

4th Australasian Conference on Child Death Inquiries and Reviews

***Achieving outcomes
that make a difference***

Prevention of Youth Suicide

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***Office of the Western Australian
Ombudsman***



Government of **Western Australia**
Department for **Child Protection**
and **Family Support**

Investigation into ways that State government departments and authorities can prevent or reduce suicide by young people

Presentation to the
4th Australasian Conference on Child Death Inquiries
and Reviews
Thursday 6 November 2014

Summary of presentation

- Background
- Methodology
- Key findings: age, gender and location
- Key findings: risk factors
- Key findings: four risk groups; individual agencies; cumulative harm and inter-agency collaboration
- Summary of recommendations
- Concluding remarks

Background

- Of the child death notifications received by the office of the Ombudsman, nearly a third related to children aged 13 to 17 years old
- Of these children, suicide was the most common circumstance of death, accounting for nearly forty per cent of deaths
- Furthermore, and of serious concern, Aboriginal children were very significantly over-represented in the number of young people who died by suicide

Background (cont.)

- For these reasons, the Ombudsman decided to undertake a major own motion investigation into ways that State government departments and authorities can prevent or reduce suicide by young people

Methodology

- The investigation included an extensive literature and practice review, significant consultation with government and non-government agencies and experts and comprehensive collection and analysis of the records and data of the office of the Ombudsman and a range of government and non-government agencies about the interaction of these agencies with the 36 young people who were the subject of the investigation

Key findings: Age, gender and location

- Of the 36 young people who were the subject of investigation
 - 22 (61 per cent) were male and 14 (39 per cent) were female
 - 4 young people were aged 14 years; 10 were aged 15 years; 11 were aged 16 years and 11 were aged 17 years at the time of their death
 - 21 young people were residing in a major city, 9 in a regional area and 6 in a remote or very remote area

Key findings: Aboriginal young people

- 13 (36 per cent) of the 36 young people were Aboriginal
- 7 were female and 6 were male
- Aboriginal young people died by suicide at a slightly younger age than non-Aboriginal young people

Key findings: Risk factors

Mental health problems:

- Diagnosed mental illness
- Self-harming behaviour

Suicidal ideation and behaviour:

- Suicidal ideation
- Communicated suicidal intent
- Previous suicide attempts

Child maltreatment:

- Family and domestic violence
- Physical or sexual abuse
- Neglect

Adverse family experiences:

- A parent with a mental illness
- A parent with problematic alcohol and other drug use
- A parent who had been imprisoned
- Suicide of a person known to the young person

Substance use:

- Problematic alcohol and other drug use

Key findings: Four risk groups

- The investigation has identified four groupings of young people distinguished from each other by patterns in the factors associated with suicide that each group experienced. The four groups of young people also demonstrated distinct patterns of contact with State government departments and authorities

Key findings: Group 1

A group of 20 young people who were recorded as having allegedly experienced family and domestic violence, physical abuse or sexual abuse, or neglect:

- 13 of the 20 young people experienced either 4 or 5 risk factors for suicide
- 5 experienced 3 risk factors for suicide

Group 1: Risk factors

Child maltreatment																				
Suicidal ideation and behaviour																				
Mental health problems																				
Substance use																				
Adverse family experiences																				
	Young person 1	Young person 2	Young person 3	Young person 4	Young person 5	Young person 6	Young person 7	Young person 8	Young person 9	Young person 10	Young person 11	Young person 12	Young person 13	Young person 14	Young person 15	Young person 16	Young person 17	Young person 18	Young person 19	Young person 20

Group 1: Demographic characteristics

Of the 20 young people in Group 1:

- 10 were male
- 10 were Aboriginal
- All were aged from 14 to 17 years
- 10 resided in the metropolitan area, 6 in regional areas and 4 in remote areas
- 10 lived in either intact families, in one parent families or a step or blended family; 7 with a relative; and 3 lived in other circumstances

Group 1: Overview of contact with State government departments and authorities

	Young person 1	Young person 2	Young person 3	Young person 4	Young person 5	Young person 6	Young person 7	Young person 8	Young person 9	Young person 10	Young person 11	Young person 12	Young person 13	Young person 14	Young person 15	Young person 16	Young person 17	Young person 18	Young person 19	Young person 20
WA Health																				
DCPFS																				
Gov't. school																				
WAPOL																				
Housing																				
CAMHS																				
DCS																				
RTO																				
DOTAG																				

