Submission to National Children's Commissioner:

Intentional self-harm and suicidal behaviour in children

The Australian Institute for Suicide Research and Prevention

National Centre of Excellence in Suicide Prevention

WHO Collaborating Centre for Research and Training in Suicide Prevention

Griffith University

The Australian Institute for Suicide Research and Prevention (AISRAP)

AISRAP is located at the Mt Gravatt Campus of Griffith University. The Institute conducts research in all aspects of suicide prevention and maintains the Queensland Suicide Register (QSR). In addition, AISRAP provides education and training for health and allied professionals, postgraduate programs in suicidology, and manages the Life Promotion Clinic, an outpatient facility for treatment to people with suicidal behaviour. The institute became a World Health Organization (WHO) Collaborating Centre for Research and Training in Suicide Prevention in July 2005 and has been a National Centre of Excellence in Suicide Prevention since 2008. Appendix A provides a more detailed overview of the institute.

AISRAP is currently involved in a range of research activities (see http://www.griffith.edu.au/health/australian-institute-suicide-research-prevention/research).

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Why children and young people engage in intentional self-harm and suicidal behaviour

Suicides in children and adolescents worldwide

A comparison of data derived from the WHO mortality database for the age groups 10-14 years and 15-19 years in 81 different countries from the last two decades (1990-99 and 2000-9) has been conducted by AISRAP (Kolves & De Leo, accepted A; Kolves & De Leo, accepted B).

Main findings:

- An overall minor decline in suicide rates for males aged 10-14 years (1.62 to 1.53 per 100,000) and 15-19 years (10.35 to 9.54);
- A reduction for females aged 15-19 years from 4.43 to 4.21 per 100,000, and a slight increase for the age group 10-14 years from 0.86 to 0.94;
- Suicide rates in children and adolescents have shown the biggest increase in Latin American countries such as Guyana, Ecuador, Suriname, Columbia, Nicaragua, Argentina, Chile, etc. Guyana and Suriname show the highest rates in the world in the last decade for females in children and adolescents;
- Former Soviet Bloc countries still have the highest rates for child and youth suicides in males, with Kazakhstan and Russia still showing an increase in last two decades;
- Australian rates were below average and showed a slight decrease, except for females aged 15-19 years.

Suicides – comparison between children aged 10-14 years and adolescents aged 15-17 years

Extant research has tended to focus on adolescent and youth suicides and studies which do include children have generally grouped children and adolescents together in the analysis and discussion (Beautrais, 2001; Dervic, Brent & Oquendo, 2008; Grøholt, Ekeberg, Wichstrøm & Haldorsen, 1998). However, children and adolescents differ in terms of physical, sexual, cognitive, and social development and warrant separate consideration (Grøholt, et al., 1998; Sarkar et al., 2010).

Using the Queensland Child Death Register (CDR) our analysis assessed the similarities and differences between child suicides and adolescent suicides (Soole, Kõlves & De Leo, in press **A**):

- Gender asymmetry was less evident in child suicides compared to adolescents;

- Indigenous children (and adolescents) were significantly more likely to die by suicide than other external causes;
- Children who lived in remote areas were significantly more likely to die by suicide than other external causes when compared to children who lived in metropolitan areas;
- Children consumed alcohol prior to suicide significantly less frequently than adolescents;
- Types of precipitating events differed between children and adolescents, with children more likely to experience family problems (n.s) and romantic problems significantly more common in adolescents;
- Disorders usually diagnosed during infancy, childhood, and adolescence (e.g., ADHD) were significantly more common among children than adolescents who died by suicide (mood disorders);
    - Adolescents were significantly more likely to be prescribed medication.
- Any type of previous suicidality was found in almost half of children and 60% of adolescents.
    - Findings highlight the danger of underestimating the intensity of children's emotions and seriousness of suicidal expression or behaviour, and highlight the importance of taking all suicidal communication by children and adolescents seriously.

Suicide in Aboriginal and Torres Strait Islander children aged 10-14 years

Suicide among Australia's First Nation children and youth is higher compared to other Australian children and youth (De Leo, Sveticic, Milner, 2011). It is particularly pronounced in children. Using the Queensland Suicide Register, we assessed suicide rates and the similarities and differences in suicides between Aboriginal and Torres Strait Islander children and other Australian children (Soole, Kõlves & De Leo, in press **B**):

- Between 2000 and 2010: 45 child suicides (21 of Indigenous children and 24 *of other Australian children);*
    - Suicide rate of 10.15 suicides per 100,000 for Aboriginal and Torres Strait Islander children; 12.63 times higher than the suicide rate for other Australian children (0.80 per 100,000);
    - The highest suicide rates among Aboriginal and Torres Strait Islander children were for those living in remote areas.
- Hanging was the predominant method used by all children;
- Compared to other Australian children, Aboriginal and Torres Strait Islander children were significantly **more** likely to:
        - Suicide outside the home;

- Be living outside of the parental home at the time of death;
- Be living in remote or very remote areas;
- Consume alcohol prior to suicide.

- Compared to other Australian children, Aboriginal and Torres Strait Islander children were significantly **less** likely to:
    - Have current and/or past treatment of psychiatric disorders.

Non-fatal suicidal behaviour in Australian youth

The Child & Adolescent Self-harm in Europe (CASE) Study was a seven-country collaborative investigation of deliberate self-harm. The CASE Study developed a rigorous methodology to identify deliberate self-harm among young people within the community, and conducted large-scale parallel surveys in schools within the study countries (n=30,476), including Australia (Madge et al., 2008). The Australian part was conducted by AISRAP with Professor De Leo as the leading researcher of the study. In Australia, the study was conducted at Gold Coast schools (a more detailed description will be presented below).

