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MEDIA RELEASE

PREVENTION MUST TARGET YOUTH SUICIDE STRESSORS

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FEWER than one-third of the 3027 young people who died by suicide during 2006-2015 were receiving mental health care at the time of their deaths, according to research published online today by the *Medical Journal of Australia*.

The authors from the Orygen, Australia's centre of excellence in youth mental health, led by Research Fellow Nicole Hill, now at Telethon Kids Institute, analysed data from the National Coronial Information System (NCIS) for people aged 10-24 years who died by suicide in Australia.

They found that 3365 young people died of suicide during 2006–2015 (including 2473 boys and men, 73.5%); 1292 people (38.4%) lived in areas of greater socio-economic disadvantage. Free text reports were included in the NCIS for 3027 people (90%), of whom 1237 (40.9%) had diagnosed mental health disorders and 475 (15.7%) had possible mental health disorders. Alcohol consumption near the time of death was detected in 1015 of 3027 cases (33.5%); histories of self-harm were recorded in 940 cases (31.1%) and of illicit substance misuse in 852 (28.1%). Adverse life events included history of abuse or neglect (223, 7.4%), suicide of relatives, friends, or acquaintances (202, 6.7%), and financial difficulties (174, 5.8%). Of those who died by suicide 879 (29%) were engaged in education and training at the time of death.

“A recent modelling study found that the youth suicide rate in Australia could be reduced markedly by providing coordinated care after discharge from emergency departments following treatment for self-harm, and by increasing the capacity of specialist mental health services,” wrote Associate Professor Jo Robinson, co-author and lead of the youth suicide prevention program at Orygen.

“Moreover, our findings suggest that further investment in drug and alcohol services could be helpful, as one-third of young people who died by suicide had used illicit substances.

“Interventions that improve treatment engagement and adherence could also avert as many as one in ten suicide deaths.

“For example, the results of digital delivery of brief contact interventions to people who presented to emergency departments during suicidal crises have been promising, and should be further investigated for assisting digitally proficient young people,” they wrote.

“However, despite several government inquiries, there have been no efforts to systematically introduce clinical interventions for this purpose in emergency departments across Australia.

“Nor have there been coordinated efforts to strengthen service systems (eg, referral pathways) at critical points of entry, such as primary care, and discharge, such as emergency departments.

“Closing such gaps in service provision could assist prevent youth suicide.”

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