The risk of suicide among youth in contact with Child, Youth and Family

__Annette Beautrais__, __Peter Ellis__ and __Don Smith__ report the findings of an internationally unique survey on suicide risk

Note to journalists from Child, Youth and Family's national media advisor, Stephen Ward:

Child, Youth and Family asks news media to be very careful in the way they report the research on youth suicide published below.

There is concern that indiscriminate reporting on the statistics could result in imitative or copycat behaviour by vulnerable children and young people and in the 'normalising' of suicidal behaviour. It is possible that headlines or stories overtly highlighting particular groups of teenagers as being most vulnerable to suicide could plant the idea of suicide in the minds of some young people, especially those who are or have been clients of Child, Youth and Family.

So we recommend careful consideration of the tone and nature of reporting on the statistics. The Ministry of Health has published information to help with media reporting and portrayal of suicide. You can visit the Ministry's website www.moh.govt.nz/youthsuicide.html or call 0800 226 440 for copies of Suicide and the Media: The reporting and portrayal of suicide in the media.

Please call me on (04) 918 9124 if you wish to discuss this recommendation or the Department's views on the research.

Aided by new funding in Budget 2001, Child, Youth and Family, in conjunction with the Wellington School of Medicine, is developing a Case Monitoring Programme. It is targeted at young people who are clients of Child, Youth and Family and have been assessed as having a medium to high risk of suicide. The Case Monitoring Programme is expected to help up to 200 young people at a time by working with Child, Youth and Family case managers to improve the young persons' access to specialist help.

The programme will gather information about helpful interventions. It will also identify gaps in services and improvements to the way various health and social services agencies work together with young people at risk of suicide, and their families/whānau.

During 2000, Child, Youth and Family began a screening process to identify those young people aged 14 to 16 years coming into contact with the Department who are at particular risk of suicide.

This is part of the wider needs assessment outlined in *Towards Well-being: Responding to the needs of young people Te Kahu o Te Aorangi* (2000) and is a central part of the Youth Services Strategy. This article reports the findings of ongoing research into the incidence of suicide among youth coming into contact with Child, Youth and Family, compared with their peers who have no contact with these services.

The high rate of suicide among youth is of concern to all social workers. At times social workers must assess the likelihood that a young person presenting is at risk of suicide at that time, and work with the consequences of attempted or completed suicides. They also have a role with family and others to act to attempt to avert or minimise the risk of suicide. While this article and other information will assist social workers in making these decisions, we must stress that following the procedures in *Towards Well-being* (2000), professional expertise, and collegial review also contribute to decisions on these matters. This article will assist social workers to be aware of the latest information about the level of risk and to identify sub-groups at particular risk (relative to their peers) of suicide.

This report is based on findings from:

- A review of all 43 files of youth identified by the Chief Social Worker's office as having died by suicide between 1994 and 1999 and who were in recent or current contact with Child, Youth and Family at the time of their death.
- A check with the New Zealand Health Information Service (NZHIS) mortality database (1994 to 1998) to determine if there were other youth who had contact with Child, Youth and Family at some previous time and subsequently died by suicide.

(Note that 'coming into contact with' the Department of Child, Youth and Family does not necessarily mean being in the Department's care. Contact may have been brief and limited, such as a referral for a family group conference to deal with offending. Contact with the Department may also have occurred up to two years before the young person's death by suicide.)

These two reviews have effectively identified all the youth in New Zealand who have been recorded in official statistics as having died by suicide (1994 to 1999) and who had any current or prior contact with Child, Youth and Family. As far as we are aware, this is the first time such a sample has been identified in any country.

The key findings from this research are that:

- A total of 129 young people aged between 12 and 16 years died by suicide in New Zealand during 1994 to 1999.
- Of these, 43 percent (55 young people) had had contact with Child, Youth and Family at some stage in their lives.
- Of these 55 young people, 43 (33 percent of all those who died) had been in contact with the Department within 12 months of their death.
- On average, 9.6 young people aged less than 17 years who had any previous contact with Child, Youth and Family killed themselves each year during 1994 to 1998 (1994: 7; 1995: 7; 1996: 12; 1997: 11; 1998: 11).
- A further seven young people aged 17 years or older who had current contact with Child, Youth and Family also died by suicide during 1994 to 1998.
- Young people in contact with Child, Youth and Family are about 10 times more likely to kill themselves than New Zealand youth of the same age who have never had contact with the Department. (The risk is 23 times higher for females and 5.4 times higher for males.) This higher risk supports the current strategy of screening all youth in contact with Child, Youth and Family as one means of identifying youth at risk of suicide in New Zealand.