Key findings: Group 2

A group of 5 young people with a recorded diagnosed mental illness and/or who were recorded as having demonstrated suicidal behaviour who did not have a history of abuse, neglect and/or family and domestic violence:

- 4 had been diagnosed with multiple mental illnesses
- All 5 had demonstrated suicidal ideation and 3 communicated their intent to commit suicide
- 3 had a parent who had been diagnosed with a mental illness

Group 2: Risk factors

Suicidal ideation and behaviour					
Mental health problems					
Adverse family experiences					
Substance use					
Child maltreatment					
	Young person 21	Young person 22	Young person 23	Young person 24	Young person 25

Group 2: Demographic characteristics

Of the 5 young people in Group 2:

- 3 were female
- All were non-Aboriginal
- All were aged between 15 and 17 years
- 4 resided in the metropolitan area
- All were living with either both biological parents or 1 biological parent

Group 2: Contact with State government departments and authorities

WA Health					
CAMHS					
Govt schools					
RTO					
DCPFS					
DCS					
DOTAG					
Housing					
WAPOL					
	Young person 21	Young person 22	Young person 23	Young person 24	Young person 25

Key findings: Group 3

A group of 6 high achieving young people who experienced few risk factors and were all strongly engaged in school and sport. Records indicated that they had been:

- acknowledged for their academic performance or character, either as a recipient of awards for academic distinction and excellence, observed by teachers as bright or intelligent, or discussed for potential academic acceleration; and
- strongly engaged and demonstrated excellent performance in sporting activities

Group 3: Risk factors

Suicidal ideation and behaviour						
Substance use						
Adverse family experiences						
Child maltreatment						
Mental health problems						
	Young person 26	Young person 27	Young person 28	Young person 29	Young person 30	Young person 31

Group 3: Demographic characteristics

Of the 6 young people in Group 3:

- All were male
- All were non-Aboriginal
- All were aged between 15 and 17 years
- 5 resided in the metropolitan area
- 4 were living with 2 biological parents and 2 were living with 1 biological parent or living in a step family with two parents

Group 3: Overview of contact with State government departments and authorities

WA Health						
RTO						
Govt schools						
CAMHS						
DCPFS						
DCS						
DOTAG						
Housing						
WAPOL						
	Young person 26	Young person 27	Young person 28	Young person 29	Young person 30	Young person 31

Key findings: Group 4

- Group 4 is a loose grouping of 5 young people who did not appear to experience many of the risk factors identified in the literature
- However, records indicated that the young people in this group demonstrated behaviour that could be considered impulsive or risk taking

Group 4: Risk factors

Suicidal ideation and behaviour					
Substance use					
Adverse family experiences					
Child maltreatment					
Mental health problems					
	Young person 32	Young person 33	Young person 34	Young person 35	Young person 36

Group 4: Demographic characteristics

Of the 5 young people in Group 4:

- 4 were male
- 3 were Aboriginal
- All were aged from 14 to 17 years
- 2 resided in the metropolitan area, 3 resided in either a regional area, remote or very remote area
- All lived with either both biological parents or with 1 biological parent

Group 4: Overview of contact with State government departments and authorities

WA Health					
Govt schools					
DCPFS					
RTO					
WAPOL					
Housing					
DCS					
DOTAG					
CAMHS					
	Young person 32	Young person 33	Young person 34	Young person 35	Young person 36

