# Youth suicide in Australia: A Literature Review

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Adolescence is a period of great change and can bring about a range of physical, social and emotional challenges. Australia witnessed rapid increases in reports of suicidal behaviour among adolescents and young adults over the last several decades. More worrying is the high rates of suicide amongst minority and vulnerable groups. Aboriginal deaths both in our communities and in custody have become an issue of national concern and international attention. Notwithstanding its seriousness as a social and health problem, early identification and support among this vulnerable group are critical, to help reduce the far-reaching impacts of suicide on families, friends, and communities.

This literature review looks at youth suicide across development, social, economic, and cultural dimensions. In doing so, the intention is to better understand the extent of youth suicide in Australia. This will assist decisions regarding the allocation of resources and where they are needed, to deliver targeted solutions to reduce youth suicide rates.

Past literature provide insight into factors associated with the increased likelihood of suicide and suicidal behaviour. It is apparent that underlying mental health issues greatly correlate with suicidal ideation and behaviours. Golzari, Hunt, and Anoshiravani (2006) conducted a meta-analysis of 25 studies between 1990 and 2008 to research mental health problems among young people on remand. Their findings outline that for young females; 53% meet criteria for conduct disorder, 29% meet criteria for major depression, 19% meet criteria for Attention-Deficit Hyperactivity Disorder, and 3% meet criteria for psychotic illness. Evidence that young people on remand experience a higher prevalence of suicidal ideation and behaviour than other young people in the community is another unfortunate statistic. Similarly, Stathis et al., (2008) confirmed the high rates of mental health problems in adolescents within youth detention. They found high levels of mental

health problems and serious past trauma present in 75% of males and 90% of females, and 81.2% of Indigenous compared to 75% of non-Indigenous.

Kosky, Sawyer and Gowland (1990), studied seventy-eight (78) adolescents admitted to Adelaide's youth remand centre. Most came from chaotic social backgrounds and were without education or family support. Nearly 4O°/o of remanded adolescents scored above the recommended cut-off scores of the Youth Self Report (YSR) checklist, a figure four times greater than that found among adolescents living in the community.

The prevalence of suicide among youth in Australia shows unfortunate statistics.

- Suicide is the leading cause of death for Australians between 15 and 44 years of age
- There was an increase in suicide rates for females aged 15-19 compared from 2017 to 2018.
- New South Wales accounted for 29.5% of all deaths by suicide in Australia.
- Years of potential life lost is a measure of premature mortality which weights age at death to gain an estimate of how many years a person would have lived had they not died prematurely. Information from the Australian Bureau of Statistics showed that in 2018 in Australia, suicide accounted for the highest number of years of potential life lost, accounting for approximately 105,730 years of potential life.
- The Report on the Second Australian Child and Adolescent Survey of Mental Health and Wellbeing, found that around one in thirteen 12-17 year olds had seriously considered attempting suicide. The same report found that around one third of Aboriginal and Torres Strait Islander young people have reported high or very high levels of psychological distress; more than twice the proportion of non-Indigenous young people (Lawrence et al., 2015).

- Between 2011 to 2015, suicide was the leading cause of death for Aboriginal and Torres Strait Islander people aged between 15 and 34 years (ABS, 2016).

There are gaps within suicide research due to problems with finding and comparing suicide data. Previous research has found that when interpreting or using suicide data, it is important to remember that the reasons people take their own life are complex and often there is no single reason why a person attempts or dies by suicide (Hunter & Harvey, 2002). There are problems with finding and comparing suicide rates as there is insufficient data. Some issues include:

- Issue of definition
- Under-reporting
- Influence of race on investigative procedures
- Problems of accessing data from remote areas
- Difficulties associated with culturally specific methods and categorisation of suicide
- Aboriginals were not recorded on birth and death certificates until mid 1990's

Within suicide data, there are cultural and gender differences. In 2017, about 75% of people who died by suicide were males and 25% were females however, studies have shown that female young offenders report higher rates of suicidal behaviour and self-harm compared to males (Moore, Gaskin & Indig, 2015; Pasko & Mayeda, 2011). Suicide is 2.6 times more likely to be the cause of death for Aboriginal and Torres Strait Islander peoples than for all Australians. Between 2011 to 2015, suicide was the leading cause of death for Aboriginal and Torres Strait Islander people aged between 15 and 34 years (ABS, 2016). Studies suggest that Aboriginal's are exposed to considerably greater life stress compared to non-Indigenous Australians. Such stressful life events such as the death of a family member, race

discrimination by police, and being a victim of violent and abusive crimes, are experienced by Indigenous persons at much higher rates compared with non-Indigenous persons (AIHW, 2011; Muntaner et al., 2004; Shepherd & Zubrick, 2012).

Past trauma is one of the biggest risk factors for suicide ideation and behaviours. Intergenerational trauma is present in Aboriginal persons, given the traumatic history experienced by Aboriginal persons (Bombay, Matheson & Anisman, 2009). Brokenleg (2012) stated; "Traumatic experiences are cumulative. If one generation does not heal, problems are transmitted to subsequent generations. It sculpts how we think, how we respond emotionally. It affects our social dynamics and, at the deepest level, impacts our spirituality" (p. 10). Social support seeking is generally viewed as being among the most effective methods of buffering against stressor-provoked psychological disturbances, specifically in those with intergenerational trauma (Thoits, 1995).

