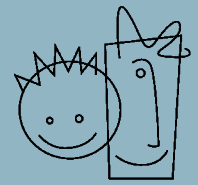


# Suicide and Risk-taking Deaths of Children and Young People



nsw commission for  
children & young people

The NSW Child Death Review Team undertook a study into the suicide and risk-taking deaths of 187 children and young people aged 12 to 17 years in NSW between January 1996 and December 2000.

The following research questions were addressed:

1. What were the factors associated with and the circumstances surrounding suicide and risk-taking deaths of children and young people?
2. To what extent did these children and young people have contact with human service agencies?
3. What can be done to prevent further deaths of children and young people from suicide and risk-taking?

## ***Suicide is....***

The term 'suicide' refers to any self-inflicted injury resulting in death where it is established by a coronial inquiry that the death resulted from a deliberate act by the individual with the intention of taking his or her own life.

## ***Risk-taking is....***

In this study, 'risk-taking' was defined as any behaviour engaged in by a child or young person where there was a high probability of death as an outcome.

In contrast to suicide deaths, all risk-taking deaths were believed to be accidental. Risk-taking deaths that were included in the study were:

- drug overdoses;
- accidental hangings;
- car driver fatalities where the young person was driving and was unlicensed, or speeding, or affected by alcohol or other drugs; and
- other motor transport fatalities, or drownings, or falls in which the young person was affected by alcohol or other drugs at the time of death.

## **KEY FINDINGS**

### ***Suicide and risk-taking deaths are rare***

Deaths of children and young people by suicide or risk-taking are infrequent events. In the five-year period, there were 187 suicide and risk-taking deaths of children and young people in NSW. The highest death rate occurred in 1997, which was nine deaths per 100,000 young people (12 to 17 years) in NSW (48 deaths).

However, while infrequent, suicide and risk-taking are significant causes of death in the 12 to 17 year age group. Over the five-year period of the study, these deaths made up almost one quarter (23%) of deaths of young people aged 12 to 17 years from all causes in NSW. Suicide alone accounted for 13.6% (111 deaths) of these deaths and risk-taking for 8.1% (66 deaths).

In 1.2% (10) of deaths it was not possible to determine the young person's intention.

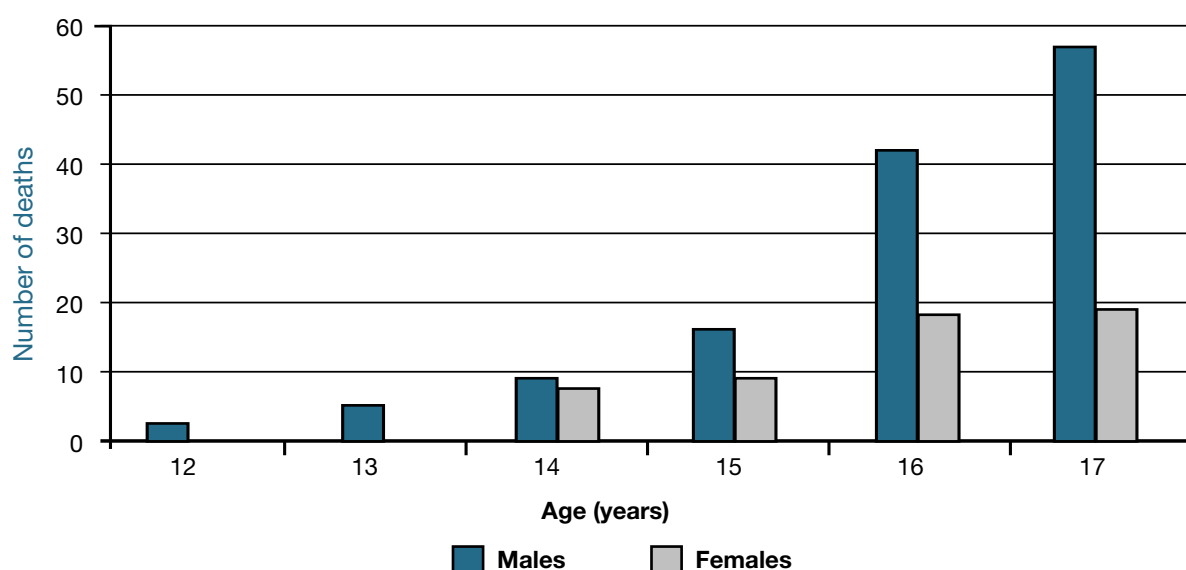
# Suicide and Risk-taking Deaths of Children and Young People