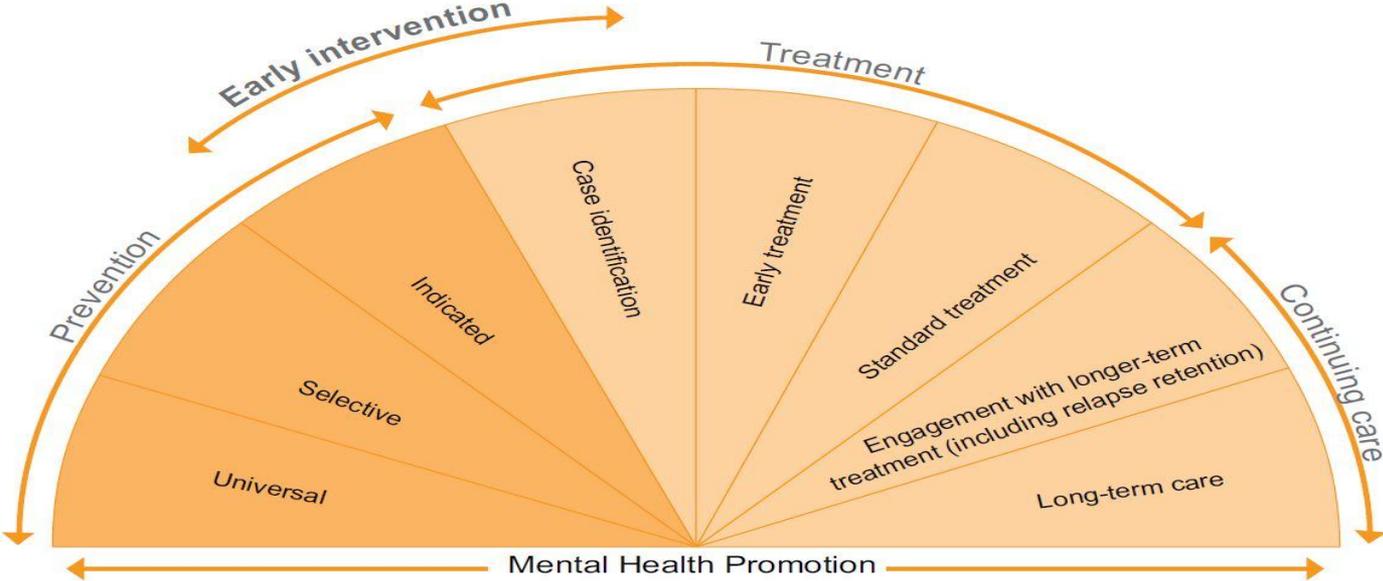
Key findings: Individual agencies

- The investigation found that State government departments and authorities have already undertaken a significant amount of work that aims to reduce and prevent suicide by young people in Western Australia, however, there is still more work to be done

Key findings: Individual agencies

- The Ombudsman has found that this work includes practical opportunities for four individual agencies, namely the Mental Health Commission, Department of Health (Child and Adolescent Mental Health Service), Department for Child Protection and Family Support and Department of Education to enhance their provision of services to young people
- A number of examples of these practical opportunities are set out in order of the relevant agencies

Key findings: Mental Health Commission



Source: Western Australian Suicide Prevention Strategy

Key findings: Mental Health Commission

- Different suicide prevention activities may be relevant to each of the four groups of young people
- The *Western Australian Suicide Prevention Strategy 2009-2013: Everybody's Business* is focussed on the Prevention category of suicide prevention. The office's analysis indicates that these suicide prevention activities should continue
- In addition, the office found that the factors associated with suicide experienced by 25 (69 per cent) of the 36 young people may align with the Treatment and Continuing Care categories of suicide prevention

Key findings: Department of Health (Child and Adolescent Mental Health Service)

- 12 of the 36 young people were recorded as having been diagnosed with a mental illness and all were referred for assessment by the Child and Adolescent Mental Health Service (**CAMHS**) at some point in their lives
- The office examined referrals to CAMHS, acceptance of referrals by CAMHS, risk assessments, treatment and discharge planning for these 12 young people

Key findings: Department of Health (Child and Adolescent Mental Health Service)

- The office found differences between the experiences of young people in Group 1 and Group 2, particularly with respect to acceptance of referrals by CAMHS and risk assessments
- For example, during the last year of their lives, six of the eight young people in Group 1 were referred to CAMHS again. However, three young people were not accepted by CAMHS even though they met the priorities for acceptance set out in the *WA Country Health Service Child and Adolescent Mental Health Services Access Criteria Policy*

Key findings: Department for Child Protection and Family Support

- 20 of the 36 young people were recorded as having allegedly experienced one or more forms of child maltreatment, and all of these young people had contact with the Department for Child Protection and Family Support
- The effect of experiencing multiple forms of child maltreatment is referred to in the research literature as 'cumulative harm'

Key findings: Department for Child Protection and Family Support

- 17 of the 20 young people were recorded as having allegedly experienced more than one form of child maltreatment, and are therefore likely to have experienced cumulative harm
- Legislation and policies in some other states and territories explicitly identify that child protection authorities need to undertake holistic assessments so as to recognise cumulative harm

Key findings: Department for Child Protection and Family Support

- Some Department for Child Protection and Family Support policies and procedures for responding to child maltreatment address the need to undertake holistic assessments so as to recognise cumulative harm
- However this has not been extended to other relevant elements of the Department for Child Protection and Family Support's policy framework and procedures

