Youth Suicide in Australia
Future Directions in the New Millennium

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Introduction

The state in which an individual no longer finds life bearable, and finds the only solution in removing his or her own life can evoke feelings of sadness, disbelief and shame. Perhaps this is most alarming when it occurs in youth, with the inherent potential and optimism that is often associated with this stage of life.

The increasing prevalence of youth suicide over recent decades in Australia has been alarming. One in seven deaths of males aged between 15-19 years is currently caused by suicide. In 1966 the corresponding figure was one in twenty [Hassan, 1995]. This trend is found throughout the developed nations of the world. For example, in the United States teenage suicide rates have registered a 287 per cent increase between 1960 and 1980 [Hassan, 1995].

Paralleling increases in youth suicide rates has been a substantial increase in psychosocial disorders in youth since World War II [Diekstra 1998; Eckersley, 1997]. The fact that this increasing prevalence of mental distress has occurred within the context of an increase in the overall material well-being of youth in the industrialised world is perplexing for some authors [Klerman and Weissman, 1989; Clarke & Lester, 1989].

In this article, we will briefly review the recent trends in suicide rates in Australia. Then we will review the current theories and arguments which attempt to explain these trends in youth suicide in our community, and the current preventative strategies. We conclude with Bahá'í perspectives on both the underlying issues relating to youth suicide and potential interventions for its future prevention.

The Problem

Suicide is a complex area of scientific study. When discussing the difficulties in the study of suicide, Diekstra [1998] highlights that the very nature

of suicide, being a behaviour, as opposed to a discrete disease, makes it difficult to predict and study. Suicide can have an infinite number of motives. It can happen to any type of person, regardless of background. Its often hidden nature, and the stigma surrounding the act of suicide in most cultures, makes this another factor in the difficulty in studying and fully understanding this condition.

Within Australia, suicide rates overall have not changed significantly since the Second World War [Clarke & Lester 1989]. Rates for youth suicide, however, have shown a marked increase in recent years. The rates of completed suicide have not consistently increased in younger women, although attempted suicide has increased over time.

Suicide Rates per 100 000 Population in Australia 1891 - 1990 by Gender and Age

[Hassan, 1995]

Age	Male				Female			
	1891-1910	1964	1986	1990	1891-1910	1964	1986	1990
15-19	**3.2**	**5.8**	**13.2**	**17.8**	4.0	2.9	3.0	5.0
20-24	**11.9**	**16.3**	**29.2**	**36.1**	6.7	7.7	7.8	3.9
40-44	36.1	34.6	25.8	25.1	7.6	17.9	7.3	6.4
65-69	**56.0**	**39.7**	**23.3**	**25.1**	6.9	21.0	7.6	7.7

Predisposing Factors

Suicide is due to a complex interplay of variables, with each person affected being unique in the predisposing and precipitating factors for their suicidal convictions. There is currently no infallible mechanism for predicting who will commit suicide [Krupinski 1998].

There have been a number of proposed individual risk factors for suicide. We have restricted this review to those risk factors that are specific to youth suicide.

Predisposing Factors for youth suicide

Individual risk factors

(1) Psychiatric Illness

The risk of suicide with depression is a commonly recognised phenomenon. This may be related to a number of factors including poor coping

mechanisms, feelings of worthlessness, hopelessness, and wanting to escape their depressed state. Several authors have extrapolated from attempted suicide studies that hopelessness is the "missing link" between depression and suicide, although this is not supported by all studies [Hassan, 1995, Schmidtke et al, 1998, Atkinson, 1998]. There is also an increased rate of suicide in people suffering from other psychiatric disorders, such as personality disorders and psychotic illnesses [Hassan, 1995].

(2) Family/Interpersonal Conflict

It has been shown in a number of studies that there is an increased incidence of family conflict amongst youth suicides [Marttunen et al, 1998; Hassan, 1995; Beautrais, 1998]. Various specific factors, such as substance and physical abuse within families, parent-child discord and parental legal difficulties, have been proposed to be strong predictive risk factors [Brent et al, 1998]. Specific parental characteristics, such as being frustrating, rejecting and unkind are also more likely to bring up children who are prone to become preoccupied with thoughts of death and suicide [Hassan, 1995]. The relationship between interpersonal conflict and suicide, as with other risk factors, may also be related to poor or rigid coping mechanisms, and underdeveloped problem solving skills.

