

Suicide-Related Issues *2006*

Suicide continues to be a matter of national public health concern in Australia and throughout the world. Globally, it is one of the three leading causes of death among people aged 15 to 44 years. Attempted suicide is more prevalent, occurring up to 20 times more frequently than completed suicides.¹

National suicide rates have been declining over the past six years. The most recent data for 2005 shows the rate of registered deaths by suicide for young people aged 15 to 25 years was 14 per 100,000, a total of 209 deaths. This can be compared with the peak in 1997 when the rate of registered deaths was 19 per 100,000 and a total of 509.²

What Influences Suicide?

Frequently, suicidal behaviours in young people appear to be a consequence of adverse life sequences in which multiple risk factors combine. Contributing **risk factors** include:^{3,4,5}

- Mental disorders or history of mental illness;
- Suicidal thinking, a previous suicide attempt or deliberate self-harm
- Drug use
- Personal grief and loss, including death and relationship loss
- Social and educational disadvantage
- Childhood and family adversity
- Child abuse
- Exposure to stressful life events
- Individual and personal vulnerabilities; and
- Problems with the law.

Protective factors for young people include:

- Connectedness to family and school
- The presence of a significant adult (eg parent or mentor)
- Personal resilience and problem-solving skills
- Good physical and mental health
- Community and social integration; and
- Strong spiritual or religious faith or a sense of meaning and purpose to life.

Contacts about Suicide

Kids Help Line counsellors record suicidal thoughts, intentions and other suicide-related issues in two complementary ways:

1. As an indicator of suicide-related concerns, counsellors record when the main concern expressed during a counselling session was related to suicide, including clients who are contemplating suicide, discussing previous attempts, seeking information or have concerns about another person.
2. As an indication of the total number of young people seeking assistance when experiencing suicidal thoughts and/or intentions, counsellors assess whether the young person is currently experiencing thoughts of suicide. This is recorded regardless of the main issue/concern for that counselling session.

In 2006, suicide-related issues accounted for (5.5%) 3,131 of overall counselling sessions in 2006 .

Current thoughts of suicide were reported by young people during 2,750 counselling sessions (1,800 telephone and 950 online). This equates to eight counselling sessions each day from young Australians experiencing current thoughts of suicide, an 18% increase on 2005 figures.

The balance of the 3,131 counselling sessions (381 sessions) was with young people whose main concern was suicide but who did not have current thoughts or immediate intention to suicide. These were mostly with young people seeking information or with concerns for others.

During 2006, 278 counselling sessions were with a young person who declared an immediate intention of attempting suicide. A further 88 sessions were with young people who were currently making an attempt on their life. Table 1 shows the nature and severity of counselling sessions during 2006 where the majority of counselling work was related to suicide.

Table 1. Suicide-Related Issues as Main Concern.

<i>Suicide-Related Issues</i>	<i>All (N=1,645)</i>	<i>Telephone (N=1,112)</i>	<i>Online (N=533)</i>
<i>Seeking information or concerned about a friend</i>	14%	14%	12%
<i>Experiencing suicidal thoughts or fears</i>	64%	56%	80%
<i>Immediate intention or making an attempt whilst talking with a counsellor</i>	22%	29%	8%
<i>Total</i>	100%	100%	100%

Telephone counselling was the core service for young people seeking assistance regarding suicidal thoughts and suicide-related issues and the preferred medium when young people had an immediate intention or were enacting suicidal behaviours at the time of their contact with Kids Help Line.

However, all suicide-related issues were presented at proportionally higher rates via online counselling. Specifically:

- The proportion of young people contacting the online service with current thoughts of suicide (8% of sessions) was double the rate of the telephone service (4% of calls).
- The proportion of suicide-related concerns was almost double the rate via online counselling (4.3%) than via the telephone service (2.5% of calls).

High Risk Groups

Young men, Aboriginal and Torres Strait Islander people, rural residents and rural communities have been identified as groups at high risk of suicide.⁵

Young Males

Males generally make less contact with Kids Help Line for counselling for all problem types (22%) compared with females. They are also consistently under-represented in presentations of suicidal thoughts and suicide-related concerns, making only 16% of the 3,131 contacts during 2006. Australian Bureau of Statistics reports show young males are almost four times more likely to complete suicide than young females, while females are more likely to attempt suicide. This is consistent with female over-representation in Kids Helpline calls regarding suicide thoughts or concerns.²

The majority (82%) of young people contacting Kids Help Line about suicidal thoughts or suicide-related concerns were aged between 15 and 25 years – significantly higher than the representation for these age groups across all other counselling sessions (see Table 2).