Key findings: Department of Education

- Educational institutions have an important role to play in reducing the incidence of suicide by young people
- All of the 20 young people in Group 1 were recorded as having allegedly experienced child maltreatment; 19 (95 per cent) of these 20 young people were enrolled in an educational program at the time of their death; during the last year of their lives, 14 of the 19 young people attended school less than 60 per cent of the time

Key findings: Department of Education

- Limited actions pursuant to the *School Education Act 1999* and the *Student Attendance* policy were taken to remedy this persistent non-attendance. However, a range of other actions, not required by the legislation or policy, were undertaken by schools
- The investigation also examined suspensions and exclusions from school, and experiences for Aboriginal young people specifically

Key findings: Inter-agency collaboration

- Critically, as the reasons for suicide by young people are multi-factorial and cross a range of government agencies, the Ombudsman has also found that the work of government agencies should include the development of a collaborative, inter-agency approach to preventing suicide by young people

Summary of recommendations

- Arising from the report's findings, the Ombudsman has made 22 recommendations about ways that State government departments and authorities can prevent or reduce suicide by young people

Summary of recommendations (cont.)

- Three recommendations concern the *Western Australian Suicide Prevention Strategy 2009-2013: Everybody's Business*
- These three recommendations, directed to the Mental Health Commission, go to the development and inclusion of differentiated strategies for suicide prevention that are relevant to each of the four groups of young people identified in the investigation

Summary of recommendations (cont.)

- Eighteen recommendations regarding ways that three key government agencies can assist in preventing and reducing suicide by young people as part of their individual service delivery
- These key agencies are:
 - Department of Health
 - Department for Child Protection and Family Support
 - Department of Education

Summary of recommendations (cont.)

One recommendation that the Mental Health Commission, working together with the Department of Health, the Department for Child Protection and Family Support and the Department of Education, considers the development of a collaborative inter-agency approach, including consideration of a shared screening tool and a joint case management approach for young people with multiple risk factors for suicide

Summary of recommendations (cont.)

- All recommendations are relevant to Aboriginal young people, and two recommendations specifically focus on Aboriginal young people
- Each agency has agreed to all 22 recommendations and has, more generally, been highly co-operative and positively engaged with our investigation
- Each of the recommendations will be monitored by our office to ensure their implementation and effectiveness in relation to the observations made in the investigation

Concluding Remarks

- Suicide by young people in our community is a tragedy. Government agencies, through collaborative policy development and service provision, have a vital role to play in preventing youth suicide

Concluding Remarks

- In addition to the Ombudsman's findings and recommendations, the comprehensive level of data and analysis contained in this report will, we believe, be a valuable new resource for government departments and authorities to inform their planning and work with young people. In particular, our analysis suggests this planning and work target four groups of young people that we have identified

Prevention of Youth Suicide

Dr Sharyn Watts

***Child Death and Serious Injury Review
Committee, South Australia***

CHILD DEATH & SERIOUS INJURY
REVIEW COMMITTEE

Youth suicide: exploring opportunities for prevention and intervention



Government
of South Australia

South Australia

- Average 4 deaths per year since 2005
- Two-thirds male
- 20% Aboriginal
- Third most common cause for 15-17 year olds
- Mechanism is hanging, at home

Searching for something different – life charts

- Fortune, Stewart, Yadav and Hawton (2007)
Suicide in adolescents: using life charts to understand the suicidal process *J Affect Disorders, 100*, 199-210
- Consider many different aspects of a young person's life
- Track over time
- Comparing charts – looking for patterns
- Use the depth of information gathered about each young person
- Opportunities for intervention and prevention

Groups of life charts

- Group 1
 - 8 young men
 - Challenges from early childhood onwards, disengaged
- Group 2
 - 3 young men, 3 young women
 - Emerging issues after transition to high school
- Group 3
 - 2 young men, 3 young women
 - No notable issues
- Group 4
 - 2 young men

Intervention and Prevention

- Group 1
 - Early childhood, primary school years, **transition time**
- Group 2
 - Engagement through school, mental health services, family
- Group 3
 - Population-based prevention
- Group 4
 - More information needed

Plans

- Continuing the analysis
- Sharing the insights with practitioners, educators and policy makers
- Remaining open to change, refinement, differences

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Prevention of Youth Suicide

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Government of **Western Australia**
Department for **Child Protection**
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Australian Institute for
Suicide Research and Prevention



National Centre of Excellence
in Suicide Prevention

Suicides in children and adolescents: background and recent trends

Dr Kairi Kõlves

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National Centre of Excellence in Suicide Prevention

Life Promotion Clinic

The 4th Australasian Conference on Child Death Inquiries and Reviews, Perth, Nov 2014

Suicide

- ✓ “deliberately initiated [act] and performed by the person concerned in the full knowledge, or expectation, of its fatal outcome” (WHO, 1998).
- ✓ Historically, it has been argued that children are precluded from contemplating and engaging in suicidal behaviour due to their inability to cognitively understand death or “estimate degrees of lethality or outcomes of their self-destructive acts” (Pfeffer, 1997, p. 553).