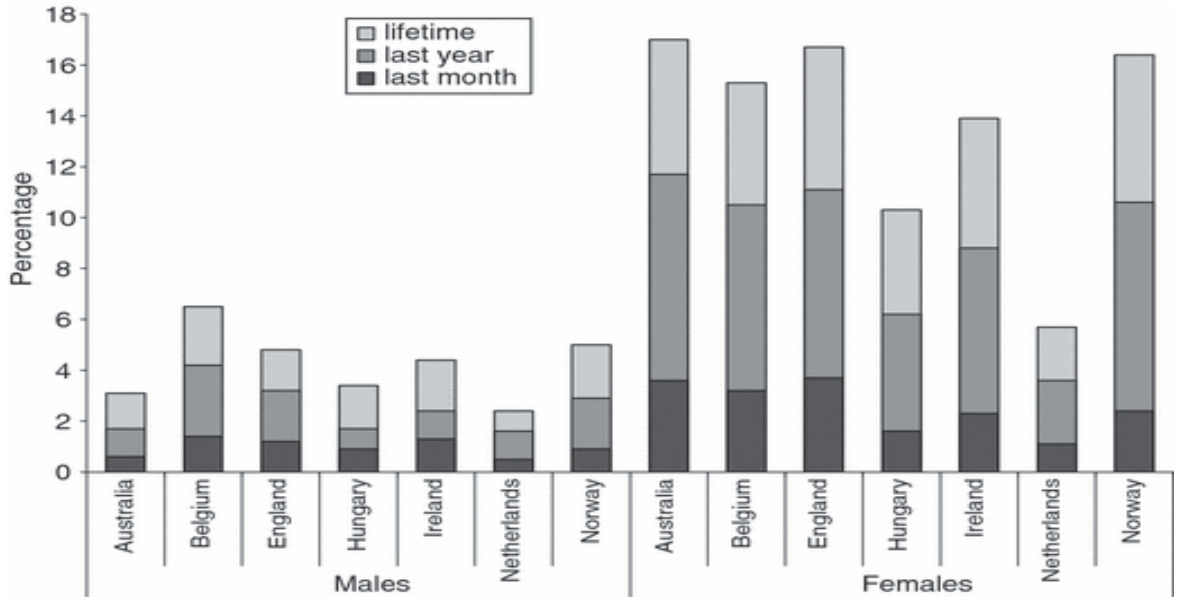
The criteria for deliberate **self-harm** in the CASE study:

An act with a non-fatal outcome in which an individual deliberately did one or more of the following:

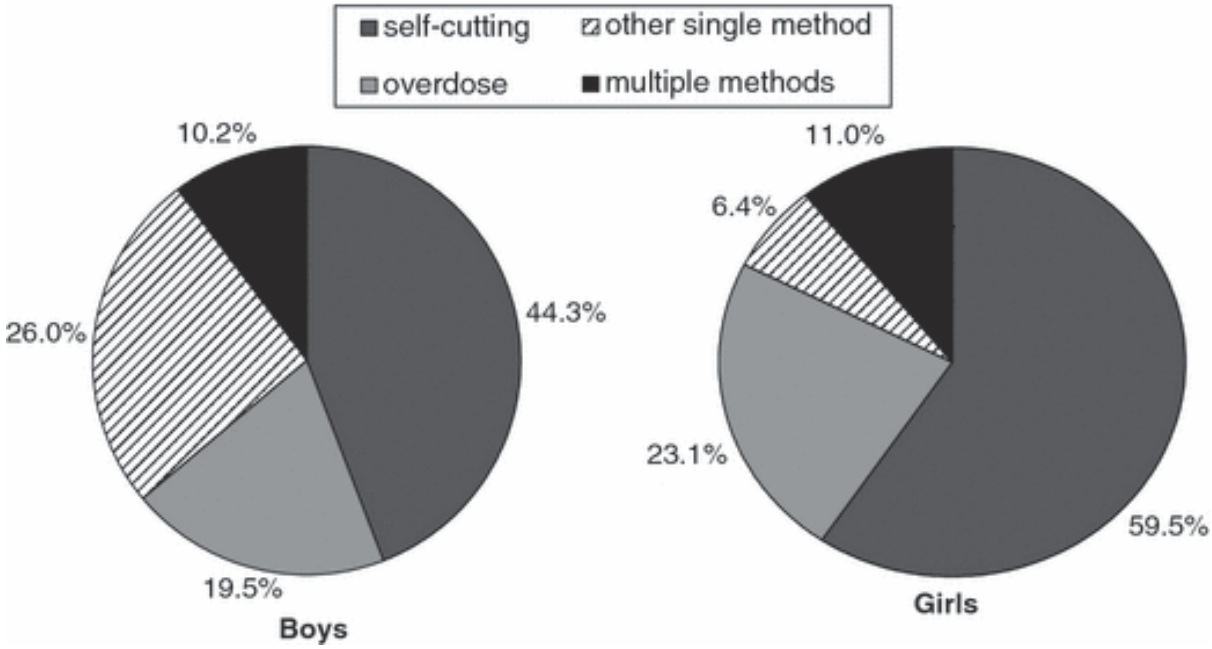
- Initiated behaviour (for example, self-cutting, jumping from a height), which they intended to cause self-harm.
- Ingested a substance in excess of the prescribed or generally recognised therapeutic dose.
- Ingested a recreational or illicit drug that was an act that the person regarded as self-harm.
- Ingested a non-ingestible substance or object.

(Madge et al., 2008)