(3) Social Isolation

Social isolation and loneliness have been demonstrated to be risk factors for suicide [Hassan, 1995]. Lack of meaningful social interaction can predispose to feelings of depression, boredom and emptiness. It may be precipitated by separation from a significant friend or relative, or may be a pervasive pattern in a person's life.

Related to social isolation is unemployment. Employment fulfils a number of needs in our society, and for many is an important source of social interaction and personal meaning. Unemployment in general has been shown to be associated with low self-esteem, and psychological and emotional insecurity [Hassan, 1995]. It is also a recognised risk factor for suicide, and has been proposed to be a contributing factor towards the predominant increase in male suicide rates over the past 30 years [Hassan, 1995, Dudley, 1998]. Other factors, such as changing gender roles, data-gathering procedures, communication skills and methods of suicide used, with males usually using more violent forms of suicide, have all been proposed to explain this gender difference [Hassan, 1995].

Both social isolation and the high unemployment rate in small rural areas of Australia may also be significant contributing factors explaining the dramatic rise in male youth suicide rates (almost 12-fold in some areas) over the last 30 years [Dudley et al, 1998].

(4) Hopelessness

Some authors have suggested that suicide is linked to hopelessness independent from clinical depression [Beautrais, 1998, Hassan, 1995, Eckersley, 1997].

(5) Worthlessness

Akin to hopelessness, worthlessness has been found to be typical amongst those who commit suicide [Tiller *et al*, 1998]. An analysis of 176 suicides in South Australia in 1982 found that worthlessness was attributed to being a major factor in predisposing to suicide, and usually associated with marital breakdown or professional failure [Hassan, 1995].

(6) Drug and Alcohol Abuse

Drug and alcohol abuse have been consistent risk factors for youth suicides over recent decades [Marttunen et al, 1998], and recent research from America has suggested that substance abuse is the single most common denominator for suicide risk [Hassan, 1995].

This may be due to increasing the risk of psychiatric illness such as depression. Drugs and alcohol also lower inhibitions and may increase rates of impulsive suicide.

The high incidence of alcohol and drug abuse amongst people who have committed or attempted suicide may also be related to the predispositions that brought them to abuse substances in the initial instance. Some people use substances as a maladaptive coping mechanism to help them to resolve internal conflicts and deal with stress [eds. Marmot and Wilkinson, 1999].

Risk factors – a population perspective

The above risk factors, which attempt to describe the risk factors within an individual, are unfortunately not as powerful when applied to a population perspective. To discuss this further, a number of fundamental concepts within population health are briefly introduced.

Geoffrey Rose (1992), a medical epidemiologist, successfully demonstrated that for most conditions, not just medical conditions, there exists a continuum of risk. He demonstrated that for the individual, having a higher cholesterol level conferred a higher risk for having a heart attack (myocardial infarction) than lower cholesterol levels. However, at a population level, the people who had higher cholesterol were the minority of people in terms of total numbers who had a heart attack. This unusual finding was due to the fact that the vast majority of people lie within the more 'normal' cholesterol levels, and even though as individuals they had a lower risk for having a heart attack, as they were much more numerous than the people with higher cholesterol they contributed a much higher absolute number of heart attacks.

This apparent paradox, that large numbers exposed to a small risk can produce more disease than small numbers exposed to a higher risk, was one of the major movements in health to focus on whole-of-population risk factors rather than high risk individuals in isolation. Rosenman [1998] demonstrated that suicide was one of these conditions that exists within a continuum of risk, and that most suicides actually occur within lower risk populations.

Changes at a population level must therefore be the primary cause for changes in suicide prevalence, reflecting population-wide changes in psychosocial health, rather than a discrete effect within a small minority of the population. The possible causes and manifestations of these changes will be discussed below.

Current Preventative Strategies

Our review of current accepted suicide preventative strategies and programmes can be outlined under three main headings: improvement in diagnosis and treating depression and other psychiatric illness, development of suicide prevention and crisis intervention centres, and restriction of access to lethal means for committing suicide [Clarke and Lester, 1989; Lester, 1995].

