5-year period, one in 6 contacts to the Helpline were suicide related with the youngest caller identified to be 7 years of age.[70]

Behavioural problems and offending

Six of the young people who suicided in 2023–24 were identified as having exhibited behavioural problems and offending, with aggression identified the most frequently.

Mental health

A high proportion of mental illness has been found among young people who die by suicide. While mental health issues are prevalent among young people who suicide, many young people are treated for these conditions and only a very small number may go on to suicide.

Eight of the 19 young people who suicided during 2023–24 had a diagnosed mental health condition before their death. Eight young people were known to have engaged with a healthcare professional and 7 had been prescribed medication for their condition/s.

The range of mental health diagnoses included depressive disorders, anxiety disorders (including obsessive compulsive disorder) and eating disorders. The most common diagnosed conditions were depressive and anxiety disorders. One of the 8 young people was identified to have multiple mental health conditions (co-morbid conditions).

A further 8 young people were suspected to have a mental health issue. One of those young people had engaged with a healthcare professional.

68 Previous or current use of alcohol or drugs identified by friends, family members or in toxicology findings.

69 Each young person with identified self-harm or suicidal behaviour may have exhibited more than one type of behaviour.

70 Kids Helpline (2023) *Kids Helpline impact report 2023*, www.kidshelpline.com.au/about/impact-report-2023

Cohorts in youth suicide

The Adverse childhood experiences study and the Australian child maltreatment study both highlight the risks to future health outcomes for those who have a history of adverse childhood experiences, including the increased risk of suicidal behaviour. While the cohort of young people who experience these adversities accounts for a significant proportion (45%), it appears that there are a number of other distinct groups within youth suicides.

Figure 6.3 provides a summary of the adverse childhood experiences, mental health diagnoses and complex behaviours identified for the 111 young people who suicided in Queensland in the last 5 years. This overview is based on information available to the QFCC and may therefore under-represent the actual circumstances for the children and young people.

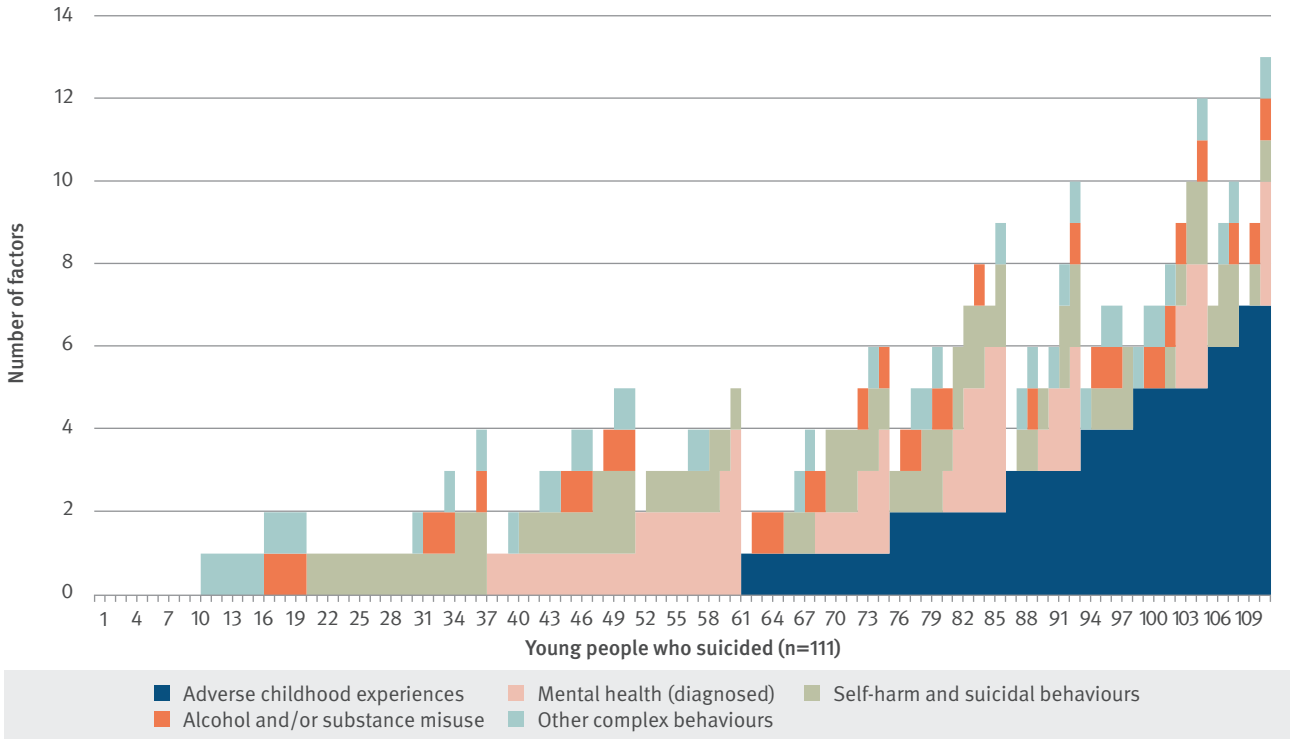
Across the cohort, 41% had a diagnosed mental health condition, 68% had a history of self-harm and/or prior suicide attempts, 35% had a history of alcohol and/or substance misuse, and 41% had other complex behaviours.