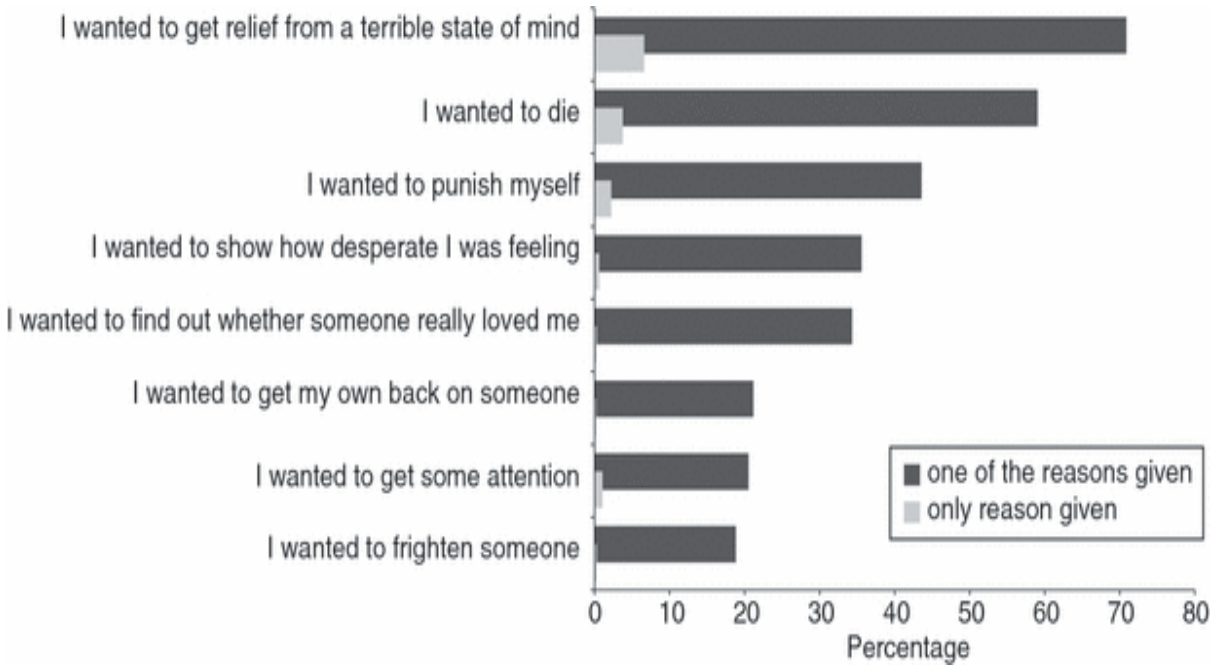
The following Figure presents the prevalence in different countries. Across the 7 countries, the Australian site had the highest prevalence of female deliberate self-harm (Madge et al., 2008).



Self-cutting was the most prevalent method of deliberate self-harm, followed by overdose; see figure below.



The following Figure presents the frequency of each of the reasons (of the eight possibilities) chosen to explain deliberate self-harm in the previous year. 'I wanted to get relief from a terrible state of mind' was selected by 70.9%, 'I wanted to die' by 59%, and 'I wanted to punish myself' by 43.6% (Madge et al., 2008).



Australian results of the CASE study have been presented by De Leo and Heller (2004). The study sample included 3,757 year 10 and 11 (average age 15.4 years) students from 14 high schools across the Gold Coast, Queensland in September 2002 (response rate 92%). Around 12% of participants reported a lifetime history of DSH (464 of 3757 students) and around 6% reported DSH in the past 12 months (233 of 3757 students). DSH in the past year was more common in female students than male students (11.1% compared to 1.6%). In 24 students, the DSH incident in the past year resulted in presentation to a hospital (10.3% of incidents) and the main methods used included cutting (59.2%) and medication overdose (29.6%), followed by illicit drug overdose (3.0%), self-battery (2.2%), hanging (1.7%), and sniffing/inhalation (1.7%).

When considering the factors associated with DSH in the overall sample, exposure to self-harm in friends or family members, smoking (fewer than 5 cigarettes per week), issues with a boyfriend/girlfriend, use of amphetamines, self-prescribing medication, blaming self for getting into distressing situations, and "other" distressing events were significantly associated with DSH incidents (De Leo and Heller, 2004). Worries about sexual orientation were also a statistically significant factor associated with DSH but only in females (odds ratio 2.22). Most students who self-harmed did not seek help before or after the most recent incident of self-harm (more details are presented further below).

Non-fatal suicidal behaviour in LGBT youth in Australia

Our recent review of the Australian literature on suicidal behaviours in LGBTI people concluded that "[i]t is […] reasonable to consider LGBT individuals in Australia as still being more vulnerable to suicidal behaviors than heterosexual people" (Skerrett, Kõlves, & De Leo, in press).

A limited number of studies have analysed the prevalence of non-fatal suicidal behaviour in LGBT youth in Australia.

- The Australian Bureau of Statics (ABS, 2010) holds nationally representative data on non-fatal suicidal behaviours comparing "homosexual/bisexual" and "heterosexual/sexuality not stated" males and females aged 16-85 years. Sexual minorities report higher incidence of suicidal thoughts, suicide plans, and suicide attempt. However, they do not present a separate analysis on youth aged below 18 years.
- Barbeler (1991) conducted a study on a convenience sample of 200 lesbian individuals aged 14 to 28 years in Sydney. Among those aged 14 to 18 years, the prevalence of suicidal ideation was 63%, with 46% (of the whole age sub-group) stating that this was due to their sexual identity. In those aged 19 to 21 years, the prevalence was 51%, with 24% attributing it to sexual identity, and among those aged 22 to 25 years, it was again 51%, but 33.5% attributed it to sexual orientation. Overall prevalence was reported for lifetime history of suicide attempt: 47.5% indicated they had made an attempt for any reason, with 31% of these individuals reporting sexual identity as the motive for the attempt. Prevalence of suicide attempt decreased by age group from 60% for non-sexuality-related reasons and 33% for sexuality-related issues in the youngest group, to 22% and 9.5%, respectively, in the oldest group. This suggests that non-fatal suicidal behaviours that are related to sexuality are more common in younger age groups.
- Hillier and colleagues (2005) found that 35% of the of the 1,749 same-sex attracted young Australians aged 14-21 years surveyed in their research, the majority (80%) being from major cities, reported having hurt themselves because of their sexuality. The younger age cohort (14-17 years) was more likely to self-harm than the older (18-21 years; 41% versus 31%, respectively).
- Thorpy and colleagues (2008) conducted an online study of 164 LGB youths aged 12-20 years living in Queensland. The study found that 68% had thoughts about harming themselves in the previous 12 months, and 79% of those that had thought about harming themselves (59% overall) actually had. Eighty-two per cent of participants had experienced suicidal ideation

and 37% had attempted suicide. Thirty-two per cent of participants were aware of another LGB person that had attempted or died by suicide.

