

# The decline in Australian young male suicide

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Morrell, S., Page, A. & Taylor, R. (2007). The decline in Australian young male suicide. *Social Science & Medicine*, 64, 747–754.

The suicide of young people has a unique impact on society, due to the vulnerability of the age group and the sense that many of the risk factors leading to young people's suicide are modifiable, given time. With a continually rising youth suicide rate in the mid-1990s, governments were catapulted into action to address what seemed to be a suicide phenomenon among young people. The Mental Health Branch of the Australian Government Department of Health and Aged Care responded by establishing the National Youth Suicide Prevention Strategy (NYSPS), with \$31 million distributed across 88 different projects and activities between 1995–1998.

The NYSPS was based on an understanding that youth suicide was a complex event with biopsychosocial causes. Responses needed to be wide-ranging and all-inclusive, addressing physical, social and cultural factors along with individual and family factors. The goals of the NYSPS were to:

- prevent premature death from suicide among young people;
- reduce rates of injury and self-harm;
- reduce the incidence and prevalence of suicidal ideation and behaviour; and
- enhance resilience, resourcefulness, respect and interconnectedness for young people, families and communities.

The Australian Institute of Family Studies (AIFS) (2000) conducted the evaluation of the strategy (see [www.aifs.gov.au/ysp/strategymenu.html](http://www.aifs.gov.au/ysp/strategymenu.html)) and concluded that many of the activities initiated under the NYSPS activities were appropriate to the achievement of its goals. At the time of the AIFS evaluation, however, there were no data available to indicate whether or not the NYSPS had led to or been associated with any significant health and wellbeing outcomes for young people at a population level. The Strategy itself was seen as representing only the early stage of a long-term process of reform, whereas changes attributed to the Strategy would not be evident for a considerable time.

Seven years later, Morrell, Page and Taylor's (2007) article sets out to consider the subsequent drop in young male suicide rates after the implementation of the NYSPS and whether it can be plausibly associated with NYSPS strategies. Previous work by Morrell, Taylor, Quine, and Kerr (1993) had found a strong serial correlation between the rate ratio of 20–24 year old male unemployment to total unemployment, and the rate ratio of 20–24 year old male suicide to total (age-standardised) male suicide. At the time, the link between the two was interpreted as an outcome of the marginalisation of young unemployed men.

Morrell et al. (2007) proposed that if a decline in young male suicide occurred, but unemployment rates also declined, it would indicate that improved employment prospects contributed to the reduction in suicides (although causation would not be proved). If a decline in young male suicide rates was, on the other hand, accompanied by a reduction in the relationship between unemployment and suicide, this would fulfil a necessary condition to suggest a causal effect of the Strategy.

Using statistical techniques that study time series, the researchers found that the Strategy was statistically significantly associated with the suicide rate ratio for 20–24 year-old young men, but not with the unemployment rate ratio. No effects were found for young women, mainly due to the low numbers of suicides that make it hard to prove any statistical effect. The authors propose, therefore, that the long-standing link between unemployment and suicide in young men was broken by the NYSPS, rather than it simply being a random event in time.

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Additionally, Morrell et al. (2007) suggest that the Strategy had an added impact on method of suicide. Suicide methods that required more thought before implementation, such as hanging or carbon monoxide poisoning, also declined post-Strategy. Morrell et al. (2007) propose that this could be as a result of interventions that incorporated techniques such as cognitive behaviour therapy, which may have time to take effect when thoughts of planned suicide occur, as opposed to more impulsive methods of suicide, such as methods using firearms.

Morrell et al. (2007) suggest that lower levels of unemployment may still explain some of the changes in the suicide rate for young men, or that young men became better equipped via their interactions with services to cope with events such as unemployment. Further evidence would need to be found before the Strategy could be said to have caused, or been responsible for, the decline in young male suicide, but the article concludes that the NYSPS was “plausibly” associated with the post-1997 fall in young male suicide rates.

Since the late 1990s, the NYSPS has been extended to include all age groups and renamed the National Suicide Prevention Strategy (NSPS) ([www.health.gov.au/internet/wcms/publishing.nsf/content/mental-suicide-overview](http://www.health.gov.au/internet/wcms/publishing.nsf/content/mental-suicide-overview)). Suicide rates for both men and women, particularly young males in the 15–24 year old age group have continued to decline, with the age-standardised suicide rate for all males in 2003 lower than in any of the previous ten years (ABS, 2004).

While it is too early to tell if any cohort effects are present (ie. if individuals born in a particular year or years have rates of suicide particular to that cohort) (Snowdon & Hunt, 2002), this may indicate that the Strategy, in its new form, is having a positive effect on suicide rates across all ages, although further research is needed to confirm this. Morrell et al.’s (2007) study does, however, appear to indicate that comprehensive and broad-based preventative and early intervention programs, which address the range of factors that lead to complex behaviours, can be effective.

## References

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