It has not been possible to investigate the rates of suicide attempts among young people who have contact with Child, Youth and Family. Until such information is available, it is reasonable to suppose that serious attempts at suicide may also be higher for youth in contact with Child, Youth and Family than in youth who do not have such contact.

The risk of suicide among young people in contact with Child, Youth and Family

The authors stress their research results do not imply that contact with Child, Youth and Family is in itself an event that may contribute to children and young people committing suicide. International research confirms that young people who come into contact with a statutory child protection and youth offending agency such as the Department of Child, Youth and Family are, by definition, a population at particularly high risk of suicide, because they tend to have many of the risk factors which have been shown to be associated with suicidal behaviour.

Smith and Beautrais (1999) estimated that the average annual rate of suicide for young people coming into contact with Child, Youth and Family (1994 to 1997) was 60.2 per 100,000 youth, compared with 11.2 per 100,000 for the total population. Since then, suicide statistics for 1998 have become available and a check has been completed of the NZHIS mortality database for suicides not previously or otherwise known to the Chief Social Worker's office. These additional data have permitted the estimation of annual suicide rates by ethnicity and gender for youth in contact with Child, Youth and Family for the period 1994 to 1998 (see Table 1).

Table 1: Rates of suicides per 100,000 for youth 13 to 16 years of age in contact with Child, Youth and Family (average for 1994 to 1998), compared with general population not in contact with the Department

Ethnicity	Gender	Rate per 100,000 13-16 years *in contact* with CYF	Rate per 100,000 13-16 years *not in contact* with CYF	Relative risk[1]
Māori	Female	156.4	9.1	17.2
	Male	69.9	25.6	2.7
	Total	102.3	17.4	5.9
Pacific[2]	Female	76.1	0	-
	Male	87.2	0	-
	Total	82.3	0	-
Other	Female	97.4	2.9	24.9
	Male	59.3	11.6	5.1
	Total	72.5	7.9	9.2
Total	Female	119.4	5.1	23.4
	Male	66.1	12.3	5.4
	Total	85.4	8.7	9.8

The most notable differences between the two populations are that:

- Females aged 13 to 16 years in contact with Child, Youth and Family are 23 times more likely to die by suicide than females with no contact with the Department.
- All Pacific youth under 17 years who died by suicide in New Zealand from 1994 to 1998 (n=3) had had contact with Child, Youth and Family. However, in the total population Pacific youth have a lower rate of suicide than Māori or 'other' (ie European) youth.
- Among youth who do not have contact with Child, Youth and Family, males have a higher rate of suicide than females. However, among youth who have contact with the Department, females have a higher rate of suicide than males (1.8 times that for males).

Young people who come into contact with a statutory child and youth offending agency are a population at particularly high risk of suicide

1 The relative risk estimate describes how many times more likely a young person in recent (<12 months) contact with Child, Youth and Family is to die by suicide compared with those with no recent contact with the Department.

2 All three (four if 1999 is included) of the suicides by Pacific youth under 17 years had had recent contact with Child, Youth and Family.

Overall, this information suggests that young people who are or have been clients of Child, Youth and Family are at greater risk of suicide than their peers with no such contact. This is consistent with New Zealand research that finds higher rates of suicide among youth who have accumulated psychosocial disadvantages (Beautrais et al 1996, 1998, Fergusson et al 2000).

Based on the information presented in Table 1 above, Table 2 outlines the average number of suicides that might be expected in the different gender/ethnicity groups of young people who are current or recent clients of Child, Youth and Family.[3] The table shows that death by suicide is likely to be most common amongst Māori females who are Child, Youth and Family clients, where one young woman in every 640 is likely to die by suicide in any year. In general, the risk of suicide is higher for female clients of Child, Youth and Family than for males and lowest for 'other' (ie European) males. It is important to recognise, however, that even within this high-risk group, suicide is still a very rare event and, as such, exceedingly difficult to predict.