Dispossession, racism, trauma, disadvantage and disconnection from culture and country as well as disengagement from education and employment are all underlying contributors to low levels of social and emotional wellbeing amongst young Aboriginal and Torres Strait Islanders, which can in turn contribute to substance misuse and suicide. Addressing these low levels of social and emotional wellbeing requires holistic services that empower and increase the capacity of community, family and individuals to support recovery and resilience (Department of Health 2013; Zubrick et al., 2014). Cumulative risk factors and socio-economic barriers result in Aboriginal and Torres Strait Islander people experiencing double the rates of significant economic disadvantage compared to the general NSW population.

Sociological studies have generally viewed suicide as a product of the nature of the relationship between the individual and society. Hassan (1996) studied the sociological

analysis of the causes of suicidal behaviour and found about half of the suicides were primarily “anomic”, meaning the suicide was caused by a social environment characterised by sudden or emphatic changes which impaired the individual's capacity to regulate desires and aspirations. The relative degree of regulation control, isolation and oppression of individuals in society are seen as the primary causes of varying degrees of suicide rates in different societies. These causes are mediated through social factors.

Cheung, Spittal, Pirkis & Yip (2012) researched suicide patterns across Australia between 2004 and 2008, using spatial clusters to study metropolitan, rural and remote differences. It was found that rural, country areas with lower populations tend to have a higher suicide risk than those coastal urban cities. There is a positive correlation between remoteness and suicide risk with remote communities in Australia accounted for 10 out of 18 suicides of people under 18 years old between 2005 and 2010 (Robinson, Silburn & Leckning, 2012). Socio-economic deprivation, compositional factors, high risks for Indigenous people and low access to mental health service were the underlying explanations of the elevation of suicide risk in some areas. These findings make it clear that there is a need for more services in these high-risk areas.

Suicide is also a significant concern for the criminal justice system, specifically for those vulnerable and minority groups whom are over represented in our justice system (Sawyer, et al., 2010). Aboriginal deaths in custody have become an issue of national concern and international attention. Aboriginal persons in Australia are 15 times more likely to be imprisoned than non-Aboriginal persons, and Aboriginal youth aged 10-17 years are 14 times more likely to be under community-based supervision and 24 times more likely to be in detention compared to non-Aboriginal people (ABS, 2012; AIHW, 2013). Research has also

highlighted that Aboriginal offenders are more likely to have mental health and drug and alcohol problems (Kenny et al., 2008; Weatherburn, Snowball & Hunter, 2006). These risk factors along with low educational attainment, unemployment, and financial stress are a common link between crime and wellbeing. Modifying the social determinants that lead to serious psychological distress should result in a range of beneficial health as well as mental health outcomes for Aboriginal and Torres Strait Islander people (Kelly et al., 2009).

A starting point to better understand how to reduce youth suicide rates is to understand risk versus protective factors. Some risk factors for suicide ideation and behaviours include stressful life events, past trauma, being in the criminal justice system, isolation, mental illness, poor living circumstances, drug and alcohol abuse, and relationship problems (Gilchrist, Howarth & Sullivan, 2007; Sawyer et al., 2010). Obvious protective factors to prevent suicide ideation and behaviours include effective help seeking, cultural continuity, community cohesion, supportive social relationships, and a positive role model. Interventions should aim to decrease risk factors and increase protective factors.

Clifford, Doran and Tsey (2013) systematically searched seventeen (17) electronic databases and thirteen (13) websites between 1981 and 2012. They evaluated nine (9) suicide prevention interventions and identified five (5) targeting Native Americans, three (3) targeting Indigenous Australians, and one (1) targeting First Nation Canadians. Unfortunately there were no prevention interventions found targeting Maori of New Zealand. One 3 of the 9 evaluations measured changes in rates of suicide or suicidal behaviour, all of which reported significant improvements. The main intervention strategies employed included: community prevention initiatives, gatekeeper training, and education programs. Some interventions combined multiple strategies within a public health framework, including: training of youth

as natural helpers, drug and suicide education, family outreach post-suicide, suicide risk screening, community social and cultural events, and the reorientation and expansion of mental health services (May, Serna, Hurt and DeBruyn, 2005).

Two of the four community prevention interventions reported significant reductions in rates of suicide or suicidal behaviours (Berman, Hull & May, 2000; May, Serna, Hurt and DeBruyn, 2005). The other two community interventions had significant increases in the number of protective behaviours among youth (Allen et al., 2009; Tsey & Every, 2000). Gatekeeper training involves teaching specific groups of people in the community how to identify and support individuals at high risk of suicide. The study found that gatekeeper training resulted in significant short-term increases in participants' knowledge and confidence in how to identify individuals at risk of suicide, and their intention to help those at risk of suicide (Capp, Deane & Lambert, 2001; Muehlenkamp, Marrone, Gray & Brown, 2009). Two studies employed an education intervention as their main strategy. For education interventions, students receiving a culturally tailored suicide prevention intervention were less suicidal and showed significantly less feelings of hopelessness than those that did not (LaFromboise & Lewis, 2008), while a one-off multi-media intervention significantly increased participants' knowledge of risk behaviours (Haggarty et al., 2006).