Treating Psychiatric Disease

There is no doubt that we have come a long way in the understanding and management of psychiatric illness in this century. Diagnosing and treating people with psychiatric illnesses that predispose to suicide are fundamentally important in the management of people at risk of suicide.

Rates of depression in youth populations have increased significantly since World War II [Klerman, G.L. and Weissman, M.M. 1989]. Despite the increased ability to treat such psychiatric conditions, ecological studies have demonstrated that this increased ability to treat psychiatric disease has nevertheless been paralleled by increased rates of youth suicide, indicating that the ability to treat end-stage conditions that precede suicide in themselves will not adequately prevent suicide at a population level.

Prevention Centres and Programmes

A review of the literature on suicide prevention programmes demonstrates that there is no empirical evidence to support their effectiveness, and that some programmes may actually make things worse [Kerkhof and Diekstra, 1995; Rosenman, 1998].

Interestingly, there are no comprehensive preventative programmes currently developed that target the individual's interaction with the community, with both a preventative and curative intent. It has been recognised that many risk factors for suicide involve the interaction between individuals and their society, but most social antecedents are difficult to address. Other authors

have commented that such programmes would "demand difficult social engineering" [Rosenman, 1998, p.101], which is an undesirable target area for policy makers not only because it is difficult, but also poorly understood.

Reducing access to lethal methods of suicide

Access to lethal means of suicide are an easily identifiable risk factor within easy reach for reduction [Tiller et al, 1998]. This strategy is based upon the belief that suicide is not an inexorable condition that inevitably will lead to a successful attempt by an individual, but rather a combined result of temporal despair, weakening of moral restraints against behaviour and the availability of a method that is not difficult to use. [Clarke and Lester, 1989]. If this theory is true, it may help to bring about a decrease in impulsive and psychiatric-dependant suicidal behaviour.

The proposal of such methods for reducing youth suicide, however, do not address the underlying emotional and social antecedents leading to suicide [Tiller et al, 1998; Rosenman, 1998]. This is reflected in suicide rates in Australia, in which a reduction in suicide by firearms over the last ten year has been more than offset by an alarming increase in suicide by hanging and carbon monoxide [Baume and McTaggart, 1998].

Youth Suicide – Perspectives from the Bahá'í Faith

There is undoubtedly an interplay of biological, psychological and societal factors in the aetiology of suicide. However, we propose that the dramatic overall increase in youth suicide over recent decades must have a significant social and spiritual influence in its cause, reflecting changes within the whole of Australian society.

Suicide-specific factors

The following areas are some brief concepts from the Bahá'í Faith that have direct relevance to addressing this growing problem.

Science and Religion

Improved understanding

The Bahá'í Faith recognises the value of science in promoting and developing society. Science and religion are seen as two forces of truth, each developing society on its path of progress. We are still understanding the phenomenon of suicide, and are still developing effective strategies for prevention. This is an area which as Bahá'ís we feel would require ongoing scientific research and evaluation. It is imperative to have more research that considers the more distal determinants for suicide as well as considering population perspectives.

Relationship with psychiatric conditions

The Bahá'í Faith encourages any person who is ill, in any way, to seek the help of a competent physician. There is no doubt that a certain proportion of people who attempt or commit suicide are suffering from an identifiable psychiatric condition, such as depression or schizophrenia. Improvements in psychotropic medication and therapeutic counselling may improve the mental health of people and reduce the rate of suicide amongst a proportion of youth who have recognisable psychiatric conditions.

The Value of Religion

Research suggests that religion can have a protective effect in preventing suicide [Stack & Lester 1991]. Nevertheless, when religion is found to be protective, it relates to the individual's actions and behaviour, reflecting an inner reality and conviction. Religion is more protective in cases such as suicide when it also provides strong social support networks [Stack & Wasserman 1992].

For Bahá'ís, the fundamental purpose of religion is an inner change and development through the acquisition of spiritual virtues and powers. Bahá'ís recognise this as the process of spiritual transformation. It implies the inner spiritual potential latent in humans is released and brought to its full potential through prayer, service and obedience to divine teachings.