Table 2: Age of Clients Presenting with Suicide Concerns

	<i>Suicide-Related Sessions (N)</i>	<i>Suicide Related Sessions (%)</i>	<i>All other Counselling Sessions (N=48,840)</i>
5-9	1	<1%	4%
10-14	530	18%	33%
15-18	1992	68%	54%
19-25	424	14%	9%
<i>Total</i>	2947	100%	100%

Indigenous Young People

Suicide rates for Indigenous males aged to 24 years are three times higher than for non-Indigenous males in the same age group. Similarly, Indigenous females under 25 years were five times more likely to complete suicide than non-Indigenous females.⁶

Kids Help Line recognises the unique challenges faced in Indigenous communities and is committed to responding appropriately to the needs of Indigenous young people. Cultural competence training is provided to all counsellors and during 2006 Indigenous specific promotional material was produced and distributed to all relevant services. Kids Help Line also participated in Croc Festivals, helping to introduce Indigenous young people to the service.

During 2006, counsellors recorded the cultural and linguistic background of young people in 19% (587) of counselling sessions regarding suicidal thoughts and suicide-related concerns. Of these, 3% identified as Indigenous and a further 10% identified as being from a non-English speaking background. The remainder of young people did not identify as being from either of these backgrounds.

Regional and Remote Areas

Kids Help Line provides strong support to children and young people living in regional and remote areas. These young people often have less access and choice in support services. Despite the fact that only one-in-three young people in the general population live in these areas, half of all Kids Help Line contacts in 2006 were from regional and remote areas.

In line with the general population, 32% (1,002) of the contacts to Kids Help Line regarding suicidal thoughts and suicide-related concerns were from young people living in regional and remote areas of Australia. The remaining 68% were located in metropolitan locations.

Contributing Factors

Kids Help Line counsellors record the main problem for all counselling sessions with young people reporting current thoughts of suicide. In addition, counsellors have the option of recording up to three additional factors or secondary problems contributing to the risk of suicide. In 2006, the top 15 concerns presented by young people with current thoughts of suicide were as follows:

1. Mental health issues
2. Family relationships
3. Emotional and/or behavioural management
4. Child abuse
5. Partner relationships
6. Grief and loss
7. Relationships with peers and friends
8. Self-image
9. Sexual assault
10. Loneliness
11. Drug and/or alcohol use
12. Bullying
13. Study issues
14. Eating and/or weight issues
15. Homelessness or leaving home.

When young people seek help for other concerns they may also disclose suicidal thoughts. This most commonly occurs when young people contact Kids Help Line about:

- Significant distress or major impact on life due to mental health issue (23% of counselling sessions logged under this problem/severity combination report current thoughts of suicide)
- A clinically diagnosed mental health issue (9% report current thoughts of suicide)
- Concerns managing emotions and/or behaviours (5% report current thoughts of suicide)

- Ongoing sexual abuse (10% report current thoughts of suicide)
- Unresolved issues from past sexual abuse (6% report current thoughts of suicide)
- Acute or long-term distress following grief or loss (4% report current thoughts of suicide)
- Partner relationship breakdown (4% report current thoughts of suicide); and
- Severe and/or persistent feelings of worthlessness (5% report current thoughts of suicide).

Generally, young people's experiences of despair (as discussed with Kids Help Line counsellors) centre around:

- Mental health issues
- Disruption to or loss of significant relationships (family, peers and partners)
- Physical and sexual violations (including child abuse)
- Limited skills to manage emotions; and
- Lack of supportive relationships in their lives.