Predictive factors of non-fatal suicidal behaviours in LGBT youth in Australia

- In an Australian study by Nicholas and Howard (1998), developmental stressors, such as self-identifying ('coming out') in adolescence and early adulthood, were posited as factors placing LGBT people at a higher risk for psychosocial difficulties, substance abuse, and suicide attempt.
- While religion is often considered a protective factor, young same-sex attracted Australians who mentioned religion in the survey by Hillier and colleagues (2010) were actually more likely to have had thoughts of self-harm, to have self-harmed, and to have had thoughts of suicide.
- Having a supportive family, especially a supportive father, appears to be protective against suicidal behaviours (Hillier et al., 2010; Nicholas & Howard, 1998). Rejection by a family member (be it mother, father, sister, or brother), on the other hand, has been found to be associated with an increased incidence of self-harming behaviours, independently of history of abuse (Hillier et al., 2010). The authors also found a "strong relationship" (p. 51) between homophobic abuse and four types of (lifetime) suicidal behaviour: thoughts about self-harm, self-harm, thoughts about suicide, and attempted suicide.
- Jones and Hillier (Jones & Hillier, 2012) found that perceived school-based policy protection in Australia was linked with decreased likelihood of thoughts of self-harm, actual self-harm, suicidal ideation, and attempted suicide in LGBTI students.

Help seeking behaviour

The CASE study in Australia, as presented by De Leo and Heller (2004), showed that most of the students who self-harmed did not seek help before or after the most recent incident of self-harm (only 105 or 45% sought help before self-harm and 99 or 42% sought help after self-harming). Just over twenty-six percent of those who sought help before self-harm contacted more than one source, while around 25% of those who sought help after self-harm contacted more than one source. The results presented in table below indicate that those who did seek help preferred to contact friends and family rather than consulting a medical or mental health professional. At the time of the study (2002), telephone counsellors were very rarely contacted by adolescents who self-harmed. These findings suggest the importance of evaluating the accessibility and effectiveness of available help services and encouraging adolescents to seek professional help when experiencing self-harm ideation.

5 Sources of help before and after deliberate self-harm

Source	Before ($n = 105$)*	After ($n = 99$)†
Friend	85 (81.0%)	80 (80.8%)
Family member	14 (13.3%)	23 (23.2%)
Psychologist/ psychiatrist	10 (9.5%)	6 (6.1%)
Telephone helpline	8 (7.6%)	1 (1.0%)
Teacher	6 (5.7%)	5 (5.1%)
Social worker	6 (5.7%)	6 (6.1%)
General practitioner	2 (1.9%)	4 (4.0%)
Drop-in centre	2 (1.9%)	1 (1.0%)
Other	17 (16.2%)	7 (7.1%)

* 28 respondents (26.7%) sought help from more than one source. † 25 respondents (25.3%) sought help from more than one source.

Source: De Leo & Heller (2004)

Specific barriers to help-seeking in LGBTI youth

- The perception that services will not be culturally appropriate or inclusive (or may even be openly hostile) for LGBTI people is still a concern sexual and gender minorities, despite broad acceptance of sexual and gender diversity in contemporary Australian society;
- The “we treat everyone the same” policy in health care continues to constitute a significant barrier to the provision of appropriate services (i.e., while perhaps not discriminating against LGBTI people, not taking into account the fact that LGBTI people have particular needs);
- Particular subgroups of LGBTI people may face even greater stigma related to their sexuality or gender identification (e.g., CALD people, those in rural and remote areas), making them even more reluctant to seek help;
- The stigma related to help-seeking in males generally also exists among GBTI males.

The conditions necessary to collect comprehensive information which can be reported in a regular and timely way and used to inform policy, programs, and practice

AISRAP has developed materials for the World Health Organization (reviewed by experts of suicide research and prevention worldwide) on

- "Preventing suicide. A Resource for Suicide Case Registration" published 2011
  Available: http://whqlibdoc.who.int/publications/2011/9789241502665_eng.pdf?ua=1
- "Preventing suicide. A Resource for Non-fatal Suicidal Behaviour Case Registration" published 2014 (Not yet on WHO webpage, will be added shortly; copy can be provided upon request)

Materials are practical and include a list of variables to be included into a minimum dataset, as well as list of variables for wider investigation.

The impediments to the accurate identification and recording of intentional self-harm and suicide in children and young people, the consequences of this, and suggestions for reform

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. The literature indicates 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.

Inaccurate information on fatal and non-fatal suicidal behaviours can have scientific and clinical consequences influencing funding distribution and the direction of educational and awareness policies and programs (De Leo, 2010; De Leo, Burgis, Bertolote, Kerkhof, & Billie-Brahe, 2006; Lopez & Mathers, 2006).

It is important to note that the prevalence of LGBTI individuals in suicides of people under 18 years may well be underreported. Firstly, sexuality and transgender/intersex status are not routinely recorded on death in Australia and therefore we are only able to identify cases of LGBTI suicide when specific mention of their sexuality or gender diverse status has been made in the information provided by the police or the coroner. Secondly, it may also be the case that young people who die by suicide experience psychological distress related to their sexuality or gender, and this may play a significant factor in their path to suicide, but they have not reached a point where they have been able to discuss their conflict over their sexuality or gender with others.

The benefit of a national child death and injury database, and a national reporting function

A national child death and injury database containing a range of demographic, psychosocial, psychiatric information would be invaluable from a research perspective. Until recently incidence of child suicides were not reported separately and were included only in the national total by the Australian Bureau of Statistics (ABS, 2013).

The databases utilised for our current research into child suicide is the Queensland Suicide Register (QSR) and the Child Death Register (CDR). The QSR is a comprehensive suicide database maintained by AISRAP (DE Leo, 2010) and the CDR is a comprehensive register of all deaths of children and young people (younger than 18 years) occurring Queensland (maintained by CCYPCG) (CCYPCG, 2013). These databases contain a wide range of demographic, psychosocial and psychiatric information of child and youth deaths occurring in Queensland (De Leo, Sveticic & Kumpula, 2013; CCYPCG, 2013). Comparing children who have died by suicide to children who have died by other external causes of death allows us to assess the factors associated with suicide. In this way they are invaluable data sources in the investigation of child suicide. The benefits of QSR and CDR to the investigation of child suicide would arguable be even more prominent if extended to a national level.

Furthermore, the ability to compare suicide data with data regarding other causes of death gives additional opportunity to analyse the possibility of misclassification of suicides (Grøholt, Ekeberg, Wichstrøm & Haldorsen, 1998).

The types of programs and practices that effectively target and support children and young people who are engaging in the range of intentional self-harm and suicidal behaviours

The following points will outline currently existing practices. However, only a limited number of activities have been tested for their efficacy in reducing suicidal behaviours. In addition, there are a few recent systematic literature reviews focussing on evidence in suicide prevention activities in children and adolescents (e.g., Cusimano & Sameem, 2011; De Silva et al, 2013; Robinson et al, 2011).

