

Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project

FACT SHEET 5

Examining the risk factors for suicidal behavior of Aboriginal and Torres Strait Islander children

While the majority of Aboriginal and Torres Strait Islander children (herein Indigenous) are travelling on track or exceeding across all developmental domains,¹ there is also evidence that rates of poor mental health in Indigenous children is increasing and from a very young age. A range of biological, social and psychological factors and the cumulative impact of life stressors influence children's poor mental health and levels of toxic stress. The burden of mental health problems and stress faced by Indigenous children is a major public health problem in Australia and is a contributing factor to high rates of intentional self-harm.

In 2014 the National Children's Commissioner noted that of the 333 children and young people who died due to intentional self-harm between 2007-2012, approximately 20% were identified as Indigenous of which 2% were in the 4-9 year age range, 2% in the 10-11 year age range, 9% in the 12-13 year age range, 38% in the 14-15 year age range and 49% in the 16-17 year age range. This is likely to be an issue of under-estimation due to the fact that there is an under-reporting and misclassification of suicide deaths among children as accidental or undetermined.

Kids Helpline data from 2012 to 2013 shows that children contacting its service where suicide was directly stated as the main concern were increasing. Indigenous children and young people who directly stated that suicide was their main concern were in the 12-17 year age range, with 91% of contacts in the 14-16 year age range. The data shows that the number of children and young people using the service in remote areas is also increasing.²

Kids Helpline data reflects that regardless of whether the main contact was about suicide or self-injury and self-harm, the leading concerns raised by children and young people were about mental health, child-parent relationships and emotional wellbeing.

Understanding the cause of stress for children

Stress is a critical risk factor for children's poor physical, emotional and mental health. Research suggests that suicidal behaviour by younger children is often an impulsive reaction to a stressful event that has occurred within family or school – two environments that can present a number of stress risk factors. At school children can be exposed to stress associated with bullying or harassment, peer rejection, failure and disengagement. Stress within families can be related to a range of factors including family violence, overcrowding, poverty, and alcohol and cannabis misuse by parents and young adults within households.³ Given the multiple stressors experienced by families, there are also increasing numbers of Indigenous children exposed to high levels of stress and isolation suffering from their roles as carers of parents with a mental illness which is also likely to direct impact on their education and employment outcomes.

Racism is one of the key sources of stress faced by Aboriginal people and families and has been shown to exacerbate mental health problems. The effects of racism negate the protective effects associated with parenting and family function. As a cause of stress and psychological distress, racism limits the capacity of parents to promote good child development and access the supports for raising children. Racism is also increasingly identified as associated with poor physical and mental health and negative social and emotional wellbeing outcomes in children, including anxiety, depression, low self-esteem, suicide and self-harm risk/thoughts.⁴

Vulnerability to stress from early childhood appears to be intensified by a number of precipitating circumstances that emerge in adolescence and trigger impulsive and emotionally heightened responses that can result in suicidal behaviour.

Relationship breakdowns including disputes with family members, are amongst the most common precipitating factors reported for suicidal behaviour. The Northern Territory Child and Youth Mental Health Service notes that from 2011 to 2014 the most common presentation for Indigenous children and young people was suicidal behaviour and threats of suicide in the context of drug and alcohol use, relational conflict, usually as an impulsive act to express or gain attention of those around them.

Some children and young people also presented with suicidal behaviours or thoughts in the context of ongoing depression or chronic levels of stress, while others presented with self-harming behaviour as an expression of their distress without the intention to suicide. Those children and young people presenting with suicidal behavior were reported as frequently living in overcrowded and substandard housing, exposed to domestic violence and drug and alcohol abuse, not attending school and likely to have chronic health concerns.⁵

What is required?

We know that Indigenous children growing up in a healthy, safe, supportive environments, with a strong connection to culture, community and school is paramount in ensuring sustainable positive outcomes. It is critically important that we gain a better understanding of the cumulative and complex impact of stress exposures over the life-course to ensure appropriate preventative responses and address the negative trajectory of suicidal behavior, which can start at a young age.

A key goal has to be reducing the number of life stressors and critical stress events faced by Indigenous families, to improve Indigenous child wellbeing and development.

This will be facilitated in part by enhancing and increasing the number of appropriate services and programs to support families and children. It is important that all Indigenous children have access to the supports and strategies offered by early child care that help them build coping skills, resilience and self-regulation from a young age. Schools need to ensure they have resources and processes that facilitate cultural recognition, effectively support students to develop academic self-efficacy, and strategies for ensuring adequate levels of participation.

Adequate follow up care to children at risk and monitoring any attempt at self-harm is critical, as well as ensuring access to appropriate services and strategies to foster help-seeking behaviour among Indigenous children.

Promising Programs

ATSISPEP research confirms programs showing most promising results for suicide prevention for Indigenous children includes:

- ◆ Koori Kids, NSW
- ◆ Let's Start Child Parent program, NT
- ◆ Hippy (across Australia)
- ◆ Drumbeat (across Australia)
- ◆ Indigenous Triple P (across Australia)
- ◆ Alive and Kicking Goals, WA
- ◆ Kids Matter (across Australia)

More information about the above programs and additional factsheets is available on the [ATSISPEP website](#).

References:

1. Australian Early Development Census <https://www.aedc.gov.au/>
2. National Children's Commissioner, Children's Rights Report 2014
3. Robinson, G, Silburn, S, Leckning, B. (2011) *Suicide of Children and Youth in the NT, 2006-2010: Public Release Report for the Child Deaths Review and Prevention Committee*, Darwin: Menzies Centre for Child Development and Education
4. Priest, N, Paradies, Y, Trenerry, B, Truong, M, Karlsen, S & Kelly, Y. (2013) A systematic review of studies examining the relationship between reported racism and health and wellbeing for children and young people. *Social science & medicine*, 95, 115-127
5. Central Australian Mental Health Service, Department of Health, Northern Territory, Submission 99 to Children's Rights Report, p 2-3

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