General Social Factors Contributing to Youth Suicide

> *"The deepening crisis in western culture is both social and spiritual: a failure to provide people with both a sense of being part of a community and a valued member of a society, and a sense of spiritual fulfilment, that is, a deep sense of relatedness and connectedness to the world and the universe in which we exist." [Eckersley, 1993, p. 16]*

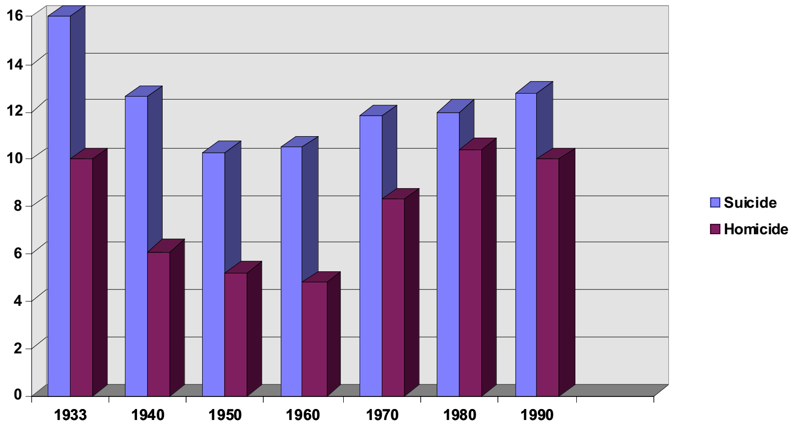
We have argued that suicide is a final outcome of a diverse number of factors, including individual genetic and psychological differences, secular influences, social and economic background and psychological stability. We propose that the rising rates of youth suicide over recent decades, however, may be seen as a marker of a more general problem reflecting social stress and breakdown, rather than something particular to an isolated minority.

Along with the marked increase in youth suicide over recent decades, there has also been a concomitant increase in homicide, drug and alcohol abuse, delinquency and crime [Hassan 1995, Eckersley 1997]. A comparison between main disciplinary problems in public schools in America from 1940 to 1990 found that the main problems in 1940 were talking out of turn, chewing gum and running in the halls, and the main problems in 1990 are drug and

alcohol abuse, pregnancy and assault [Covey 1997]. Recent research is revealing the extent of distress and disillusionment amongst youth in contemporary society, and youth suicide may be the tip of the iceberg of psychological distress and disturbance currently being experienced amongst young people [Eckerlsey 1997]. Suicide prevalence may therefore be viewed as one of many social markers, rather than a discrete entity in isolation from society.

Pattern of Suicide and Homicide in the United States 1933-1990

[Hollinger et al, 1994]



The above graph demonstrates the relationship between homicide and suicide from 1933 to 1990. It shows that as suicide changes over time, homicide changes with it, reflecting common social shifts within society being expressed in violent end points.

If the increase in acts such as youth suicide is the tip of the iceberg of psychological distress and disillusionment, then why is it occurring? Factors which we identify as major contributing variables include loss of meaning and vision amongst youth in our society, social decline in the standard of morals and values and the erosion of family and community structure and cohesion.

1) Vision and Meaning.

Contemporary psychology associates well-being with feelings that life is meaningful, strong religious beliefs, values that transcend the self, membership in groups, dedication to a cause and clear life goals [Eckersley, 1997].

Eckersley [1997] proposed that rising rates of markers for social decline, including suicide, drug abuse and depression, reflect a growing failure of modern Western culture to provide a framework of hope, moral values, and a sense of belonging and meaning in our lives. This leads to weakened social cohesion and personal resilience. Rather than seeing material prosperity as a means to develop ourselves and the society around us, modern western culture exalts shallow goals such as material gain and positional advancement as ultimate ends and distinguishing features of moral virtue.

We propose that there is an increasing lack of vision and true meaning in the lives of the youth of this generation. Vision gives a perspective beyond the immediate. It motivates people, provides meaning and gives them hope. It provides a context that gives solace in times of misfortune, and motivation for advancement towards an ultimate goal. As the old prophets warned us - those without vision perish.

Vision can take many forms, however, and the vision we refer to is one that elevates humans to advancement of both themselves and society as a whole. We have witnessed visions of such destruction during the course of this century, leading to wars and suffering beyond ordinary contemplation, that having any vision and goal is not the answer to all problems in society. Clarity and purity of vision are other important elements in the power of vision.

Those without such an elevating vision cannot see past temporary trials and obstacles, which hastens feelings of hopelessness. People will be less motivated to advance beyond ongoing struggles. This can manifest itself in increasing self-destructive behaviours such as drug and alcohol abuse, crime and other delinquent behaviour.