- Universal intervention
  - Media education (suicide contagion especially among youth)
  - Restriction of access to the means of suicidal behaviours
  - School-based programs (more details provided below)
- Selective and indicated intervention
  - Peer education (e.g., involving Football clubs - Alive and Kicking Goals)
  - Kids helplines
  - Educating teachers and parents – how to recognise suicidality
  - Internet sources of help
  - Postvention activities e.g., in schools
- Symptom identification and early treatment
  - Screening in schools
    - Referral and treatment by mental health professionals
  - Screening of specific at-risk groups (e.g., Young offenders)
  - Identification of high risk children/adolescents (e.g., by GPs)
- Standard treatment
  - Recognition and effective treatment of psychiatric disorders
    - Psychotherapies (cognitive-behavioural, interpersonal, psychodynamic)
    - Psychosocial treatments (e.g., problem-solving therapy, home-based family intervention, etc.)
    - Pharmacotherapies (Caution! Use of SSRIs may increase the risk of DSH in youth; a recent analysis from USA showed that this is particularly relevant when starting at high therapeutic dosages (Miller et al, 2014))
- Ongoing care and support

- Using different sources and channels in order to follow-up suicidal children and youth (e.g., Using mobile phone texting, internet messages)

A more detailed overview of school-based programs

- Skills training
  - emphasising the development of problem-solving, coping, and cognitive skills, because youths suffering mental health problems and suicidality have deficits in these areas
  - limited information of effectiveness
- Awareness curriculum
  - educational programs for students, teaching about mental illness and suicide prevention
  - conflicting results, despite an increase in knowledge, it has been reported that it might increase positive attitudes toward suicide and negative reactions among students with a history of suicidal behaviour
- Screening at-risk students
  - referral and treatment by mental health professionals
  - a limited number of studies have found it successful and it is recommended to screen only in specific at-risk groups (e.g., young offenders)
- Gatekeepers programs
  - training school staff on how to recognise and refer a student at-risk of suicide to help resources; how to help students with depression, problem behaviour, and social adjustment problems
  - research examining the effectiveness of gatekeepers training is limited, but findings are encouraging, with significant improvements in school personnel knowledge, attitudes, intervention skills, preparation for coping with a crisis, referral practices, and general satisfaction with the training
- School policy - promotion of mental health through the school climate
  - school climate refers to both the physical and aesthetic qualities of the school, as well as the emotional and psychological qualities. Both qualities have a direct effect on the health, safety, performance, and the feeling of connectedness the staff and students have for their school
  - Reduction of bullying and stigma related to mental health problems and sexual orientation (some evidence related to LGBTI suicidal behaviours, more details provided below)

- Postvention
  - research provides evidence that rates of new onset of suicidal behaviours are high in adolescents exposed to suicide or suicide attempts in peers
  - many schools have developed their postvention programs after a suicide or death in school
  - no clear evidence that postvention is effective in suicide prevention
  - In Australia, *headspace* Outreach Teams to Schools

Suicide prevention in LGBTI youth

Very little has been done in terms of specifically tailoring mental health campaigns or suicide prevention initiatives to minority sexuality and gender groups. Given the particular risk for suicidal behaviours during the teenage years and the "coming out" process, schools have been the focus of different preventative activities. An evaluation of the implementation of the Massachusetts State Board of Education's recommendations to improve the school environment for lesbian, gay, and bisexual students found those attending schools without "gay-sensitive instruction" were at greater risk of suicide. A supportive school environment clearly acts as a buffer to suicidal behaviours among lesbian, gay, bisexual, and transgender students. Indeed, a study of Austrian gay and bisexual individuals found that suicide attempts at school were associated with a lack of acceptance, and positive reactions to "coming out" offset this risk. These findings have been reflected in the Australian context. Jones and Hillier (2012) found that perceived school-based policy protection was linked decreased likelihood of thoughts of self-harm, actual self-harm, suicidal ideation, and attempted suicide. Research on Gay-Straight Alliances (GSAs) in the US has supported this, finding higher levels of emotional wellbeing among sexual minority students in schools that offer this support (Lee, 2002; Rutter & Leech, 2007).

Given the evidence for this heightened vulnerability, it is important for prevention campaigns to target lesbian, gay, bisexual, and transsexual, and intersex people by being culturally relevant, accessible, and focused on the specific factors that increase the risk for suicidality. This is particularly the case during adolescence when young people are especially vulnerable while coming to terms with their sexuality or gender-identification. The mindOUT! national suicide prevention project specifically targeting LGBTI individuals puts into place strategies that have been shown to be effective, including safer and more tolerant schools and communities, well-designed advertising campaigns, and the provision of help services that are sensitive to the needs of lesbian, gay, bisexual, transsexual, and intersex adults and youths. A *beyondblue* resource launched by the

Governor General in December 2013 called *families like mine* is another good example of the kinds of innovative on-line resources currently being produced in Australia. Such resources are designed to foster acceptance at the family level, a protective factor for LGBTI youth. In terms of the school environment, the Safe Schools Coalition Victoria, with the support of the State Government works to reduce homophobia and transphobia in schools by providing a membership network, training, and materials. Similar initiatives exist in other states and these should be expanded. The LGBTI Champions project, part of the mindOUT! initiative, also provides the opportunity to work with partner organizations such as *headspace*, the national youth mental health foundation to provide resources targeted at LGBTI families. Such campaigns will need to be evaluated to measure their effectiveness.

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APPENDIX A:

Profile of the Australian Institute for Suicide Research and Prevention

Contact details:

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Griffith UNIVERSITY

Australian Institute for Suicide Research and Prevention

National Centre of Excellence in Suicide Prevention

The **Australian Institute for Suicide Research and Prevention (AISRAP)** is at the forefront of national and international suicide research. In recognition of scientific merit and under the leadership of Director Professor Diego De Leo, the Institute has been a World Health Organization Collaborating Centre for Research and Training in Suicide Prevention since 2005 – just one of three such centres worldwide.

The Institute conducts research in all aspects of suicide prevention and manages the Queensland Suicide Register (QSR). The QSR is world-famous, and its quality has prompted a revision of suicide data from the Australian Bureau of Statistics.