Table 2: Gender and ethnicity of young people with contact with Child, Youth and Family (within the prior 12 months) aged under 17 years[4] who died by suicide (1994 to 1998)

Ethnicity	Gender	Average number of suicides per year among CYF clients	On average, one suicide for every (below) CYF clients each year
Māori	Female	2.2	1 in 639 clients
	Male	1.6	1 in 1,431 clients
Pacific	Female	0.2	1 in 1,315 clients
	Male	0.4	1 in 1,148 clients
Other	Female	1.8	1 in 1,027 clients
	Male	1.6	1 in 1,687 clients

Age at suicide

All of the young people who died by suicide within 12 months of contact with Child, Youth and Family were aged 13 years or older at the time of their death. Suicide was more likely among youth who were 16 years of age, reflecting the trend in the general population for risk of suicide to increase with age through the teenage years.

Suicide was uncommon among Child, Youth and Family clients aged less than 14 years. From 1994 to 1998, three youths aged 13 years who had had contact with Child, Youth and Family died by suicide. Of these, two had had contact with the Department within the last 12 months, while the other had last had contact more than 12 months before their death. The check with the NZHIS mortality database identified two 12-year-olds who died by suicide who had previous contact with Child, Youth and Family – one whose last contact with the Department was 13 months before their death, and the other five years previously[5].

Table 3: Ages of youth in contact with Child, Youth and Family in the 12 months before their death by suicide (1994 – 1999)

Ethnicity	Gender	‹15 years	15 years	16 years	17+ years
Māori	Female	3	6	4	0
	Male	4	0	4	2
Pacific	Female	0	0	2	0
	Male	1	0	1	0
Other	Female	4	2	3	0
	Male	1	2	7	7
Total	Female	7	8	9	0
	Male	6	2	12	9

Although there are, on average, only 520 youth (over one year) who continue to have contact with Child, Youth and Family after 17 years of age (about four percent of total Child, Youth and Family clients), this group has a rate of suicide of 270 per 100,000 or one suicide per year for every 370 clients. This is perhaps to be expected, as continuing contact with the Department at this age is a strong marker of major continuing life difficulties, which expose these young people to risk of a series of disadvantageous outcomes, including suicidal behaviour.

3 For the purpose of this estimate, those with last contact more than 12 months before they killed themselves have been excluded from this analysis.

4 One young person who had just had their 17th birthday was included in the age group for the purposes of this analysis.

5 These three individuals were not amongst those reported to the Office of the Chief Social Worker and therefore they were not included in this analysis.

Implications for social workers

This review highlights the greater risk of suicide among young people who have contact with Child, Youth and Family compared with their peers who do not have contact with these services. The highest risks are for young females in this group. This stands in contrast to the general population where males have a higher risk of suicide than females. Māori females aged 16 years in contact with Child, Youth and Family have the highest risk of suicide of any Departmental client group under 17 years of age.

The findings have implications for the way Child, Youth and Family assesses the risk of suicide among young people in contact with the Department.

There is a very low risk of suicide among young people who are under 14 years of age, including those in contact with Child, Youth and Family. Among the Child, Youth and Family population, the risk increases with age from 14 to 16 years and is highest for the small number aged 17 years and over who continue to have contact with the Department. This confirms that targeting the screening and assessment processes at 14 to 16 years is appropriate in efforts to prevent deaths by suicide. In addition, it suggests that social workers should be especially vigilant with respect to those 17 years of age and over and young Māori women. However, there is no available information about non-fatal attempts at suicide for this Child, Youth and Family population.

This research supports identification and intervention efforts for youth at risk of suicide being targeted at youth in contact with Child, Youth and Family, as deaths are considerably more likely in this group than in the general population of all young people. On average, one in every 1,000 clients during a year will die by suicide compared with one in 15,000[6] youth who are not in contact with the Department.

However, Child, Youth and Family social workers need to be realistic about the fact that, while improved detection may lower the chances of a young person attempting suicide, it is unlikely to prevent all deaths. In some cases the factors that lead to, and increase the risk of, suicide may be outside the social worker's 'view' or ability to intervene. However, the results of this research do provide some guidance as to which Child, Youth and Family clients may be at greatest risk and require extra vigilance.

Social workers should be especially vigilant with respect to those 17 years of age and over and young Māori women

Additional information for Child, Youth and Family social workers about youth suicide, and identification and risk factors for youth suicidal behaviour, is available from previous articles in *Social Work Now* (Beautrais 1997, Smith and Beautrais 1999) and guidelines for assessing and managing the needs of Child, Youth and Family clients (*Towards Well-being* 2000) and young people at school (Ministry of Education 1998).

6 This is a similar figure to that reported in the Ministry of Education's *Young People at Risk of Suicide: A guide for schools* (1998) which estimated that there would be one death by suicide every 12 years for a school of 1,000 pupils.

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