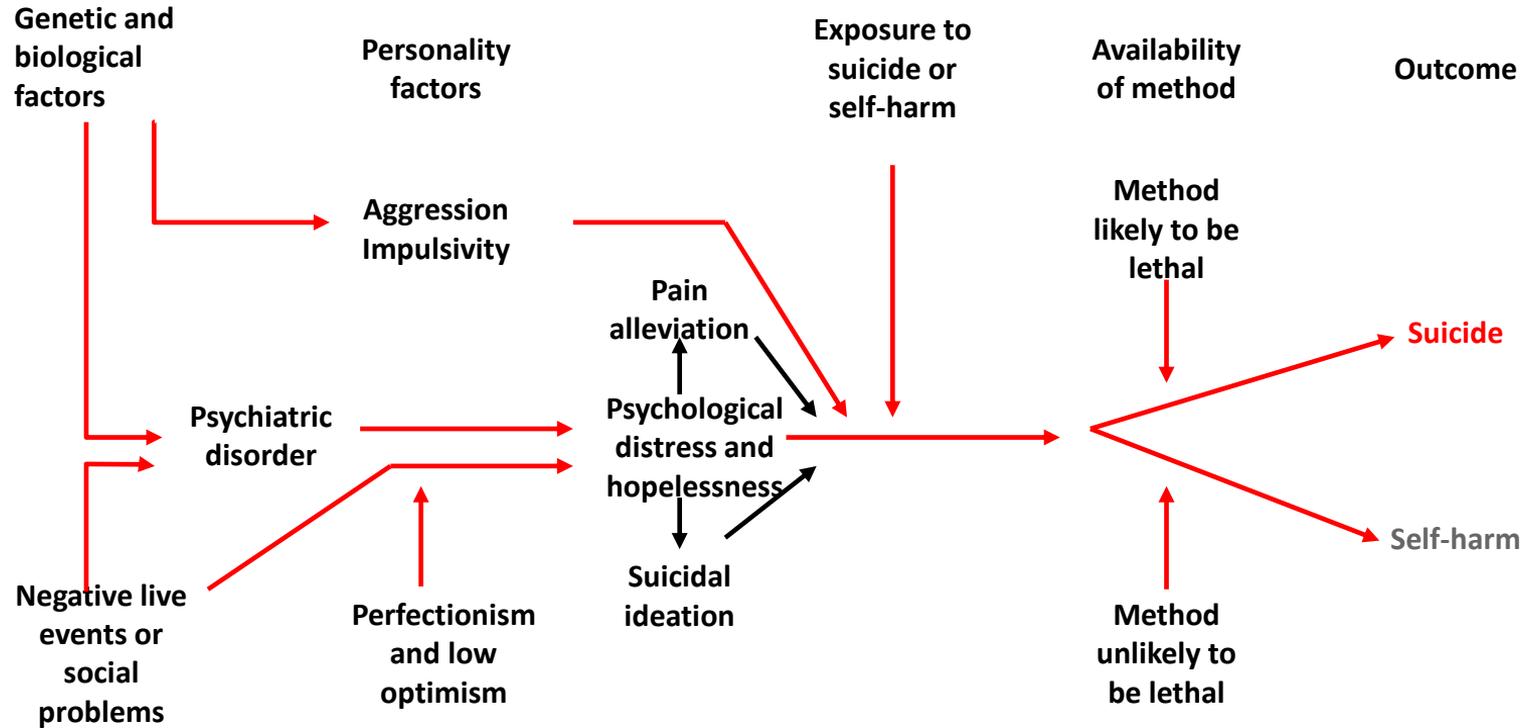


Do children have a concept of death?