- **Gender is significant**

Males are over-represented in deaths from all causes. This study found that this is also true for suicide and risk-taking deaths. Over the five-year period, the majority (71.1%; 133) of young people who died from suicide or risk-taking were males.

Compared with females, males were more than twice as likely to die from suicide or risk-taking.

## Children and young people's age and gender



- **Young people in rural areas are not over-represented**

In contrast to previous studies, this study found that young people living in rural and remote areas were not over-represented in suicide and risk-taking deaths.

This difference is most likely explained by the fact that literature documenting an increased suicide risk in rural areas tends to refer to the 15 to 24 year age group rather than the 12 to 17 year age group that was the population of this study.

- **Aboriginal young people are over-represented**

Aboriginal children and young people are over-represented in deaths from all causes. Similarly, this study found that Aboriginal children and young people were over-represented in suicide and risk-taking deaths.

Although only 2.8% of the NSW population of children and young people aged 12 to 17 years are Aboriginal, 7.5% (14) of the children and young people who died from suicide and risk-taking were Aboriginal.

- **Young people often communicate their intentions**

Almost one quarter (24%; 27) of the children and young people who died by suicide informed a friend or family member of their intention to commit suicide. In almost every case, the person informed did not act on the information, either because they did not take the suicide threat seriously or because the child or young person insisted they promise not to tell anybody.

The belief that 'people who talk about committing suicide never do it' is one of the myths about suicide. People need to know that suicide threats are secrets that must not be kept.

# Suicide and Risk-taking Deaths of Children and Young People

- **Some suicides among young people are associated with copycat factors**

There was evidence to suggest that 15% (17) of suicide deaths were associated with copycat or imitative factors. The suicides of 12 young people occurred soon after the suicide of a friend, family member or other young person known to them.

A further three deaths occurred immediately after the child or young person had watched movies that portrayed suicidal behaviour, one young person committed suicide after listening to heavy metal music that contained songs of a suicidal nature and one young person suicided after showing his mother a picture of a celebrity who had committed suicide.

- **Many young people had no contact with human service agencies**

Approximately 42% (78) of the young people who died had no record of contact with human service agencies.

Of those who had prior contact, services included the Department of Community Services (26.2%; 49), school counsellor services (21.4%; 40), the Department of Juvenile Justice (20.9%; 39), mental health services (20.9%; 39), Emergency Departments for alcohol and other drug-related incidents or suicidal behaviour (13.4%; 25), refuge services (10.2%; 19) and drug and alcohol services (9.1%; 17).

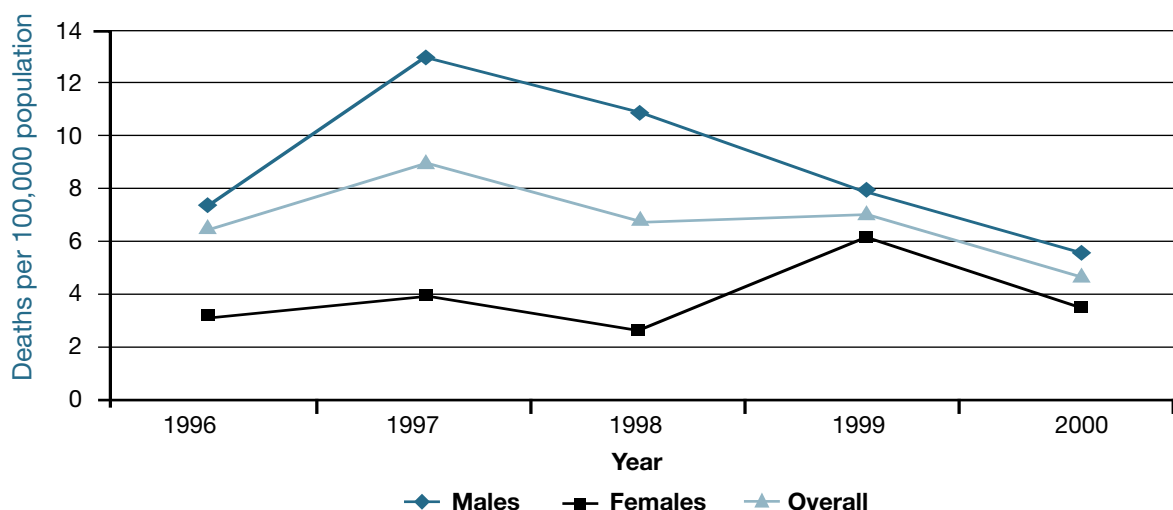
## TRENDS IN SUICIDE AND RISK-TAKING DEATHS 1996-2000