Griffith University's Australian Institute for Suicide Research and Prevention (AISRAP) was the first tertiary institute in the world to develop - and the only university in Australia - to award - Postgraduate Degree qualifications in Suicide Prevention and Suicidology.

The Certificate in Suicide Prevention Studies and the Masters of Suicidology programs offer students a 360 degree perspective of suicide and its prevention, including knowledge from a range of theoretical perspectives and orientations.

In 2003, Professor De Leo created the World Suicide Prevention Day, which today is celebrated annually in more than 90 countries.

Professor De Leo delivered an opening address at the world launch of the WHO Global Action Plan for Mental Health in Geneva, on 10th October 2012. The plan sets a 10% reduction of global suicide rates by 2020.

Announced in the Australia Day 2013 Honours List of 26 January 2013, Prof De Leo was appointed as an Officer in the General Division of the Order of Australia, awarded for "*distinguished service to medicine in the field of psychiatry as a researcher and through the creation of national and international strategies for suicide prevention*".

"With its world-class foundation and track record of impact, AISRAP is informing policy and training health professionals to address Australia's National Suicide Prevention Strategy"

NATIONAL IMPACT:

Queensland Suicide Register (QSR)

The QSR is a comprehensive database designed and managed by the Australian Institute for Suicide Research and Prevention (AISRAP) and funded by the Queensland Mental Health Commission.

- A databank with over 13,000 cases of suicide in Queensland from 1990 to present, and is the only such database in Australia.
- Information in the QSR is based on post-mortem, police, and psychological autopsy reports. It includes a wide range of demographic, medical and psychiatric information regarding the deceased.
- Information comes from the Queensland Office of the State Coroner and is crosschecked with data on the National Coronial Information System.
- The QSR provides a valuable evidence base to inform suicide prevention strategies and activities.
- AISRAP has produced and disseminated over 300 reports, articles, and presentations using QSR data.
- AISRAP highlighted the significant discrepancies between official national suicide mortality data and those contained in the QSR, which led to the revisions of data collection processes by the Australian Bureau of Statistics.
- Consequently, greater national attention has been brought to the need for continual improvement in suicide data collection and classification.
- QSR and AISRAP's work Suicide in Indigenous Populations of Queensland cited in the Senate Enquiry into Youth Suicide in the Northern Territory led to NT Coroners formally recommending the development of a suicide register based on the QSR model. NSW Ministry of Health has also requested information about the QSR model, as recently done by Victorian authorities too.

The most recent Report can be found at:
http://www.griffith.edu.au/__data/assets/pdf_file/0007/544651/SuicideQLD-WEB.pdf

National Centre of Excellence in Suicide Prevention (NCESP)

In 2008, AISRAP was established as the National Centre of Excellence in Suicide Prevention (NCESP), funded by the Commonwealth Department of Health. The Centre plays a key role in the Australian Government's National Suicide Prevention Strategy by delivering advice around evidence-based best practices and evaluation to support Australian Commonwealth departments, non-government agencies, academics and community groups in their respective initiatives in the field of suicide prevention.

Current projects include:

- Bi-annual Literature Review - Suicide Research: Selected Readings Vol. 11
- Suicide and community-dwelling older Australians
- Suicidal behaviours and Chronic Diseases
- Best practice models for delivering suicide prevention
- Development and maintenance of a website dedicated to promoting the National Centre of Excellence in Suicide Prevention
- Weekly e-news and commentary on selected research papers

Resources/Reports can be found at:
http://www.griffith.edu.au/health/australian-institute-suicide-research-prevention/research/national-centre-excellence-suicide-prevention/research

Past projects include:

- Suicide in rural and remote areas of Australia
- Suicidal behaviours in Men: Determinants and Prevention in Australia
- Suicide mortality in second generation migrants, Australia, 2001-2008
- Suicide as an anniversary reaction to the death of a loved one
- Suicide on special days of the year
- Assessing the influence of employment status and depression on the temporal variations of suicide in Queensland, Australia

The Life Promotion Clinic (LPC)

AISRAP established the Life Promotion Clinic (an Australian first), ***a unique place of care and monitoring service for suicidal individuals***, where psychiatrists and psychologists cooperate in providing the highest possible standard of assistance.

The primary goal of the Clinic is to reduce morbidity and mortality associated with suicidal behaviours. Referrals are accepted from Queensland public mental health services (e.g. Community Mental Health Services, public hospitals etc.)

Advanced protocols of clinical care include a modified version of Dialectical Behaviour Therapy and Emotion Modulation Therapy, and the support of a dedicated Mental Health Nurse under the Mental Health Nurse Incentive Program.

The Life Promotion Clinic became a formal Training Agency of the Royal Australia and New Zealand College of Psychiatrists. Today, it is also an official site for Advanced Training in Psychotherapy.

For more information:
http://www.griffith.edu.au/health/australian-institute-suicide-research-prevention/research/life-promotion-clinic

Official regional launch of World Suicide Prevention Day, Brisbane, 10 Sept 2013

Hosted by AISRAP, this one day Forum was attended by approx. 120 guests including the new State Mental Health Commissioner, Dr Lesley Van Schoubroeck, who launched the new report "Suicide in Queensland, Mortality Rates and Related data, 2008-2010". Other presenters included: Qld Senator Claire Moore, Dr Bill Kingswell Executive Director Mental Health Alcohol and Other Drugs Branch, *Qld Health*; Senior Sergeant Michael Mitchell, *Queensland Police Service*; Reyelle McKeever, Manager Child Death Review Team, *Commission for Children and Young People*; Jill Fisher *National StandBy Response Service;* Dulcie Bird, CEO *Dr Edward Koch Foundation*.

For more information:
http://www.griffith.edu.au/health/australian-institute-suicide-research-prevention/news-events

Griffith University International Workshop Award 2013

AISRAP received the above award and organised/hosted the visit of Dr Thomas Joiner, (USA) in Nov 2013. Dr Joiner is an internationally renowned academic who has published and presented widely on *The Interpersonal Theory of Suicide.* This event was attended by approximately 70 participants hailing from all over Australia.