The data in Figure 6.3 shows a number of groups, based on the experiences of those young peoples' lives:

- Young people who have a history of adverse childhood experiences with, for most, co-occurring diagnosed mental health conditions and/or complex behaviours (45%).
- Young people with diagnosed mental health conditions with, for most, co-occurring complex behaviours (22%).
- Young people who demonstrate complex behaviours (24%) without other risk factors.
- Young people without any identified risk factors (9%).

The data highlights the importance of intervention and prevention strategies tailored to the life experiences of children and young people.

Figure 6.3: Adverse childhood experiences, diagnosed mental health conditions and complex behaviours in youth suicides (number), 2019–20 to 2023–24



Other factors

Neurodivergence

Four of the young people who suicided during 2023–24 were known to have been identified as neurodivergent. Neurodivergence is a term used to describe differences in how the brain works and can include autism, attention deficit hyperactivity disorder, Tourette's syndrome, dyspraxia, dyslexia, dyscalculia and other learning disabilities. The most common type of neurodivergence identified was attention deficit hyperactivity disorder.

School engagement

Five of the young people who suicided during 2023–24 were noted to have been experiencing difficulties with school engagement; with chronic absenteeism or non-participation identified.

Stressful life events and precipitating incidents

Life stressors are events or experiences which 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 with strain accumulating over a period of time.

Precipitating incidents refer to events or stressors which occur prior to a suicide and which appear to have influenced the decision for a person to end their life. Most precipitating incidents will occur in the hours, days or weeks prior to death. Bereavement can be considered a precipitating incident, with an arbitrary timeframe of up to 6 months between the death of the family member or friend and the suicide of the young person.

Outside of adverse childhood experiences, the most common stressors and precipitating incidents evident for young people who suicided in 2023–24 were parental separation (9), bullying (6), transitions in education (4) and transitions in residence (4).

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 in one youth suicide during 2023–24.

COVID-19

COVID-19 was not identified as a direct stressor for any suicide deaths in 2023–24. There continues to be no evidence of a significant change in youth suicide deaths in Queensland attributable to COVID-19.

Queensland Ambulance Service data

Queensland Ambulance Service (QAS) data indicates in the last year almost 9,800 ambulance callouts occurred for suicidal behaviour and self-harm-related incidents involving children, including both fatal and non-fatal injuries (see Table 6.1). Female patients accounted for 67% of callouts.

Table 6.1: Queensland Ambulance Service responses to self-harm and suicidal behaviour incidents (number), 2023–24

Age	Female	Male	Not specified	Total
5–9 years	104	114	*	218
10–14 years	2,630	1,240	16	3,886
15–17 years	3,823	1,767	43	5,633
Total	**6,557**	**3,121**	**59**	**9,737**

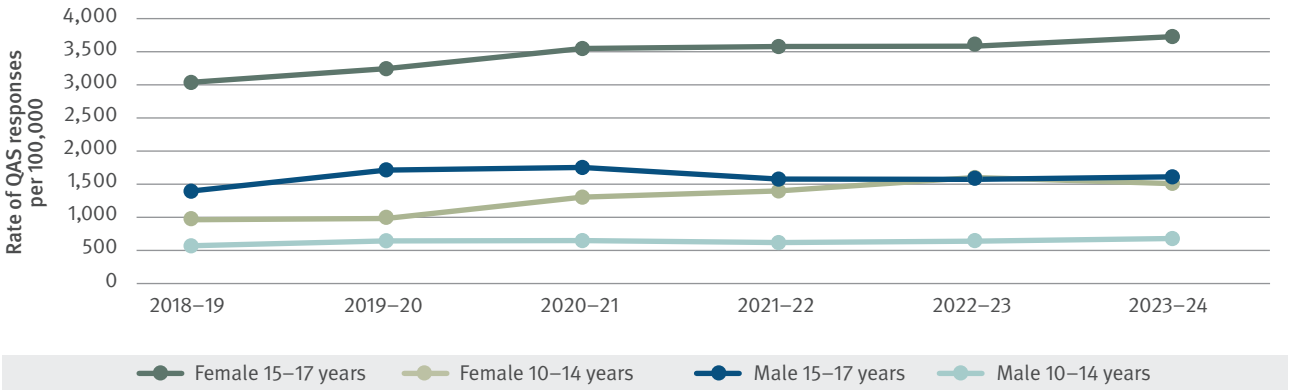
Data source: Queensland Ambulance Service (Aug 2024)

Notes: Not specified includes cases where gender was recorded as indeterminate or missing.