- ✓ Research has indicated that, from the age of eight, children understand the concept of suicide (Mishara 1998).
- ✓ In their sample in Canada
 - None of six year olds
 - 1/3 of seven year olds knew
 - 87% of eight year olds
 - 81% of nine year olds
 - 100% of children aged ten or older knew about suicide or killing oneself



Key factors for adolescent self-harm and suicide



Factors associated with suicidal behaviours in youth

Individual

- Psychiatric disorders (including affective disorders, disruptive disorders/conduct disorders, alcohol and drug abuse/misuse)
- Adverse events e.g. witnessing or experiencing violence, physical or sexual abuse, loss through death or separation, disciplinary crisis
- Preoccupation with death
- Previous self-harm or suicidal behaviours



School & Peer Related

- Peer problems (bullying , negative peer pressure, conflicts)
- Suicidal behaviours among peers
- Perceived or real poor academic performance
- Dropping out from school

Family Related

- Parental divorce, poor family cohesion
- Poor parent-child communication
- Parent-child conflicts
- Family history of mental health problems
- Family history of suicidal behavior
- Presence of a step-parent
- Frequent changes in living and educational arrangements

- Culture
- Rules, values
- Media
- Internet and social media
- Availability of health care and means
- Religion

Environmental factors

Main differences between child and adolescent suicides

The low suicide incidence in children may be related to the fewer risk factors rather than to resilience to risk factors (Grøholt et al, 1998).

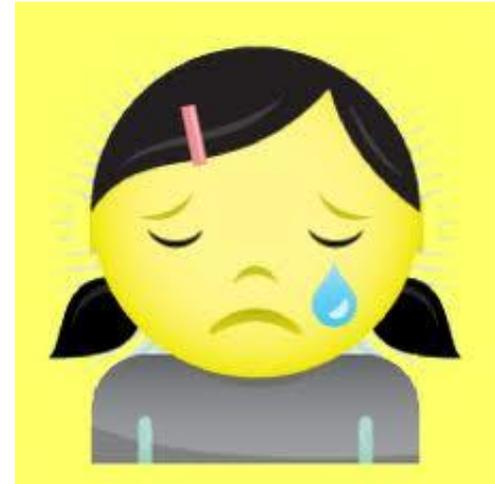
Children compared to adolescents who died by suicide

- ✓ used hanging more frequently,
- ✓ were more frequently Aboriginal or Torres Strait Islander,
- ✓ suffered less often from psychiatric disorders,
- ✓ expressed less suicidal intent,
- ✓ were less exposed to some types of stressors (conflicts with peers, romantic failure),
- ✓ had more conflicts with parents

Grøholt B, et al (1998) Suicide among children and younger and older adolescents in Norway: A comparative study. *J Am Acad Child Adolesc Psychiatry* 37:473-481.

Soole R, Kølves K, De Leo D. (2014) Factors related to childhood suicides: Analysis of the Queensland Child Death Register. *Crisis* 35: 292-300.

Soole R, Kølves K, De Leo D. (2014) Suicides in Aboriginal and Torres Strait Islander children: Analysis of Queensland Suicide Register. *Australian and New Zealand Journal of Public Health* DOI: 10.1027/0227-5910/a000267 Epub 11 Oct 2014



Suicide rates around the world – changes in last two decades

- ✓ **Average of 81 countries**
- ✓ Age group 10-14 years
 - minor decline in suicide rates for males
from 1.61 to 1.52 per 100,000
 - slight increase for females
from 0.85 to 0.94 per 100,000
- ✓ Age group 15-19 years
 - reduction for both genders
 - males from **10.35 to 9.54 per 100,000**
 - females from **4.43 to 4.21 per 100,000**

Suicide rates

TOP 10 countries for males (rate per 100,000) in 2000-2009

Males 10-14 years		Males 15-19 years	
Kazakhstan	8.53	Russian Federation	33.28
Suriname	6.36	Kazakhstan	31.06
Russian Federation	5.47	Lithuania	30.15
Kyrgyzstan	5.12	Guyana	28.49
Belarus	3.94	New Zealand	22.38
Guyana	3.77	Belarus	22.36
Ukraine	3.36	Estonia	19.78
Ecuador	3.34	Ireland	18.86
Lithuania	3.30	Finland	17.15
Estonia	3.05	Iceland	16.72
Australia	0.82	Australia	11.10