Bahá'ís believe that humanity is traversing a transitory period in the history of humanity, a time of turmoil during which peace in the world will come in stages. Although we recognise the immediate future is dark, we also feel the ultimate future for humanity is very bright. It is this vision which animates our daily lives and one which allows us to feel optimistic amidst mind-boggling atrocities, injustices and social decline.

Our vision as Bahá'ís also incorporates involvement in service in order to contribute towards an ever-advancing civilisation. Bahá'ís believe that having a sense of hope, a broader vision, and a perspective transcending their own individual lives, ennoble and uplift and facilitate spiritual growth.

Hope and meaning are components of the broad concept that Bahá'ís term spirituality. It is a way of life and understanding which brings one closer to God. Bahá'ís feel that one of the main challenges facing youth of these turbulent times is that of spirituality:

> *"How to attain spirituality is indeed a question to which every young man and women must sooner or later try to find a satisfactory answer. It*

is precisely because no such satisfactory answer has been given or found, that the modern youth finds itself bewildered, and is being consequently carried away by the materialistic forces that are so powerfully undermining the foundation of man's moral and spiritual life." [Shoghi Effendi, 1935].

We have seen through agricultural development a gradual increase in the material well being of developed nations. This was replaced in the industrial revolution with machines, and the human mind became an increasingly prized commodity. In contemporary history, we are witnessing that achieving human happiness in accumulating material wealth is a chimera. As we realise that this emptiness cannot be filled with bigger and brighter material possessions, a spiritual revolution will inevitably be pursued, in which spirituality will be seen to be as important as material and intellectual progress in personal fulfilment and advancing civilisation.

Although we have discussed the increase in destructive behaviour in youth, such as suicide and drug abuse, a more subtle and pervasive change occurring amongst youth is the promotion that life's meaning is found in isolated material progress. We feel that increasingly youth are replacing idealism and enthusiasm with indulgent materialistic goals. Thus not all manifestations of psychosocial discontent express themselves in socially undesirable acts such as suicide and violence, but can also be manifest as selfishness and self-aggrandisement.

Whilst Bahá'ís believe that service to humanity and contributing to an ever-advancing civilisation is a practical application of religion and spiritual values, the activities of this life are always understood within the context of the next. Inevitably, we all leave this world at physical death to continue our journey towards continual spiritual happiness. Having a belief in an immortal soul, one that transcends the mortal limitations of this world, transports the perspective of goals in this life to a much loftier level. "To know and love God" is a succinct summary of the Bahá'í perspective of the ultimate purpose of life on this planet, and to manifest this love and knowledge in the progress of civilisation is an essential and practical outcome.

One example of how spirituality and having such a perspective can transform our lives is the concept of work in the Bahá'í Faith. Contemporary society tends to measure success in employment by material advancement and prestige. The finding that many suicides in young and middle-aged men are precipitated by business failure is an example of this social value. The Bahá'í concept of work is different. Bahá'ís perceive work done in the spirit of service like worship of God, regardless of the form of work that it may take: "...all effort and exertion put forth by man from the fullness of his heart is worship, if it is prompted by the highest motives and the will to do service to

humanity. This is worship: to serve mankind and to minister to the needs of the people. Service is prayer..." ['Abdu'l-Bahá, Paris Talks, 1995]. Thus prestige and pride lose their focus, and more meaningful and enduring goals are found in all of our occupational endeavours.

2) Social decline in morals and values - Frogs in Hot Water

Frogs adapt to their external temperature. If you put a frog in a pot full of water, and slowly bring it to boil, then the frog, adapting faithfully to its external environment, will not notice the bubbles of boiling water around it until it is too late.

We propose that human beings are like frogs socially, that is we adapt to small changes in the social atmosphere. Over the last century we have witnessed large changes in social structure and values, often without our full awareness. This has produced profound changes across the full spectrum of society.

Not all the changes over the past few centuries, however, have been bad. Some of these changes, such as the emancipation of women, increasing awareness of human rights and the advancement of science have all been a source of progress and development. Paralleling these changes, however, we have also seen destructive changes within society. It is beyond the scope of this essay to discuss the various changes in any detail, but one of the major changes that we feel impinges directly on the state of morality and how it relates to social decline, is a loss of spirituality and belief in God.