Influences on farmer suicide in Queensland and New South Wales

Australian Research Council Linkage Project LP120100021 (2012-2014).
Partners include University of Newcastle, Australasian Centre for Rural and Remote Mental Health, Hunter New England Local Health Network, Queensland Health, Queensland Office of the State Coroner

Study Aims:

- Determine the prevalence of fatal suicidal behaviour within farming-related occupations in Queensland and New South Wales;
- Determine the risk and protective influences (as well as cultural and attitudinal factors regarding stigma, and help-seeking) related to fatal suicidal behaviour within farming-related occupations in Queensland and New South Wales;
- Determine the developmental process, including the sequence of events and risk factors associated with fatal suicidal behaviour in farming-related occupations;
- Investigate attitudes towards suicide and help-seeking in farming communities.

Trends and predictors of suicide in Australian children

Australian Research Council Linkage Project LP0990918 (2010-2012).
Partners include Queensland Health, Queensland Office of the State Coroner, Commission for Children and Young People and Child Guardian, Department of Education, Training and Arts.

The overall aim of this project is to obtain a better understanding of factors surrounding child suicide in Australia, with a focus on Queensland. Aggregated and individual level data will be used in order to evaluate the magnitude of the problem, to determine predictive factors and to develop recommendations for suicide prevention among Australian children under the age of 15 years. As the negative impact of the death of a child extends to include parents, an additional component of the project focuses on the impact of the child's suicide on the psychosocial functioning of parent survivors.

Fatal and non-fatal suicidal behaviours in LGBTI populations

AISRAP, in collaboration with *beyondblue*, is conducting an important study examining the circumstances surrounding the deaths of lesbian, gay, bisexual, trans, and intersex (LGBTI) people who have died by suicide. The aim of this study is to learn more about the processes that lead to a suicide in LGBTI individuals. This information is aimed at helping us develop better strategies for preventing suicide in LGBTI people in Australia. No previous studies have been carried out that systematically look into deaths by suicide among LGBTI individuals in the Australian context and therefore this is very important topic.

Bereavement of suicide and sudden death

Australian Research Council Discovery Project DP140102567 (2014-2016).

Losing someone to suicide can have devastating effects on the survivors left behind. The aims of the present study include the identification of the processes and impacts of bereavement on survivors in various age groups. It also aims to identify critical points during the bereavement and factors which exacerbate and moderate negative impacts. This has previously neglected in suicide research in Australia and its findings will add a multi-dimensional aspect to postvention not currently understood. It is expected that findings will help develop guidelines to ensure more effective detection and intervention for survivors, as well as enhancing social support and personal resilience.

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Australian Institute for Suicide Research and Prevention

National Centre of Excellence in Suicide Prevention

INTERNATIONAL IMPACT:

The WHO START STUDY

The Suicide Trends in At-Risk Territories (START) study is a project that aims to investigate the experience of suicidal behaviours in countries of the Western Pacific region, (Tonga, Fiji, Vanuatu, French Polynesia, Guam, Mongolia, China, Hong Kong, New Zealand, Korea, Phillipines) as well as Australia, Italy and Brazil. At Dept of Health request, the enlargement of the study has been formally approved by WHO with the participation of new countries: Uganda, Ghana, South Africa, Iran, Morocco, Jordan, Pakistan, Lebanon, Slovenia, Ireland, Japan, Malaysia, Thailand, New Caledonia.

Many publications have originated from the study, including a report to Dept of Health: WHO/START Study in Australia: Medically serious suicide attempts.

AISRAP Director endorses **WHO mental health action plan**

Photo: Professor Diego De Leo

A Global Mental Health Action Plan established by the World Health Organisation (WHO) has been described as a "formidable step forward" by Griffith University's Professor Diego De Leo.

Professor De Leo, the Director of the Australian Institute for Suicide Research and Prevention (AISRAP), was speaking at a WHO conference in Geneva as global leaders in the mental health field gathered to put the finishing touches to the Plan.

"The Global Mental Health Action Plan will help mental health have its visibility increased and be put high on the agenda of policy makers and health administrators all over the world," Professor De Leo said.

"It is a tremendous opportunity to make a real change in the quality of life of millions of people affected by mental disorders, their families and carers."

The Action Plan has been developed with the goal of preventing mental disorders, and reducing death and disability for people with mental illness and will cover 2013-2020.

The Action Plan calls on its collaborators to achieve its goals by:

- strengthening effective leadership and governance for mental health
- providing comprehensive, integrated and responsive mental health and social care services in community-based settings
- implementing strategies for mental health promotion and protection, including actions to prevent mental disorders and suicides and
- strengthening information systems, evidence and research for mental health world-wide.

"We must admit that despite the efforts produced in the past years, we could not obtain a substantial decrease in fatal and non-fatal suicidal behaviours," said Professor De Leo

"The comprehensive and coordinated approach that characterises the Action Plan would hopefully provide the basis for that multi-level, multidisciplinary type of strategic attitude which will bring about significant results."

Action plan is especially important to people in the Asia-Pacific which has some of the highest suicide rates in the world.