Increasing trend when compared to 1990-1999

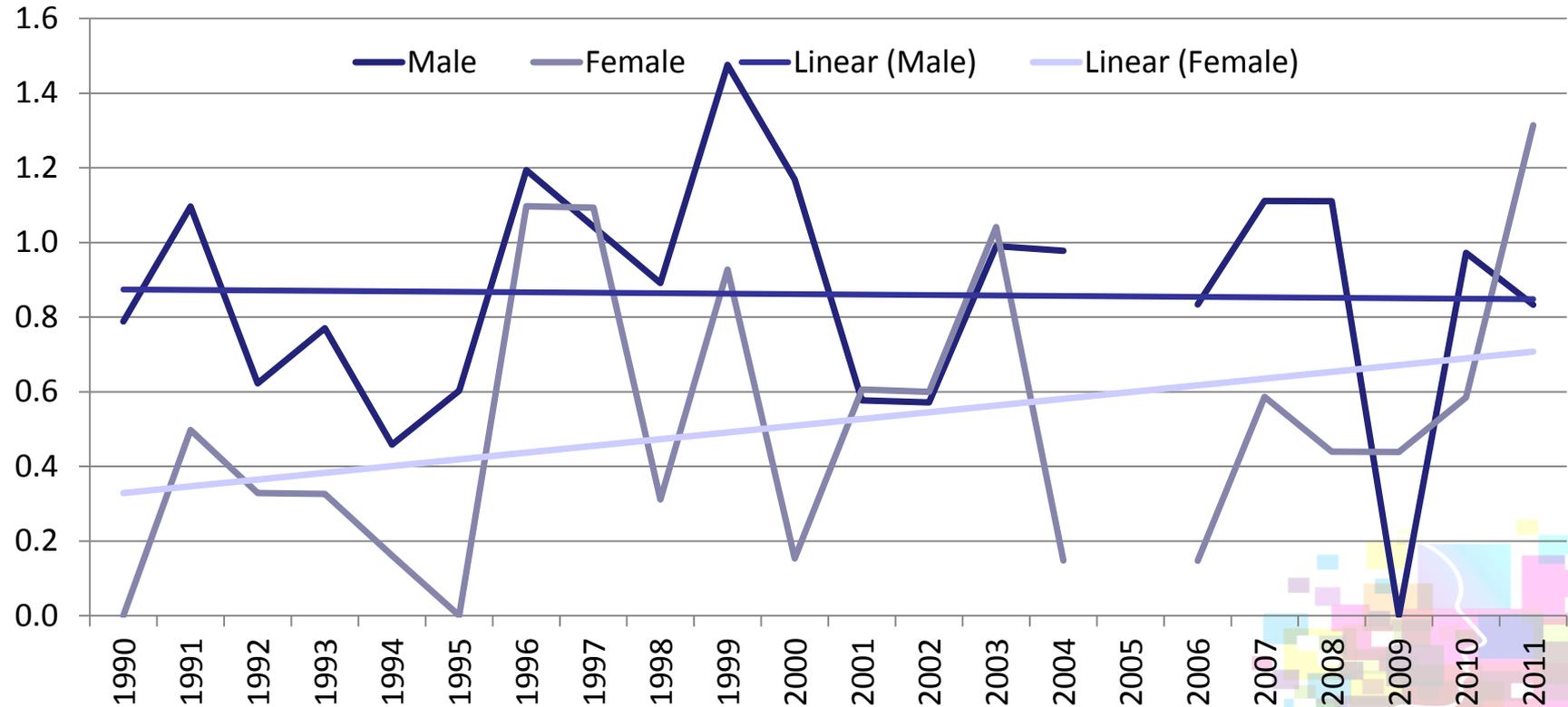
Suicide rates

TOP 10 countries for females (rate per 100,000) in 2000-2009

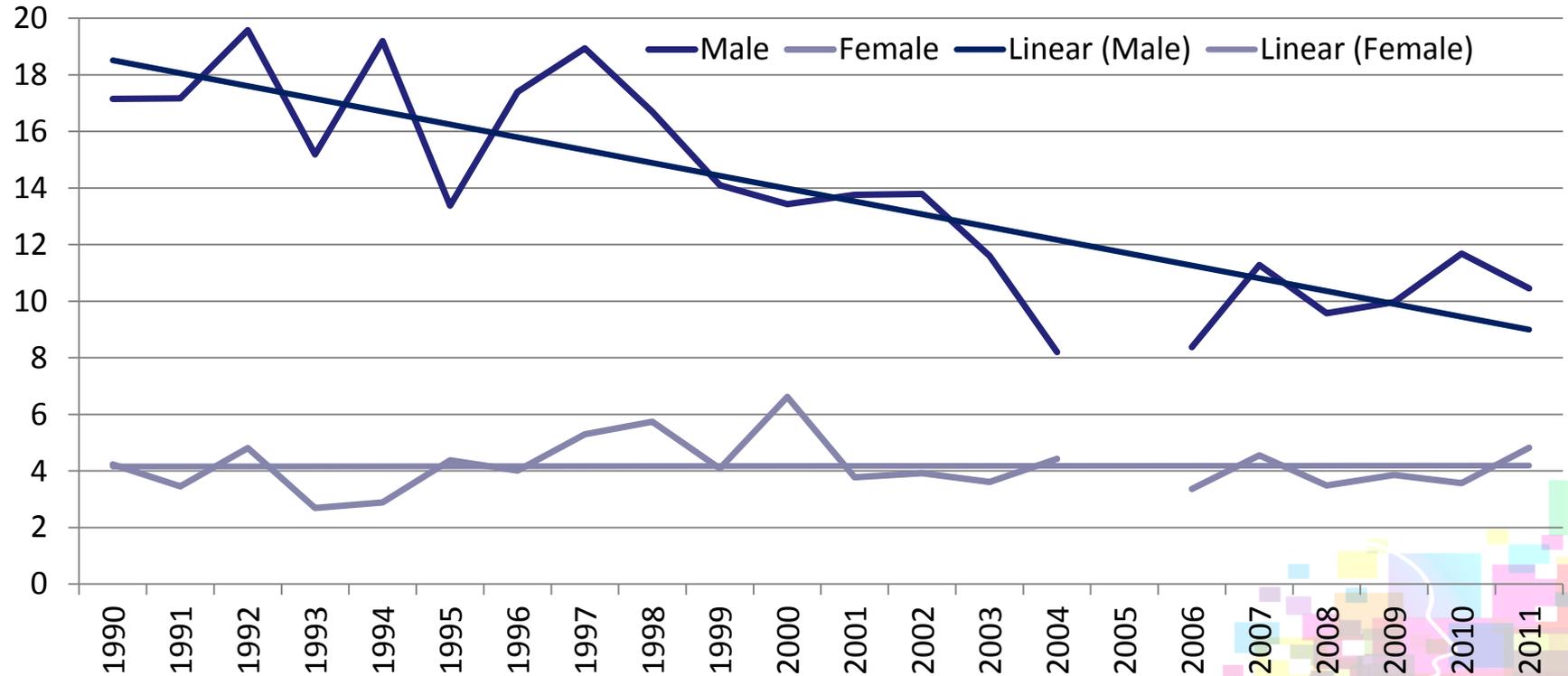
Females 10-14 years		Females 15-19 years	
Guyana	6.46	Guyana	24.95
Suriname	6.11	Suriname	15.75
Ecuador	3.14	Kazakhstan	12.28
Kazakhstan	2.86	El Salvador	12.02
Nicaragua	2.22	Nicaragua	11.02
El Salvador	2.10	Ecuador	10.18
Colombia	2.00	New Zealand	9.55
Trinidad and Tobago	1.86	Russian Federation	7.87
Russian Federation	1.85	Mauritius	7.61
Paraguay	1.84	Trinidad and Tobago	7.45
Australia	0.46	Australia	4.17

Increasing trend when compared to 1990-1999

Suicide rates per 100,000 in age group 10-14 years in Australia



Suicide rates per 100,000 in age group 15-19 years in Australia

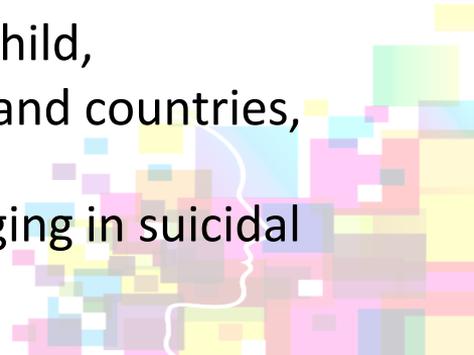


Underestimation

The prevalence of suicide in children is likely to be under-estimated due to under-reporting and/or misclassification of suicide deaths as accidental or undetermined. Literature is indicating that suicide might be more under-reported among children compared to adolescents and adults (Hawton 1986; Pritchard, Hansen 2005).

Research indicates that this might be due to

- ✓ social stigma and shame around suicide,
- ✓ coronial reluctance to determine a verdict of suicide in a child,
- ✓ disparities in death classification systems between states and countries, and/or
- ✓ the misconception that children are precluded from engaging in suicidal acts due to their cognitive immaturity.



Thank you!

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