Due to the small number of deaths of young people from suicide and risk-taking in a given year, trends must be interpreted with caution as even a few extra deaths in one year can double the observed rate.

However, over the five-year period the following trends were evident:

- Across all years, there was a higher rate of deaths from both suicide and risk-taking for males than for females. The greatest difference occurred in 1997, where the rate for males was 12.7 per 100,000 young people (12 to 17 years; 34 deaths) and the rate for females was 3.9 deaths per 100,000 young people (12 to 17 years; 14 deaths). In contrast, the smallest difference was in 1999, where the rate for males was 7.8 per 100,000 young people (12 to 17 years; 21 deaths) and the rate for females was 6.2 deaths per 100,000 young people (12 to 17 years; 16 deaths).
- The rate of death fluctuated over the five-year period from a low in 2000 of 4.4 deaths per 100,000 young people (12 to 17 years; 24 deaths) to a high in 1997 of 9.0 deaths per 100,000 young people (12 to 17 years; 48 deaths).

Trends in suicide and risk-taking deaths: 12-17 years



# Suicide and Risk-taking Deaths of Children and Young People

## SUICIDE AND RISK-TAKING GROUPS

An important study finding was that the children and young people who died by suicide and risk-taking were not a homogenous group.

Based on the life histories of the young people and the events leading up to their deaths, three distinct groups emerged of suicide and risk-taking deaths:

1. One hundred and twenty four young people, who died both by suicide (80) and risk-taking (38)<sup>1</sup>, experienced 'enduring difficulties' such as family dysfunction, mental health problems and school-related difficulties.
2. Twenty six young people, all but two of whom died by suicide, experienced a pivotal life event, such as interpersonal issues and unemployment.
3. Twenty eight young people, all but one of whom died by risk-taking, died as a result of adolescent experimentation with alcohol and other drugs or dangerous driving.

### Suicide and risk-taking groups

Cluster	Males	Females	Total	
			N	%
<b>Enduring difficulties*</b>	<b>84</b>	<b>40</b>	<b>124</b>	<b>69.7</b>
Mental health problems	(35)	(19)	(54)	(30.3)
Family dysfunction	(49)	(21)	(70)	(39.3)
School-related difficulties	(28)	(10)	(38)	(21.3)
<b>Pivotal life events</b>	<b>15</b>	<b>11</b>	<b>26</b>	<b>14.6</b>
<b>Adolescent risk-taking</b>	<b>26</b>	<b>2</b>	<b>28</b>	<b>15.7</b>
<b>TOTAL</b>	<b>125</b>	<b>53</b>	<b>178**</b>	<b>100.0</b>

*Notes* \*The sum of the mental health, family dysfunction and school-related difficulties subgroups does not equal the total number of cases in the enduring difficulties cluster (n=124), as 28 children and young people in the enduring difficulties cluster experienced more than one type of enduring difficulty.

\*\*The total number does not equal the total number of children and young people in the study (n=187) as nine children and young people could not be placed in a cluster due to lack of recorded information.