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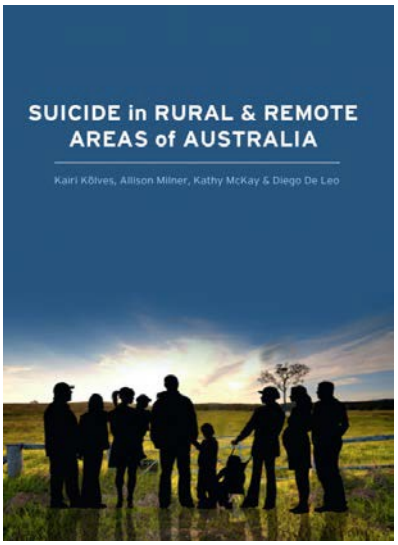
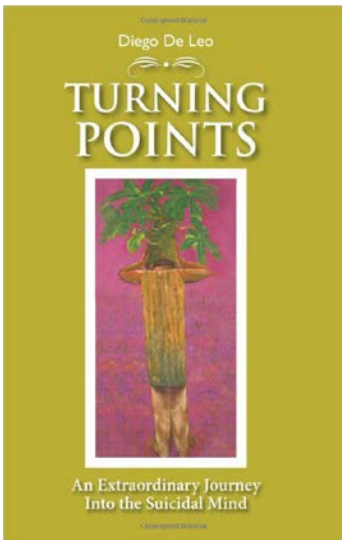
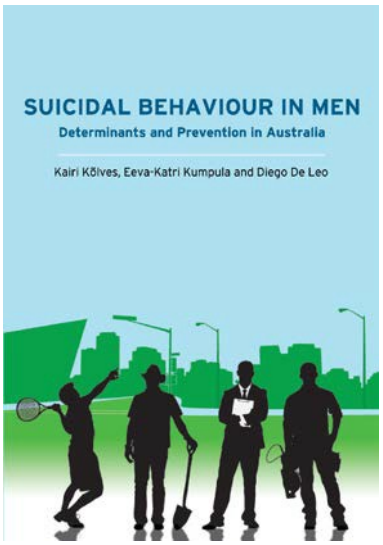
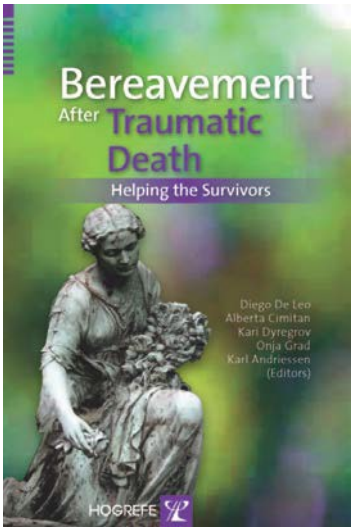
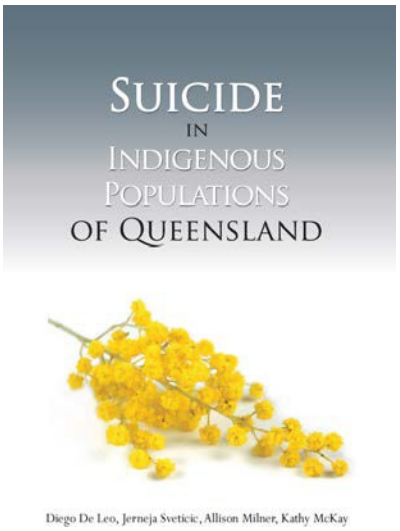
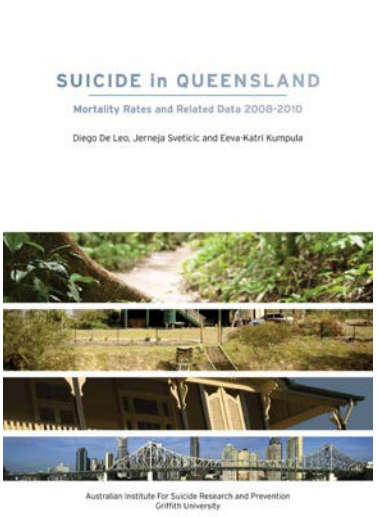












EVENTS:

Visit by Minister for Mental Health and Ageing, the Hon Mark Butler MP

Minister praises Griffith's work on suicide

November 22, 2012

The work of Griffith's Australian Institute for Suicide Research and Prevention (AISRAP) has been praised following a visit by the Minister for Mental Health and Ageing, the Hon Mark Butler MP.

The Minister paid a visit to the Institute at the university's Mt Gravatt campus and was greeted by AISRAP's director Professor Diego de Leo and Emeritus Professor John O'Gorman. Minister Butler praised AISRAP's work as the National Centre of Excellence in Suicide Prevention and also its activities as a World Health Organization Collaborating Centre for Research and Training in Suicide Prevention.

The latter marks AISRAP as an international ambassador of Australian quality research and education.

The importance of the WHO study for low and middle-income countries and the issue of quality in mortality data registration were also topics of the meeting.

Benefits of high quality research

Another important theme discussed was the clinical care of suicidal individuals and how this benefits from high-quality research, such as that provided by AISRAP.

Minister Butler said the Institute's work provides valuable evidence to guide government spending aimed at national counselling services for those identified at risk of suicide.

"The ramping up of these services goes a long way to improving the understanding we have of risk and prevention around suicide. And equally, the research community is vital to forging ahead and lifting these services," he said.

(From left) Professor Sue Spence, the Hon Mark Butler MP, Professor Diego De Leo and Emeritus Professor John O'Gorman

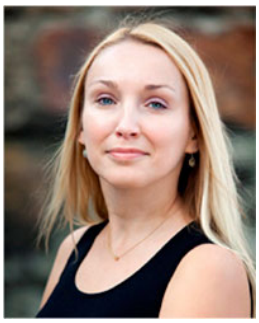
Griffith UNIVERSITY

Australian Institute for Suicide Research and Prevention

National Centre of Excellence in Suicide Prevention

OUR TEAM:

Professor Diego De Leo, Director: Past President of both International Association for Suicide Prevention (IASP) and International Association of Suicide Research (IASR), he has successfully established and managed high-level international collaborations. Currently the Editor in Chief of the journal CRISIS, he is the newly appointed Chair of the College of Presidents of IASP and serves as a board member of the Australian Suicide Prevention Advisory Council and Postvention Australia. Professor De Leo is the winner of several national and international awards. In 2013, he was appointed as an Officer in the General Division of the Order of Australia, awarded for "distinguished service to medicine in the field of psychiatry as a researcher and through the creation of national and international strategies for suicide prevention". Professor De Leo's research expertise includes definitional issues, old age suicide, international trends and suicide prevention programs. Contact details: d.deleo@griffith.edu.au.



Dr Kairi Kõlves is current Acting Director, and Senior Research Fellow at the Australian Institute for Suicide Research and Prevention (AISRAP) since 2009. She specialises in suicidology as well as medical sociology and epidemiology. She has been working in suicide research and prevention since 1998. Between 1999 and 2008, she worked at the Estonian-Swedish Mental Health and Suicidology Institute in Estonia. In 2006, she defended her PhD in sociology at Tartu University. She has been involved in different Australian, Estonian and international projects and has published over 40 peer reviewed papers about suicide research and prevention. Contact details: k.kolves@griffith.edu.au.

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For further information, please see: http://www.griffith.edu.au/health/australian-institute-suicide-research-prevention/staff