These experiences of young people are consistent with international literature in terms of the risk factors and life processes that lead to youth suicide and suicide attempts.^{3,4,5}

Supporting Young People with Suicide-Related Concerns

Kids Help Line counsellors assess the level of risk for all young people who disclose suicidal thoughts or intentions and respond to meet their individual needs. Counsellors complete intensive specialist training designed to increase their capacity to make assessments of suicide risk and suicide urgency and to provide interventions effective in reducing immediate danger and ongoing risk. While each counselling response will be tailored to the individual, they may include:

- Ensuring safety
- Establishing rapport, giving the client the opportunity to talk, creating a connection and reducing the young person's sense of emotional isolation

- Assessing risk and immediacy of harmful intention
- Evaluating the young person's level of distress or upset (hopelessness, helplessness) and work to reduce their level of distress
- Developing a crisis intervention plan with likely contact points
- Identifying and clarifying the problem
- Identifying what they want and need
- Exploring possible options
- Developing a short-term positive action plan
- Connecting them with other resources and linking them with other supports
- When required, taking specific action to prevent the situation such as contacting emergency services; and
- Making an agreement/contract for client to follow-up with a counsellor.

On average counsellors spend 40 minutes per contact responding to young people presenting with suicidal thoughts or suicide-related concerns.

Protective Actions

Counsellors implement their duty-of-care obligations if they assess there is risk of injury or harm at the time of the call or online contact. Responses required to protect young people regarding suicide risk, such as contacting an emergency service, were actioned during or after 243 counselling sessions during 2006.

Ongoing Counselling and Intensive Support

Young people with severe, complex and long-standing issues require the continuity of speaking with the same counsellor each time they contact a helping service (i.e. ongoing counselling). Case management is a model of care that is sometimes used in these instances to ensure different needs can be considered and responded to in a planned way.

This may include linking the young person with other more specialised face-to-face services and developing joint or “wrap-around” management plans.

In 2006, one-in-three counselling sessions regarding suicidal thoughts or suicide-related concerns were with young people who were engaged with Kids Help Line in either ongoing counselling (19%) or intensive support with a case management plan (12%).

In some instances, connecting with a Kids Help Line counsellor is the first time a young person experiencing suicidal thoughts has reached out for help.

For other young people connecting with Kids Help Line is part of their crisis management plan when they become highly distressed overnight, on weekends or when their ongoing face-to-face supports are unavailable. Young people may also have connected previously, and having had a positive experience, then reconnect when distressed or in crisis.

Twenty-seven percent of young people presenting with suicidal thoughts or suicide-related concerns were first-time clients.

Counsellors made specific agreements with 38% of young people presenting with suicidal thoughts or suicide-related concerns to recontact Kids Help Line again at a specific date and time.

Referral to Other Support

Counsellors were able to directly assist 1,722 young people. For counselling sessions in which a referral was required:

- (221) resulted in the young person being referred to another service for ongoing support (including crisis response and three-way linkups).
- (736) were referred to their doctor, school/guidance counsellor, mental health worker or other non-specific referrals. Referrals were to reconnect the young person with their ongoing mental health worker or other face-to-face supports.

- Counsellors referred 221 email clients to connect with Kids Help Line through either the web or telephone service. This is often done to ensure a better assessment of the young person’s safety and support needs.
- In the remaining 231 sessions, counsellors were unable to provide a referral because either no appropriate service was available or the young person finished the session before a referral could be discussed. This may have been because they did not want to engage in the process, were reluctant to disclose identifying information or were not ready to seek face-to-face help.

Evidence of Effectiveness

Independent evaluation by the University of Queensland’s Psychiatry Department assessed the **effectiveness of Kids Help Line telephone counselling** through direct assessments of the quality of counselling sessions and a call-back survey. The evaluation confirmed Kids Help Line and the high standard of counsellor training produced improved outcomes for young people, with results showing a **significant reduction in suicidality during the course of the calls**. It was evident from the evaluation that counsellors were effective in reducing suicidal thoughts, suicidal intent and general emotional distress during the course of a counselling session. Overall, following the training and supervision processes provided by Kids Help Line, counsellors were able to intervene successfully to improve the mental state of suicidal callers.^{7,8}

The anonymity and 24-hour accessibility of Kids Help Line coupled with the willingness of young people to use it means that the service is a key frontline support in youth suicide prevention.

Kids Help Line counsellors are able to provide rapid response to a distressed young person, reduce the intensity of suicidal feelings and link them to other services.

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