## Children and young people with enduring difficulties

The deaths of 124 (66.3%) young people occurred in the context of significant enduring difficulties. These were family dysfunction (70), mental health problems and severe emotional distress (54), and school-related difficulties (38)<sup>2</sup>.

### Family dysfunction

Seventy young people (49 males, 21 females) experienced chronic family dysfunction.

Of these 70 young people, 37 suffered long-term child abuse and/or neglect. Their experiences included physical and sexual assaults by family members, emotional abuse in the form of severe verbal abuse,

<sup>1</sup> Numbers do not total 124 as it was not possible to determine intent to die in six cases.

<sup>2</sup> Numbers do not total 124 as 28 children and young people experienced more than one enduring difficulty.

# Suicide and Risk-taking Deaths of Children and Young People

scapegoating, neglect (including a failure to receive adequate food, supervision and other basic needs) and withholding expressions of love and affection.

A further 33 of these young people did not experience child abuse or neglect as generally defined, but suffered chronic family dysfunction. This took the form of ongoing family conflict, blended family issues and unhelpful parenting practices.

Fifty-three (75.7%) of the 70 young people had been clients of at least one human service agency, of which the Department of Community Services (55.7%) and the Department of Juvenile Justice (45.7%) were the most common.

Key findings in relation to this group of young people:

- ***Family dysfunction was a factor for more than one-third of the young people***  
The family lives of more than one-third of the young people who died by suicide or risk-taking were characterised by chronic dysfunction. Thus, for some young people suicide was the ultimate escape from their family situations. Others turned to substance use in an attempt to temporarily escape from their family lives.
- ***Child protection services were inadequate***  
There was inadequate service provision for 23 of the 39 (59%) young people who had been clients of the Department of Community Services. This included inadequate risk assessment and resulting poor protective casework. Examples of inadequate risk assessment included failure to respond in a timely way, failure to refer to other relevant agencies and failure to conduct and document in full the investigation and assessment process.

## ***Mental health problems***

Fifty-four children and young people (35 males, 19 females) formed this group. Of those, 32 (24 males, 8 females) had been diagnosed with mental health problems, the most common of which were behavioural disorders (13), followed by depression (9).

A further 22 young people (11 males, 11 females) were experiencing severe emotional distress prior to their deaths. Twenty of the 22 died by suicide and expressed feelings of extreme sadness and hopelessness in their suicide notes. These young people might have been suffering from an undiagnosed depression at the time of their deaths.

Forty-two (78%) of the 54 young people had been clients of at least one human service agency, of which mental health and school counsellor services were the most common.

Key findings in relation to this group of young people:

- ***Health professionals underestimated suicide risk***  
Three young people presented to hospitals with suicidal intent. In each case, the young person was not assessed to be at-risk of suicide, yet committed suicide within weeks of the assessment.  
  
While risk assessment is not always infallible, this highlights the importance of professionals being trained to competently assess and manage patients who present with possible suicidal behaviour. This includes close and regular monitoring until suicide risk is reduced.
- ***Sufficient observation, assessment or joint management plans were not put in place for several young people***  
In several cases young people who presented to hospitals with suicidal behaviour or a drug overdose were discharged from Emergency Departments without having been observed for a sufficient period of time or prior to a thorough psychiatric or psychosocial assessment being performed. Discharge often occurred without the necessary interdepartmental planning required for case coordination and management.

# Suicide and Risk-taking Deaths of Children and Young People

- ***Non-compliance with medication was an issue***

Four suicide deaths occurred during a period of non-compliance with medication. Three involved young people diagnosed with mental health problems and one was a young person with insulin-dependent diabetes.

## ***School-related difficulties***

Thirty-eight children and young people (28 males, 10 females) experienced enduring school-related difficulties. Of those, 26 died by suicide and 12 died from accidental risk-taking deaths. The young people who died by suicide had experienced stress associated with Higher School Certificate study, severe learning difficulties or problems in peer relationships.

The young people who died by risk-taking had experienced learning difficulties and/or behavioural problems. This led to poor academic performance, poor school attendance and early school leaving. Once out of the education system, these young people became involved in drug use and criminal activity. Nine died from drug overdoses and three died in motor transport incidents while intoxicated.