Hassan (1996) suggested that suicide prevention in Australia should focus on:

- Monitoring of risk behaviours in the community;
- Targeting health and welfare policies to high risk groups and conditions conducive to suicide vulnerability;
- Promotion of awareness of suicidal tendencies and conditions related to them;

- Development and promotion of public policies for reducing access to commonly used methods of suicide, namely gun control, safety and security in tall buildings; access to and types of sedatives prescribed for the treatment of depression;
- Training of appropriate personnel for suicide prevention programs; promotion of research on the causes of suicide in Australia.

Chandler and Lalonde (2008) found that communities with youth who have more substantial ties to their cultural past and collective future experience youth suicide rates that are vanishing to absent. Important protective factors identified by Aboriginal people include connection to land, spirituality and ancestry, kinship networks, and cultural continuity. These are said to serve as sources of resilience and as a unique reservoir of strength and recovery when faced with adversity, and can compensate for, and mitigate against, the impact of stressful circumstances on individuals, families and communities (Kelly et al., 2009).

Key factors that may serve to reduce rates of youthful offending which correlate cultural values of the API population are respect for authority and elders, conformity to social norms, and avoidance of bringing shame to one's family (DeBaryshe et al., 2001). There is great need to create a collective voice, have culturally appropriate support and understanding, opportunities to develop greater sense of belonging and connection that create an engagement within a cultural context, understanding risk versus protective factors, and support to manage conflicting expectations and priorities.

**Methodology of the Women's Justice Network:**

The Women's Justice Network (WJN) takes a preventative approach using a variety of evidence based theories and interventions to conduct youth programs. Mentoring is the focused prevention strategy used in the organisation, which involves matching a vulnerable

young person between 14 and 25 years with a mentor in order to provide ongoing support. Mentoring has been proven to be a culturally appropriate intervention strategy, particularly for Pacific Islander and Aboriginal youth, as it mimics the traditional ways of learning from Indigenous elders. If mentoring is conducted in groups, it further aligns with communal culture, fostering a sense of belonging between members by creating a sense of community. Programs that build on connecting Indigenous individuals to their cultural roots, helps to reduce their risk of consuming drugs and/or alcohol, risk of suicide and antisocial behaviour (AIHW, 2013-16). Due to the immense research available suggesting the likelihood of mentoring producing positive results for youth at risk, Healing From Within aimed to recruit 70% of participants to be matched with a mentor.

A variety of theories are subtly embedded throughout the program, including the Youth Led Decision Making Model, Strength Based Approach, and Trauma Informed Care. The Youth-Led Decision Making model aims to personally involve youth members in the decision making process for decisions directly affecting them. Research suggests that using this model assists in harnessing positive relationships with youth and building their sense of autonomy as the process helps them to feel empowered (Blanchet-Cohen, Manolson & Shaw, 2014). The strength-based approach aims to empower individuals and help them develop a sense of independence by focusing on their strengths rather than their weaknesses. Trauma-informed care is also implemented, which aims to assist clients in overcoming challenges associated with experiences of trauma. According to Substance Abuse and Mental Health Services Administration (SAMHSA), a trauma informed approach recognises the prevalence, impacts and symptoms of trauma, as well as seeks to ensure not to re-traumatise individuals (SAMHSA, 2018). It teaches self-soothing mechanisms, self-esteem and positive self-talk.

WJN recognises the need for intervention programs being evidence based in order to provide effective service delivery. Therefore, the Healing From Within program was developed using a research based approach with the aim to incorporate effective social work models into practice. The program aims to work with participants to engage in protective factors to reduce their risk of participating in antisocial behaviours. An abundance of research has suggested links between cultural connectedness, self-esteem, and positive relationships to decrease the likelihood of displaying antisocial behaviours. By ensuring the program is trauma informed, the program aims to enhance the participant's sense of self without running the risk of re-traumatisation.

## Conclusion

We need to integrate suicide prevention activities better into our existing programs which focus on a whole range of self-destructive or problem behaviours, especially among our youth, such as drug abuse, inter-personal violence, school drop- outs, runaway or homeless youth. Combining and tailoring best evidence and culturally-specific individual strategies into one coherent suicide prevention program for delivery to whole Indigenous communities and/or population groups at high risk of suicide offers considerable promise (Clifford, Doran & Tsey, 2013).

## Discussion

It seems clear that a greater proportion of our resources need to be devoted to coming to a better understanding of the causal circumstances responsible for the high rates of youth suicide. Work is needed to improve identification of those most at risk and explore protective factors that may work to increase resilience to suicidal behaviour. With the aim of reducing

youth suicide, we need to focus not only on the individual children but also communities in which such vulnerable children live.

This literature review suggests that there are variations in suicide risk, which need to be taken into account for interventions and national policy making. Suicide prevention interventions need to focus on giving positive support to our youth in need.

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