** Not reported for numbers less than 5 and removed from totals.*

Analysis of the rate of QAS callouts for self-harm and suicidal behaviours over the last 6 years are shown in Figure 6.4.[71] The rate of callouts for 15–17 year old females was considerably higher than the other groups. While rates over time remained relatively stable for males, rates increased over time for females in both age groups.

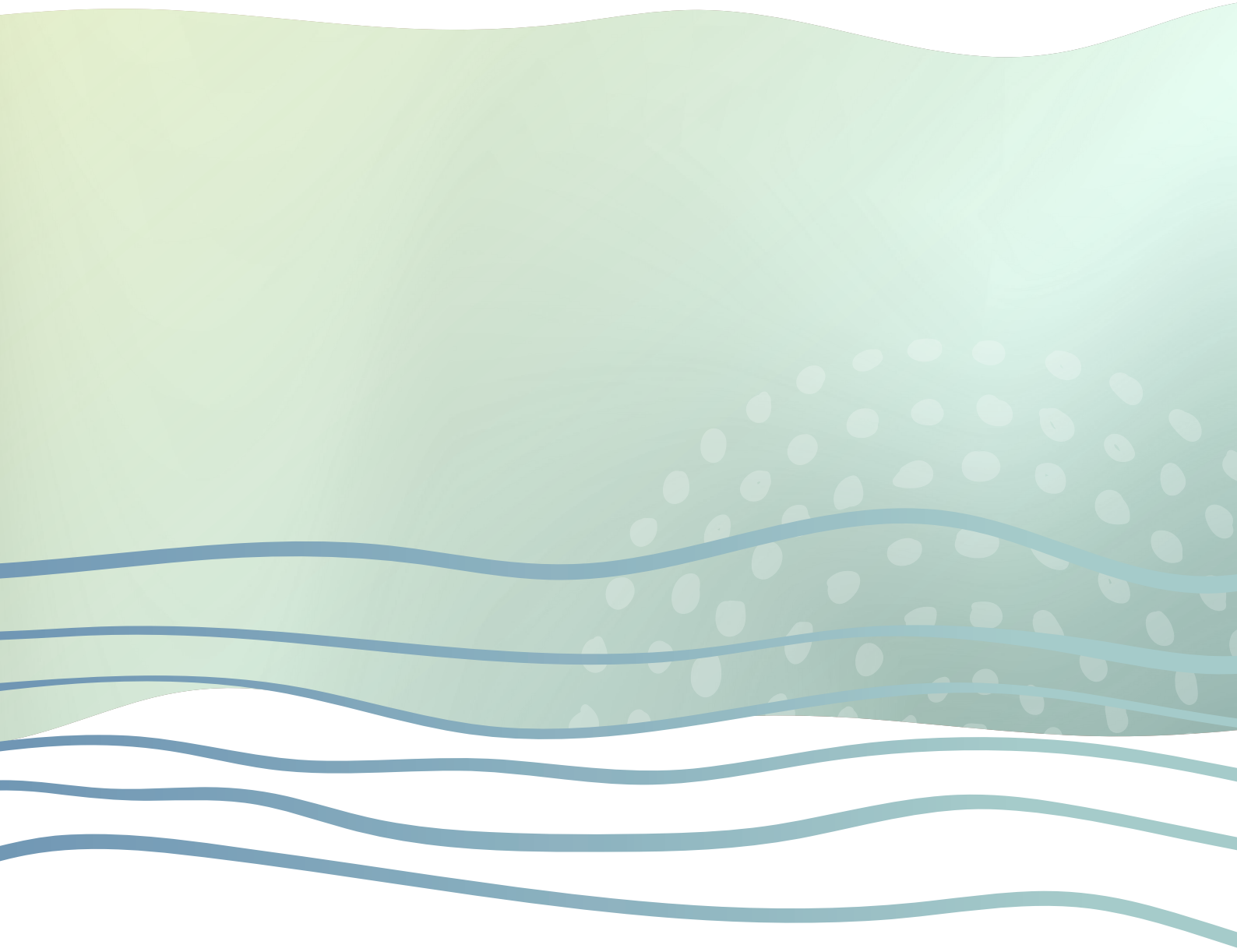
Figure 6.4: Queensland Ambulance Services responses to self-harm and suicidal behaviour incidents (rate per 100,000), 2018–19 to 2023–24



Data source: Queensland Ambulance Service (Aug 2024)

Notes: Excludes cases where gender was recorded as indeterminate or missing. Rates are calculated for each financial year per 100,000 children in each age/sex category.

71 Data for the past years is published in previous editions of this report, from data originally provided by the QAS.



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