Twenty-six of the 38 young people had been clients of a human service agency. Of those, 14 had received some form of school-based support, including school counsellor involvement or behaviour and learning support services.

Key findings in relation to this group of young people:

- ***Stress associated with Higher School Certificate study can have fatal consequences***

Ten young people (9% of suicide cases) indicated prior to their deaths that they were unable to cope with the stress of their final school years. This finding warrants investigation of how to support young people during this stressful period and how to work with parents and the community to provide realistic guidance to students.

- ***Significant learning and behavioural problems were evident***

Seventeen young people (14 males) experienced behavioural problems. Most left school early, became involved in drug use and crime and died from risk-taking. A further eight young people (all male) suffered learning difficulties. Of those, six died by suicide. They suffered low self-esteem, feelings of inadequacy and failure due to their learning difficulties.

- ***Peer relationships were a problem***

The suicides of at least eight young males and females were associated with significant problems in peer relationships. For females, incidents involved short episodes of rumour-spreading, name-calling and peer group nastiness and exclusion. Males' experiences involved continuous tormenting and bullying. Boys were taunted for being more interested in schoolwork than in sports.

## **Children and young people who experienced a pivotal life event**

The deaths of 26 (13.9%) young people (15 males, 11 females) occurred after they experienced a pivotal or significant life event. All but two died by suicide. The events experienced by these young people included interpersonal issues (17), physical illness or accidents (4), sexual assault (2), unemployment (2) and legal problems (2)<sup>3</sup>.

Almost half (48.1%) of the 26 young people had not received the services of a human service agency.

Key findings in relation to this group of young people:

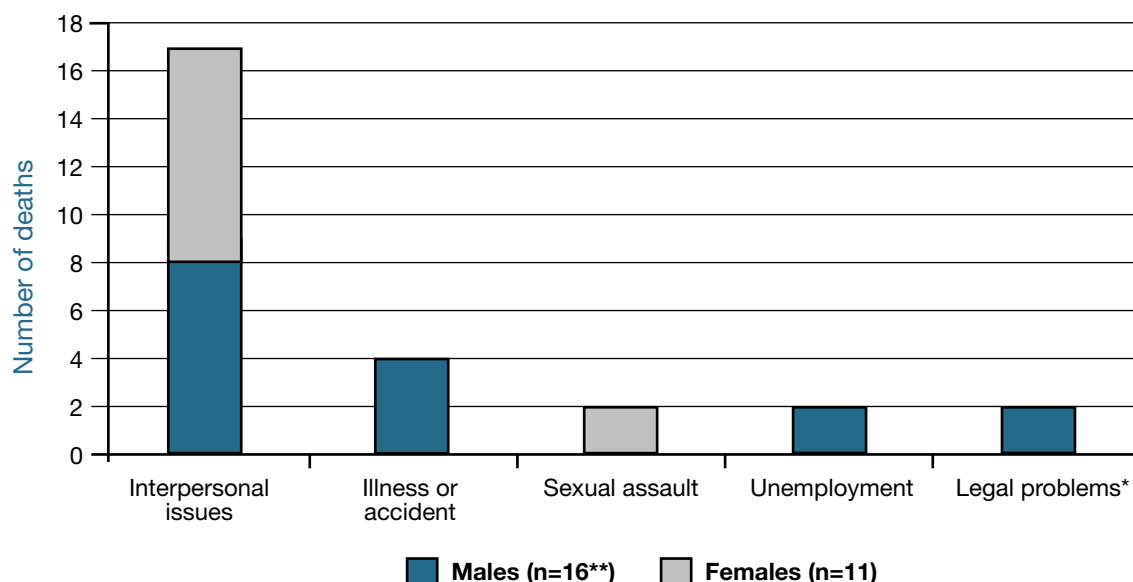
- ***Interpersonal issues were the most commonly experienced pivotal event***

Significant interpersonal issues, including relationship break-ups, deaths of significant people or arguments with family members or partners were experienced by 17 (65.4%) young people. Of these, relationship problems with a boyfriend or girlfriend were the most common.