The gradual exaltation of science as an ultimate Truth, and religion being an antiquated set of stories and rituals, has lead to a dichotomy between logic and values, science and religion. There is a growing atheism in our population, and a decline in affiliation in traditional churches, especially amongst younger populations. Without a source of reference for values, we are bereft of navigation amidst a sea of conflicting views, and need to compromise to a middle-mean, a standard that seems to slide inexorably downward. This leads to a compromising attitude towards the standard of values and a loss of sense of those things that may be considered sacred.

Eckersley [1993] highlights the role that technological advances in recent times, such as the mass media, has produced in the disintegration of values and human development. He emphasises the role that this plays in fuelling our spiritual discontent, by promoting superficial, materialistic, self-centred and self-indulgent lifestyles. Although we agree that such influences promote a decline in moral values, the more important factors to be considered are the underlying factors which may have provoked such a situation from initially occurring. Media is a reflection of acceptable standards, and are partly driven by consumer demand. They reflect a trend that purpose equals pleasure, and present us with a confusing array of conflicting messages about the values of our society precisely because such a situation exists.

Eckersley [1993] summarises the above points in his arguments in the gradual inability of modern western society to provide meaning, despite its advances in material well-being and progress, by stating that "..while tragedies such as suicide arise from intensely personal circumstances, they also represent the extreme end of a spectrum of responses by many young people to modern life, ranging through degrees of depression, drug abuse, delinquency and suicidal ideation to a pervasive sense of alienation, disillusionment and demoralisation" [Eckersley, 1997, p. 424].

As Bahá'ís, we believe that this process of decline does not occur without a reactive process of development. These turbulent movements produce both confusion and hope, precipitating an ever increasing search for the true meaning of our lives. This is manifest in various forms. The growth in recent times of more fundamentalist sects of established religions, a growing awareness of global unity and peace, the multiplication of new movements and a growing restlessness and dissatisfaction with the current state of society, can all be seen as manifestations of this emergence of spiritual yearning. Bahá'ís believe that this will inevitably lead to a growing world consciousness, and a realisation for the need for spirituality in daily life. We as Bahá'ís propose the Bahá'í Faith and Bahá'í world community are a successful, working model for such a way of life.

An example of a 'population approach' to addressing some of the fundamental determinants of social progress and health within the Bahá'í Faith is the notion of the training institute. As the Bahá'í Faith has no clergy, each member is responsible for the propagation and administration of the Faith's affairs. To facilitate this process, a network of training institutes has been developed throughout the Bahá'í world. These function as the core of individual and spiritual progress, in which members of the Bahá'í Faith and wider society study the sacred Writings of the Faith and learn to apply these teachings to their individual and collective lives.

The system developed to perpetuate this process is both self-sustaining and is designed to accommodate large numbers. It is thus a vehicle for broad, population approaches to reverse the fundamental determinants of the social decline we are witnessing in contemporary society. It aims to produce a new social pattern and culture, characterised by such virtues as tolerance, empowerment, a learning attitude, spirituality and service.

Conclusion

The increased prevalence of youth suicide witnessed within Australia over recent decades may be viewed as a manifestation of increasing psychosocial distress and spiritual disillusionment due to a pervasive loss of religious influence within the life of our society. These changes are manifestations of population-wide changes, and are not limited to a small number of people with unique features or risk factors. These changes are also manifest in subtle

changes in society such as loss of moral values, rising materialism and the exaltation of personal achievement as an inherent moral virtue.

Medical research has been successful in isolating some of the individually based risk factors for suicide, but has not been successful in explaining or addressing the changes from a population or society-wide perspective. Although the importance of these social influences in the prevalence of conditions such as youth suicide are being increasingly recognised, addressing these fundamental determinants is a more difficult task. From a Bahá'í perspective the essentially social and spiritual causes of the general psychosocial changes in society have been largely ignored. Until these broader fundamental determinants of social decline are addressed, interventions to deal with issues such as youth suicide will only shift the mode of expression of this psychosocial distress, but not the overall existence, or the underlying cause, of the social crisis that we currently face.

The authors wish to note that, since the writing of this paper four years ago, new evidence may have come to light which has not been included in this review.

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