<sup>3</sup> The total number does not equal the total number of young people in this group (26), as one male experienced both a major accident and legal problems prior to his death.

# Suicide and Risk-taking Deaths of Children and Young People

## Pivotal life events by gender



Notes: \* One young male had received two traffic infringements and was very concerned that he might lose his driver's license. The second male had an altercation with police on the day of his death, which caused him great distress.

\*\* The total number does not equal the total number of males in this cluster (n=15) as one male suffered both a major accident and legal problems prior to his death.

- **Males and females were affected by different types of events**

Males were more likely to have been distressed over their inability to gain employment, to have experienced a major illness or accident, legal problems such as trouble with police, and interpersonal issues associated with the death of a significant person in their lives. In comparison, females were exclusively concerned with relationship problems with partners and family members and experiences of sexual assault.

- **Seemingly manageable events can be pivotal for young people**

To an outsider, the events that resulted in death for these young people would appear to vary in severity or intensity. However, regardless of the type of event that was experienced, each was perceived as pivotal or life-changing by the young person. Thus, issues that may seem trivial, like a relationship break-up, can seem like insurmountable problems to a young person experiencing them for the first time.

## Children and young people who died as a result of adolescent experimentation

Twenty-eight young people (26 males, 2 females) died as a result of experimentation with alcohol or other drugs, risky driving, or a combination of both. None appeared to have experienced enduring family, mental health or school-related difficulties, nor had they experienced any pivotal life events.

Three quarters (21) of the young people had not been clients of a human service agency.

Key findings in relation to this group of young people:

- **Social drinking and drug use was a factor in many deaths**

Sixteen young people (15 males) died from using alcohol or other drugs in a social context. They had been drinking alcohol or using drugs with friends, either at a pub, a party, or at home, and died while in a state of intoxication. None were chronic substance users.

# Suicide and Risk-taking Deaths of Children and Young People

- **Typical adolescent risk-taking can have fatal consequences**

This group of young people died while engaging in typical adolescent risk-taking behaviours, notably alcohol and other drug use and reckless driving. Risk-taking in adolescence is often viewed as a 'normal part of growing up'. Yet certain risk-taking behaviours can have grave and lasting consequences. Alcohol and other drug use and reckless driving are two risk-taking behaviours associated with adolescents, both of which can have serious ramifications.

- **The majority of risk-taking deaths were of males**

Twenty-six of the 28 young people who died as a result of adolescent experimentation were male, indicating that this is predominantly a male phenomenon. These deaths raise the issue of the expectation of males to conform to narrow stereotypes.

- **Dangerous driving accounted for nearly half of the risk-taking deaths**

Twelve of the 28 young people (11 males) died while engaging in risky driving behaviours, including unlicensed driving, drinking and driving, and speeding. The combination of alcohol and driving was evident for six young people. Blood alcohol levels as high as 0.181g/100mL were recorded.

## PREVENTING SUICIDE AND RISK-TAKING DEATHS

The study findings suggest avenues for the prevention of further suicide and risk-taking deaths of children and young people. The NSW Government introduced the *We Can All Make A Difference: NSW Suicide Prevention Strategy* in 1999, which was after the majority of deaths in this study occurred. Some of the findings from this study are already adequately recognised within the *Strategy*:

- Aboriginal and Torres Strait Islander suicide prevention programs are being implemented to reduce the over-representation of Indigenous suicides.
- Training is being provided to health professionals regarding assessment and management of patients who exhibit suicidal behaviour.

Other study findings are not currently recognised within the *Strategy*:

- Work needs to be done around the finding of an association between the Higher School Certificate study and suicide.
- Given that one quarter of the children and young people told someone of their intention to commit suicide, work needs to be done around how the community can be informed that such threats need to be taken seriously and acted upon.

### Contact Details:

#### NSW Child Death Review Team

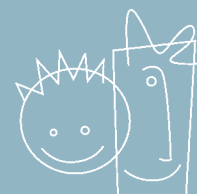
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